

ASS. REC. BY:

REF:

SMR/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

(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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

p Sum / I.B.I: (\$

TOTAL

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Authorized
Runway 86palm
4-5 days

MS First Capital Insurance Ltd
ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 18.06.2019

ESTIMATE

3RD PARTY

DATE : 11.07.2024
VEHICLE NO : GBJ5907A
VEH MAKE/MODEL : NISSAN NV350
YOM : 2019
CHASSIS NO : JN1MC2E26Z0031081
DATE OF ACCIDENT : 05.07.2024

NO	QTY	DESCRIPTION	AMOUNT \$	
LIST PRICE:-				
1	1	REAR TAIL GATE	\$ 2,224.00	✓
2	1	REAR TAIL GATE LOGO	\$ 72.20	✓
3	1	REAR TAIL GATE LOGO "NV350"	\$ 122.40	✓
4	1	REAR TAIL GATE LOGO "URVAN"	\$ 72.20	✓
5	1	REAR TAIL GATE CENTRE CHROME	\$ 596.20	✓
6	1	REAR TAIL GATE INNER TRIM BOARD	\$ 220.40	X
7	1	REAR TAIL GATE LOCK	\$ 319.30	✓
8	1	REAR TAIL GATE STRICK	\$ 48.60	X
9	1	REAR TAIL GATE WEATHERSHIELD	\$ 149.50	✓
10	2	REAR TAIL GATE HINGE	\$ 50.30	X
11	1	REAR BUMPER	\$ 743.00	✓
12	1	REAR BUMPER SIDE RETAINER LH (CLIP) (SET)	\$ 57.30	X
13	1	REAR BUMPER SIDE RETAINER RH (CLIP) (SET)	\$ 57.30	X
14	1	REAR END PANEL	\$ 183.80	✓
15	1	REAR END PANEL TOP GARNISH	\$ 86.70	✓
16	1	REAR BUMPER STEP PANEL	\$ 231.70	✓
17	1	REAR TAIL LAMP LH	\$ 250.30	X
18	1	REAR TAIL LAMP RH	\$ 250.30	X
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
LIST			\$ 573.55	
10%			\$ 57.35	
TOTAL			\$ 5,161.95	

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:

TOTAL - LIST ITEM

\$

5,735.50

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DATE OF ACCIDENT : 05.07.2024

		<u>SPECIAL NETT ITEMS:-</u>			
1	1	STICKER 70KM/H	\$	na 50.00	125n
2	1	NUMBER PLATE WITH HOLDER	\$	na 50.00	X
3	1	STICKER "HIACE:	\$	na 70.00	X
4	SET	REAR BUMPER CLIPS	\$	na 50.00	✓
5	SET	REAR REVERSE SENSOR	\$	350.00	7
6	SET	REAR TAILGATE INNER TRIM BOARD CLIPS	\$	na 75.00	X
7	1	REAR TAILGATE WINDSCREEN SEALANT	\$	na 100.00	405n
8	1	STICKER 8 PAX	\$	na 50.00	125n
Total - SN Item			\$	795.00	
		<u>Labour Charges:-</u>			
1		SPRAY PAINT ON ALL AFFECTED AREA	\$	800.00	600
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$	800.00	7
3		TO CHECK WIRING SYSTEM & LIGHT	\$	100.00	152
		TO APPLY ANTI RUST TREATMENT	\$	120.00	7
4		TO REMOVE/REFIX REAR DOORS ATTACHMENT/INNER COMPARTMENT, MECHMISM, WINDOW GLASS, 3RD LAMP, WIPER ARM, WIPER MOTOR, 3RD MIRROR & ETC TO NEW TAILGATE	\$	400.00	180
5					
6					
7					
Total - L/C			\$	2,220.00	
Sub-Total			\$	8,176.95	
9% GST			\$	735.93	
Total			\$	8,912.88	

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 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 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 First Submission	05/07/2024 17:50 (SGT)
Reported by	Actual Driver
Date of Accident	05/07/2024 11:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	9 HOLLAND AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5907A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHONG M&E PTE LTD
Company Reg No	2XXXXX832Z
Email Address	chong@quee.org
Mobile Phone No	(Phone) +65-97345533
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031237624

DRIVER

Name of Driver	QUEE AH CHONG
NRIC No	SXXXX159D
Date Of Birth	09/12/1960
Occupation	Indoor

VEH A: 6B159074
 VEH B: 84B1621 C
 VEH C:

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 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") 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 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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

