S. REC. BY: Taylor	83. MIS 2300 518	4/19/19	
V .	ASSIGNMENT		2019 Dec.
om: Date:	Veh No:	BBK1005 t Y	r Regn: 2019, Del -
slimated Cost;	Type: M.Car /	M.Cycle / Bus / Van/ Lorry I.	axi / Frime move. /
DD I(TP) WS I TP RES I OD RES I EVA I INV I MV		Traller or	· c.c 2932
To Inspect Vehicle No:	Make:	Toyota Hace	
at Workshop m/s	Colour	8/11	Radio; Insured / Std / NI / NA
of	Sp.Reading	(00529 T	Nadio, ilisarea i sia i
Insured:	Eng/No:		2400 250048
Policy No.	C/No:	STEHT OZI	0X00250048
Claims No.		3 pod / Fair / Poor / Burnt	
Sum Insured: Excess:		order / Jammed / Leaked / Bu	
(Client's Record)		order / Jammed / Leaked / Bu	irnt or
Make of Veh:	Modi: (Ni	MS/Rim / STD A/Rim or	x/0.=
1	Tyre Size:	F:	1145.
(Policy Condition)		R:	<u> </u>
Remark: The veh had commenced its		EXNOVA GY I-FS LIZA N	IIC I OHTSU I PIR I SUMI I
repair at the time of inspection.	TOYOIY	OK 01	
Bal. or Market Value:	K : Front	į.	Rear 6 mm
IDAC Accident Rport: Consistent?	:Yes or No R/Bal.	mm a	, R/Bai,
GIA / PR Seen: Consistent?		(D.O.I. 22/5/23
Est. Repairs: days Res.:	Yes or No D.O.A.	s Thu	
	· Yes or No Survey h	01	
	WV Des. of I	Damages: Fit Rear 0/S	NS 1 OIC Kootrop of
CA REV REP. 24 HRS	Vehicle: IN / OUT	uic I Chaceis frame I Bod	y Structure affected due to collision
Date:Person Contacted:	ine	U/C / Chassis name / 200	
Date / Time Action / Instruction			
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Date/Time, File Pass to? : Preli. R	enort Days	Of Repair:	
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· <u>2)</u> .	7,000	: Interview (\$) Photos
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S. S	."		
Repearant:	F	:Weel:end (\$	1



S THREE AUTOMOTIVE RECOVERY PTE LTD

TO T/P VEH. NO.: GBK2934K ATTN MOTOR CLAIM DEPT. JOB NO: **ESTIMATE REPORT** 1st QUOTATION **OWNER'S PARTICULAR** CONTACT: MONITORING SOLUTION PROVIDERS NAME: ADDRESS: CHASSIS NO: GBK1005Z TRANS.: LICENSE NO.: TOYOTA HIACE ENGINE NO: MAKE / MODEL: AIG INSURANCE OWNER'S INSURER: ACCDENT DATE: 18-May-23 S/A: JOEY JOB-CODE: TP **CLAIM DETAIL** DISC-SUR. DISC. REV. PRICE QUO-PRICE QTY **MATERIALS** DISP PRICE % 25.00 1440.75 Y REAR TAILGATE 1 1921.00 1.00 Y 25.00 637.50 TAILGATE GLASS 1.00 850.00 135.00 Y 25.00 TAILGATE GLASS MOULDING 3 180.00 1.00 49.28 Y 25.00 REAR TAILGATE LOGO 4 65.70 1.00 36.38 Y 25.00 REAR TAILGATE 'TOYOTA' EMBLEM 5 1.00 48.50 Y 25.00 36.38 wer REAR TAILGATE 'HIACE' EMBLEM 6 1.00 48.50 178.50 Y 25.00 REAR TAILGATE OUTER HANDLE 7 238.00 1.00 319.35 Y 25.00 X REAR TAILGATE INNER BOARD 12 425.80 1.00 25.00 71.25 Y X REAR WIPER BLADE 95.00 15 1.00 487.50 Y 25.00 X REAR TAILLAMP LH 650.00 16 1.00 Y 25.00 487.50 cu) 650.00 17 REAR TAILLAMP RH 1.00 Y 25.00 135.00 REAR TAILLAMP LOWER GARNISH LH 180.00 18 1.00 Y 135.00 25.00 REAR TAILLAMP LOWER GARNISH RH 180.00 19 1.00 292.50 Y 25.00 REAR END PANEL TOP ALUMINIUM X 390.00 22 1.00 435.00 Y Rχ 25.00 REAR BUMPER 580.00 25 1.00 Y 25,00 48.75 X REAR BUMPER BRACKET LH 65.00 1.00 26 × Y 25.00 48.75 REAR BUMPER BRACKET RH 65.00 1.00 27 Y × 33.75 25.00 REAR BUMPER SIDE RETAINER LH 45.00 1.00 28 X Y 25.00 33.75 REAR BUMPER SIDE RETAINER RH 45.00 1.00 29 X Y 25.00 637.50 REAR END INNER PANEL 850.00 30 1.00 Y 1058.96 25.00 REAR FENDER LH 1411.95 1.00 31 Y 59.85 25.00 REAR NUMBER PLATE LAMPS 1.00 79.80 35

TOTAL (PARTS):

6798.19

9064.25

_Cl/	AL. NETT ITEM						_
1	REAR BUMPER CLIPS 1SET	1.00	80.00	0.00	80.00	Y	30mg/
2	REAR END PANEL SEALANT	1.00	80.00	0.00	80.00	Y	_X
3	REAR END PANEL GARNISH CLIPS 1SET		80.00	0.00	80.00	Y	Χ
4	REAR NUMBER PLATE	1.00	50.00	0.00	50.00	Y	<u>*</u>
5	REVERSE SENSOR	1.00	350.00	0.00	350.00	Y	_X
6	TAILGATE STICKER 70	1.00	50.00	0.00	50.00	Y	19
7	TAILGATE STICKER 8PAX	0.00	50.00	0.00	50.00	Y	ue/
7	WINDSCREEN SEALANT	1.00	80.00	0.00	80.00	Y	we,
8	WINDSCREEN INNER SEAL	1.00	50.00	0.00	50.00	Y	ver_
9	WINDSCREEN PRIMER & CLEANER	1.00	50.00	0.00	50.00	Y	<u> </u>
10	REVERSE CAMERA	1.00	1800.00	0.00	1800.00	Y	
	TOTAL (PARTS):		2720.00		2720.00	1/4	
LABO	<u>our</u>						150
1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	1600.00	0.00	1600.00	Y	600
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	1400.00	0.00	1400.00	Y	700
3	RESPRAY KUFF TOTE ON ACCIDENT AREAS	1.00	120.00	0.00	120.00	Y	*
4	R&R TAILGATE COMPONENTS	1.00	150.00	0.00	150.00	Y	60
5	R&R REVERSE SENSOR SYSTEM	1.00	120.00	0.00	120.00	Y	30
6	R&R WINDSCREEN GLASS	1.00	150.00	0.00	150.00	Y	120
7	CHECK WIRING SYSTEM AND ASSIST REPAIR	1.00	150.00	0.00	150.00	Y	<u> 3</u> 5
	TOTAL (LABOUR):		3690.00		3690.00		
	TOTAL PARTS & LABOUR		15744.25		13208.19		
NO. C RE-S PART DATE SURV	EXCESS:: S\$ NO. OF DAY: RE-SURVEY: BEFORE / AFTER PAINTING PART-BY-PART OR LUMP(SVIM :S\$ DATE OF SURVEY: 22/5/23 4 day SURVEY BY: CONTACT NO:			LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey in the a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplement attempt must be resurveyed and is subject to ininal approval from Insurance Company Acknowledged to Repairer Signature: Date:			

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

VERSION: 1 (18/05/2023 14:17 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

A. 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

18/05/2023 14:17 (SGT) **Actual Driver** 18/05/2023 09:50 (SGT) Singapore **UBLAVE 1** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

15.279

GBK1005Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes MONITORING SOLUTION PROVIDERS PTE, LTD 200210421W KELVIN@MSPSYSTEM.COM (Phone) +65-82854980 +65-96985922

VEHICLE PARTICULARS

Manufacturer Model Variant accident

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Toyota Hiace

Employment

No - Claiming third party Commercial vehicle Auto 2000

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 2070161161-02

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

ARUMUGAM PONNUSAMY G8436989L 11/04/1986 Outdoor



Date Of Driving Pass 27/07/2022 Driving experience 10 MONTHS Gender Male Mobile Number (Phone) +65-82854980 Alt. Phone Number **Email Address** KELVIN@MSPSYSTEM.COM Address 33 UBI AVE 3 #05-31 Address complement Postcode 408868 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 1 1 5 g 2 5. Was anybody injured in the Accident? No ek ya ak ya eko Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No -Was the accident reported to the police? . . . Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT · 1997年4月1日 REFER ATTACHMENT ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

Contact Number

GBK2934K

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Commercial vehicle

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Are accident photos available for attachment?

Was there any video captured by Car Camera?

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

James FLIM

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