ASS. REC. BY: Kenneth | REF: AG1/2300/6702/K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s RS Auto

of _____

Insured: _____

Policy No. _____

Claims No. _____

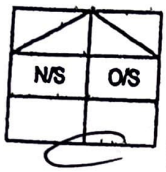
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: XE 6803A Yr Regn: 10, 21

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

Make: MAN FV70 c.c 10677

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

Sp.Reading 127389 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FV 70145A·10618

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: 295/80R22.5

(Hilo) R: 275/70R 22.5 — (0)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / (0)

TOYO / YOKO or Durarum

Front		Rear	
R/Bal.	6 mm	R/Bal.	55 66 mm
L/Bal.	6 mm	L/Bal.	55 66 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 _____

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) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS, ___SI

Parking

Others

TOTAL

Report Format :

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

Not Including Resurvey After Repair 1 day

RS AUTO SERVICES

160 , SIN MING DRIVE . SIN MING AUTOCITY
06-01 SINGAPORE 575722
EMAIL : rsautoservices88@gmail.com / 93825367

Date : 3 Jul 2023

QUOTATION - THIRD PARTY CLAIM

Auto And General Insurance

CLAIM : THIRD PARTY CLAIM

DATE ACCIDENT : 30 Jun 2023

VEH. No : XE 6803 A / MITSUBISHI

ATTN : MOTOR CLAIM DEPARTMENT

INSURE : INCOME INSURANCE

QTY	ITEM	AMOUNT	CONDITION
Third party vehicle :	SGW 209 L		
1	REAR No.PLATE	$ Nil 60.00	25%
2	REAR No.PLATE LAMPS	$ Nil 300.00	—
1	60KM/H STICKER	$ Nil 30.00	15%
1	REAR CARRIAGE END PANEL	REPAIR	
	TOTAL S/N :	**$ 390.00**	
	GRAND TOTAL PARTS :	**$ 390.00**	
AMOUNT BRING FORWARD :		**$ 390.00**	

LABOUR CHARGES .

Labour charges to do cutting , repair , replace accident affected area	$	600.00	80%
Anti rust	$ Nil	120.00	X
To do spray painting work	$	600.00	25%
TOTAL LABOUR :	**$**	**1,320.00**	
GRAND TOTAL PARTS & LABOUR :	**$**	**1,710.00**	

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
Signature:
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 11:09 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2023 14:58 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	TOWARDS YISHUN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE6803A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NEK LOGISTICS PTE LTD
Company Reg No	1XXXXX400H
Email Address	ANDY.LEE@PAS.SG
Mobile Phone No	(Phone) +65-83008966
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	Auto
CC	15861

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMFG23005766

DRIVER

Name of Driver	LIU GUOYOU
Work Permit No	GXXXX520N
Date Of Birth	08/04/1973
Occupation	Outdoor

IMPORTANT NOTICE:

1. Please report correctly the details of the accident to expedite the claim 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 withholding of material facts may allow insurance companies to invalidate 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 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 this 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") 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' 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 or other 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 any 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.

HEX LOGISTICS PTE LTD

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

Sketch Plan