ASS. REC. BY: Kenneth | REF: AG21 2300637 IKV

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s TSR

of

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 04/27 Person Contacted: Vehicle: IN / OUT

Veh No: WC 4994S Yr Regn: 04, 12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Concrete Mixer

Make: Isuzu CYH c.c 15681

Colour White/Blue A/C: Insured / Std / NI / NA

Sp.Reading 474784 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JALCYH52S6 7000070

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Unirun 295/80R22.5

R: Top runner

Ecosta

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / (OT)

TOYO / YOKO or APLU (OT)

Top runner

Front		Rear	
R/Bal.	2 mm 3	R/Bal.	66 77 mm
L/Bal.	2 mm 3	L/Bal.	66 77 mm
D.O.A.	30/6/23	D.O.I.	4/7/2023

Survey held at ✓

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

RH N/S

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

Date / Time	Action / Instruction

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 $

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($

TSR AUTOMOTIVE PTE LTD
160, SIN MING DRIVE , SIN MING AUTOCITY # 06-15
SINGAPORE 575722

Not Authorised
L/Rpy &
Resurvey After Paint
3 days

Date : 3 Jul 2023

QUOTATION - THIRD PARTY CLAIM

AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD

CLAIM : THIRD PARTY CLAIM

DATE ACCIDENT : 30 Jun 2023

VEH. No : WC 4994 S / CYH52S

ATTN : MOTOR CLAIM DEPARTMENT

INSURE : INVCOME INSURANCE

QTY	ITEM	AMOUNT	CONDITION
Third party vehicle :	SGH 2209 C		
		REPAIR	
1	FRONT RH CORNER PANEL	$ N.I 220.00	—
1	FRONT RH CORNER PANEL BRACKET LH	$ Rpy 2,900.00	—
1	FRONT BUMPER	$ D.I 480.00	—
1	FRONT BUMPER OUTER RIM LH	$ Rpy 220.00	—
1	FRONT BUMPER LAMP LH	$ CM 385.00	—
1	HEADLAMP LH	$ 1,285.00	T
1	HEADLAMP INNER HOLDER BRACKET LH	$ 980.00	T
1	SIGNAL LAMP LH	$ Mount 580.00	—
1	FRONT LH STEP HOUSING TOP	$ Rpy 980.00	—
1	FRONT LH STEP HOUSING CENTER RUBBER LH	$ D.I 298.00	—
1	FRONT LH STEP HOUSING BOTTOM	$ Rpy 1,485.00	—
1/2	STEP PANEL LH (TOP AND BOTTOM)	$ Rpy 800.00	4
	FRONT STEP HOSUING LOWER SUPPORT	$ 2,250.00	T
	TOTAL PARTS :	$ 12,863.00	
	LESS 15%	$ 1,929.45	
	TOTAL LIST PARTS :	**$ 10,933.55**	
	TOTAL PARTS PRICE :	**$ 10,933.55**	
AMOUNT BRING FORWARD :		**$ 10,933.55**	
Labour to do cutting , welding, repair , replace , align adjust accident affected area		$ 1,400.00	95%
To do anti rust		$ 120.00	X
To check wire system, forcus headlamp		$ 180.00	2%
To do spray painting on accident area (inner & outer)		$ 1,000.00	60%
TOTAL LABOUR :		**$ 2,700.00**	
GRAND TOTAL PARTS & LABOUR :		**$ 13,633.55**	

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 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
Name:
Date:

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	03/07/2023 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC4994S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BHUVAN CONSTRUCTION PTE LTD
Company Reg No	201134301C
Email Address	ANDY.LEE@PAS.SG
Mobile Phone No	(Phone) +65-92366363
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyh52s
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15861

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113396825-03

DRIVER

Name of Driver	KARUNANITHI SURESHKUMAR
NRIC No	G8306459K
Date Of Birth	03/05/1987
Occupation	Outdoor

SKETCH PLAN

[illegible]

1. [illegible]
2. This Form must be completed by the Policyholder and/or the actual driver.
3. Information provided must be as full and accurate as possible. Any wilful misrepresentation [illegible] insurance companies to repudiate policy liability.
4. The receipt 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 Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 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.

8. 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") is/are/were 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' lawyers/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 with 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 well as on the external cover of envelopes/mail packages); and/or

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

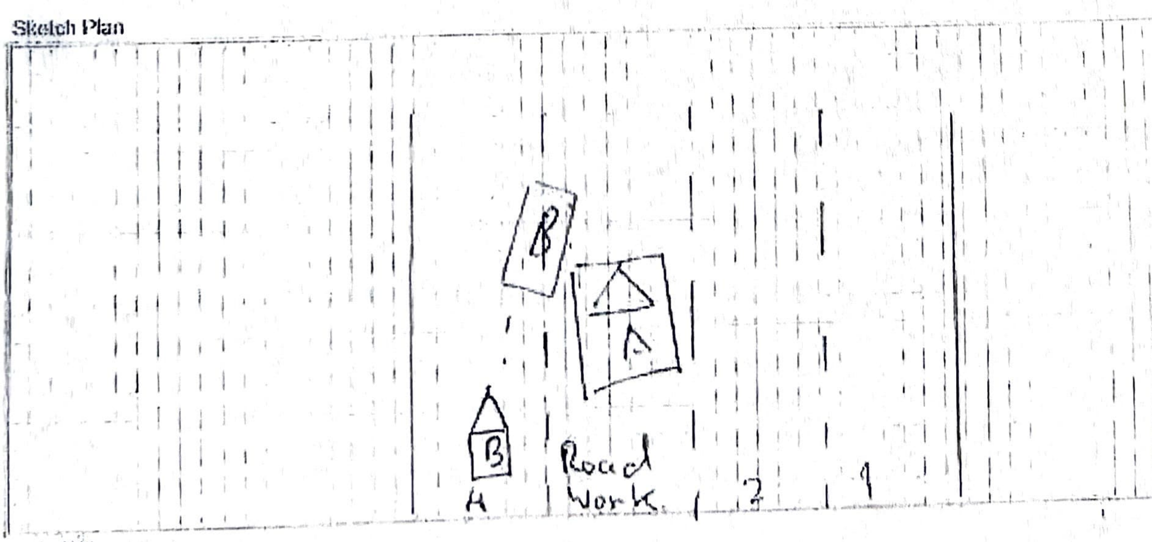
(collectively the "Purposes").

(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.

Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



v.Jun2022