ASS. REC. BY: Kenneth

REF: FCL/2300439G/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s S Thye

of 0270 8th K

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 3K

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S | O/S

Bal. or Market Value: $15-18K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: YN 4488E Yr Regn: 12/13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: ISUZU NPR75 c.c 5193

Colour Orange A/C: Insured / Std / NI / NA

Sp.Reading 53639 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAANPR 75KD 7102878

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : NIL / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 215/85R16(D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 8 mm
L/Bal.	8 mm	L/Bal.	8 8 mm
D.O.A.	19/4/23	D.O.I.	2/5/2023

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear NS

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	CA when $4295.00

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___$ - RS___SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

Not included
L/Svg &
Recovery after Paint

S THREE Automotive Recovery Pte Ltd
Reg No.201325741R

S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :
ATTN : **MOTOR CLAIM DEPT.** T/P VEH. NO. : **SMY442Y**

ESTIMATE REPOR 1st QUOTATION JOB NO :
OWNER'S PARTICULAR
NAME : **CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD** CONTACT :
ADDRESS :

VEHICLE N **YN4488E** TRANS CHASSIS NO :
MAKE / MODEL : **ISUZU LORRY** ENGINE NO :
OWNER'S INSURE **FIRST CAPITAL**
JOB-CODE : **OD** S/A : ACCDENT DATE : **19-Apr-23**

CLAIM DETAIL

	MATERIALS		QTY	QUO-PRICE	MARK UP +15%	DISC-PRICE	SUR.	REV. PRICE
1	TAILLAMP ASSY LH	BN	1.00	$ 450.00	15.00	$ 517.50	Y	✓
2	REAR MUFFLER LH (Mud flap)	BN	1.00	$ 520.00	15.00	$ 598.00	Y	✓
3	REAR MUFFLER LOWER RUBBER - ISUZU (Mud flap)	BN	1.00	$ 180.00	15.00	$ 207.00	Y	✓
4	REAR WHEEL BEARING LH INNER		1.00	$ 450.00	15.00	$ 517.50	Y	?
5	REAR WHEEL BEARING LH OUTER		1.00	$ 450.00	15.00	$ 517.50	Y	?
6	REAR AXLE LH		1.00	$ 13,500.00	15.00	$ 15,525.00	Y	?
7	REAR AXLE SPRING LH 1SET	K	1.00	$ 650.00	15.00	$ 747.50	Y	X
8	REAR CENTRE SHAFT	Sn	1.00	$ 8,850.00	15.00	$ 10,177.50	Y	X
9	REAR SHAFT BRACKET 2PCS		1.00	$ 240.00	15.00	$ 276.00	Y	?
10	REAR WHEEL SHAFT LH		1.00	$ 980.00	15.00	$ 1,127.00	Y	?
11	REAR WHEEL SHAFT WHEEL BEARING		1.00	$ 280.00	15.00	$ 322.00	Y	?
12	CONTROL VALVE		1.00	$ 3,880.00	15.00	$ 4,462.00	Y	?
13	CONTROL VALVE HOSES 5PCS		5.00	$ 3,400.00	15.00	$ 3,910.00	Y	?
				$ 33,830.00		$ 38,904.50		

SPECIAL NETT ITEM

1	REAR CABIN ASSY LH	BN	1.00	$ 12,800.00	0.00	$ 12,800.00	Y	✓
2	REAR CABIN TAILLAMP PANEL LH	NN	1.00	$ 680.00	0.00	$ 680.00	Y	X
3	REAR TOP PANEL ALUMINIUM	Sn	1.00	$ 1,200.00	0.00	$ 1,200.00	Y	X
4	REAR STICKER 60KM	MN	1.00	$ 30.00	0.00	$ 30.00	Y	12 SN
5	REAR REFLECTOR STICKER - RED	MN	1.00	$ 180.00	0.00	$ 180.00	Y	10 SN
6	REAR REFLECTOR STICKER SIDE LH- BLUE & ORANGE	MN	1.00	$ 360.00	0.00	$ 360.00	Y	15 SN
7	REAR MUFFLER BRACKET LH		1.00	$ 180.00	0.00	$ 180.00	Y	?
8	REVERSE CAMERA	SN	1.00	$ 380.00	0.00	$ 380.00	Y	X
9	REAR TYRE LH INNER - 215/85/R22		1.00	$ 380.00	0.00	$ 380.00	Y	?

10	REAR TYRE LH OUTER - 215/85/R22		1.00	$	380.00	0.00	$	380.00	Y	70/sn
11	REAR RIM LH INNER		1.00	$	680.00	0.00	$	680.00	Y	?
12	REAR RIM LH OUTER		1.00	$	680.00	0.00	$	680.00	Y	?
13	CONTROL LEVER ASSY	R	1.00	$	7,200.00	0.00	$	7,200.00	Y	X
14	REAR SPRING BRACKET REAR		1.00	$	650.00	0.00	$	650.00	Y	?
15	REAR CABIN TAILLAMP WIRE HARDNESS		1.00	$	860.00	0.00	$	860.00	Y	?
16	HYDRALIC OIL	Rn	1.00	$	450.00	0.00	$	450.00	Y	120/sn
17	HYDRALIC HOSES 1SET - 12PCS		1.00	$	8,160.00	0.00	$	8,160.00	Y	?
	TOTAL (PARTS) :				$ 35,250.00			$ 35,250.00		
	LABOUR									
1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS		1.00	$	1,800.00	0.00	$	1,800.00	Y	120cl
2	SPRAY PAINTING ON ACCIDENT AREA		1.00	$	1,600.00	0.00	$	1,600.00	Y	70cl
3	R&R CRANE TO SERVICE TO LIFT UP & DOWN		1.00	$	480.00	0.00	$	480.00	Y	?
4	R&R REAR SUSPENSION LH		1.00	$	380.00	0.00	$	380.00	Y	20cl
5	CHECK & REPAIR WIRING SYSTEM		1.00	$	80.00	0.00	$	80.00	Y	20l
6	RESPRAY TUFF KOTE ON AFFECTED AREA	NZ	1.00	$	120.00	0.00	$	120.00	Y	X
7	CONDUCT CHASSIC REPAIR REAR LH PORTION		1.00	$	1,200.00	0.00	$	1,200.00	Y	?
8	R&R REAR AXLE, AXLE SPRING & LONG SHAFT TO ASSIT R		1.00	$	900.00	0.00	$	900.00	Y	?
	TOTAL (LABOUR) :				$ 6,560.00			$ 6,560.00		
	TOTAL PARTS & LABOUR				$ 75,640.00			$ 80,714.50		

EXCESS : : S$ 3000l

NO. OF DAY: 10 days

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

~~PART-BY-PART~~ OR LUMP-SUM : S$_____

DATE OF SURVEY: 02/5/23

SURVEY BY: Kenneth

CONTACT : _____ FAX NO : _____

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged pa (s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	19/04/2023 11:38 (SGT)
Reported by	Actual Driver
Date of Accident	19/04/2023 03:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES EXPRESSWAY LAMP POST NUMBER 312
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4488E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No	2XXXXX882K
Email Address	JEREMYYC_QUEK@CERTISGROUP.COM
Mobile Phone No	(Phone) +65-68428849
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr69e
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099255MFVS/6

DRIVER

Name of Driver	RAJA LINGAM MUNUSAMY
Work Permit No	GXXXX163M
Date Of Birth	31/08/1980
Occupation	Outdoor

Repair Estimate

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Mangement Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

6 **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(i) processing, handling and/or dealing w ith my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims

(collectively, the "**Purposes**");

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CERTIS CISCO SECURITY PTE. LTD.

19-4-23 9.30am

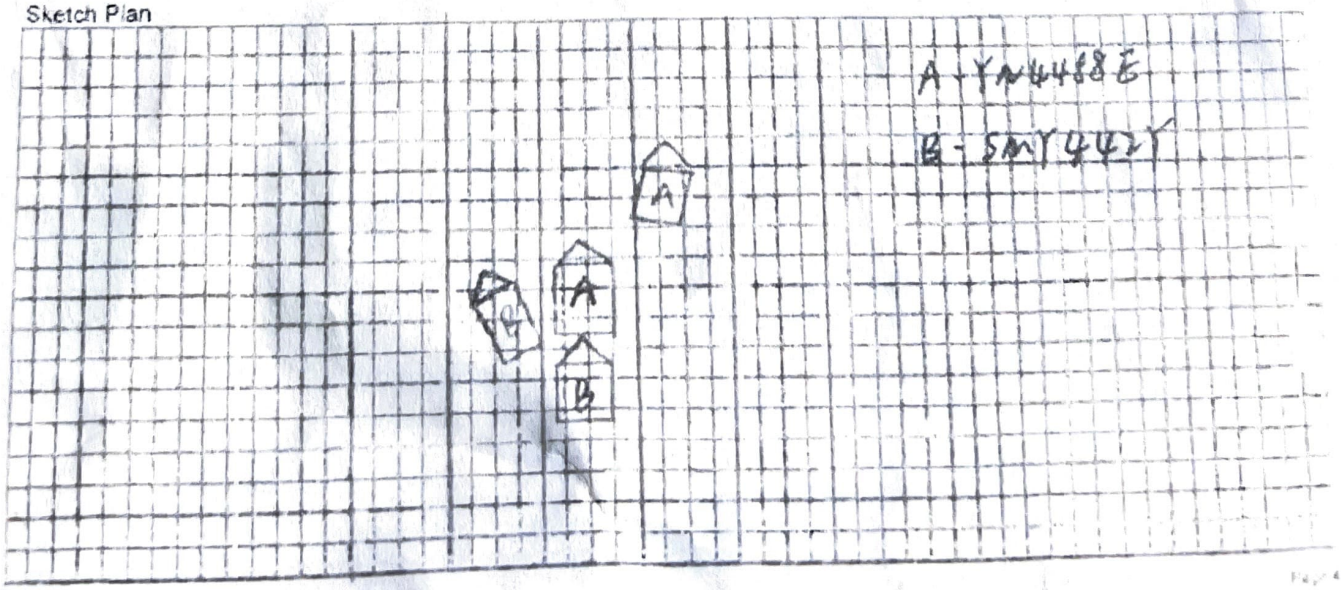
CHIN MENG MOTORS * CHIN MENG MOTORS

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident