

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

C9/TP/8005005/UGB n2

ASSIGNMENT

From: 9 Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKC 303 Eat Workshop m/s 3m

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKC 303 E Regn: 10/15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or 4/Make: Nissan Dashqa c.c. 1197Colour: white A/C: Insured / Std / NI / NASp. Reading: 25193 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEA11U1487213Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or okBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / 6/Rim / STD A/Rim orTyre Size: F: 215/60R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or ContinentalFront 6Rear 6

R/Bal. _____ mm

R/Bal. _____ mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 1/2/17D.O.I. 20/3/18

Survey held at _____

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

o/s R/LThe U/C Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

APR 10/132/5 = 4000 (Red \$ 4978.60, 55%)

RECEIVED 27 MAR 2018

Date/Time, File Pass to?

☐

: Preli. Report

1) 2/13/13☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I: (\$ 4000)

160
50
50
52
80
392

Ref. No :	C/TP10005705/Ugdp372		Res. Date: 20/3/18	Date Received:
Veh. No :	8/KC303E		SP:	WKSP: Ben
C/No :				
Action/Instruction:				
1.File	2.Submit Photo?	YES / NO		
3.Indicate Res. Date On Photo Page?	YES / NO		Message:	
If No, due to	a) No authorisation	b) Days of repair		
others:				
Final Re-inspection or Progress Photos				Inspected By:

MY21715833401 : Yow Toh Automobile Tech Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 02/12/2017 11:12
 SUBMITTED BY: Toh Lei Ming

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 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 ability.
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 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 judgement 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 Report 02/12/2017 11:12
 Date Of Accident 01/12/2017 13:45
 Exact Location Of Accident SHENTON WAY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC303E
Insured/Policyholder
 Name Of Registered Owner CASHMILO
 Co Reg No 53358706C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97429994
 Alternative Phone No OFFICE-97429994

Vehicle Particulars

Manufacturer NISSAN
 Model QASHQAI
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL USE
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5094091894
 Cover Note Number

Driver

Name of Driver RAJENDREN S/O NARAYANASAMY
 NRIC No S1681739B
 Date Of Birth 14/08/1965
 Occupation OUTDOOR
 Date Of Driving Pass 17/06/1988
 Driving Experience 29 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97429994
 Fax Number
 Contact Number
 Email Address NOEMAIL

MYT217130930 / Yaw Teo Automobile Tech Pte Ltd - Kaku Bunk
ENTRY DATE & TIME: 02/12/2017 11:12

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

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Exact Location Of Accident SHENTON WAY
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC303E
Insured/Policyholder
Name Of Registered Owner CASHMILO
Co Reg No 53368706C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97429994
Alternative Phone No OFFICE-97429994

Vehicle Particulars

Manufacturer NISSAN
Model QASHQAI
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL USE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5094091894
Cover Note Number

Driver

Name of Driver RAJENDREN S/O NARAYANASAMY
NRIC No S1681739B
Date Of Birth 14/08/1965
Occupation OUTDOOR
Date Of Driving Pass 17/06/1988
Driving Experience 29 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97429994
Fax Number
Contact Number
Email Address NOEMAIL

Address APT BLK 138 SERANGOON NOTRH AVENUE 2 #01-102
 Postcode 550138
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH88789A
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver CHEAM TIONG ANN
 NRIC/Passport Number S7704025J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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 enquires 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties (not assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CASH-BLO
Co Reg No: 63385708C

Policyholder's Signature

Date & Time: 11/12/17, 3pm

Driver's Signature

(If driver is not the policyholder)

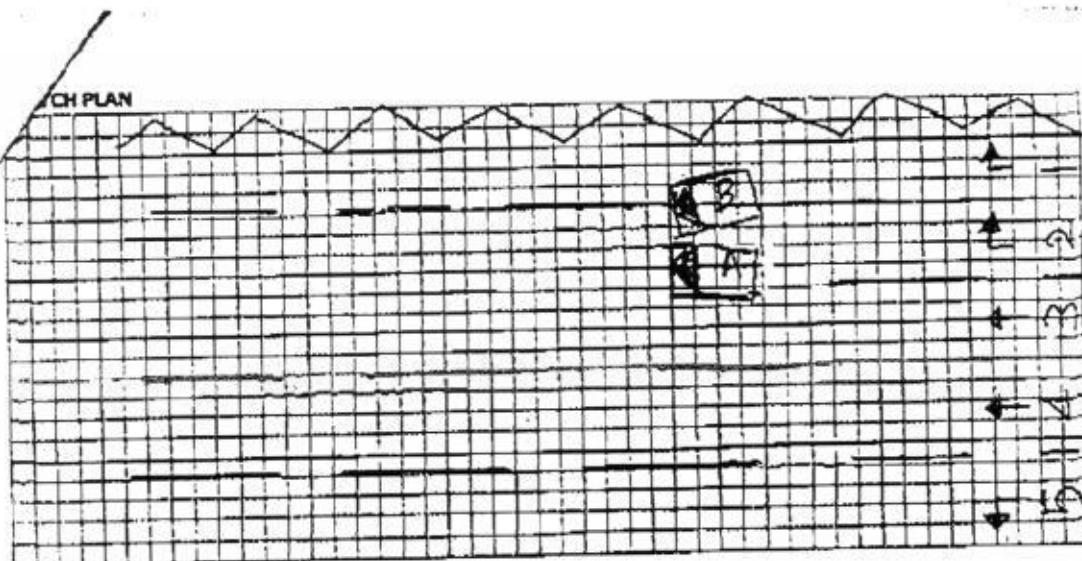
Date & Time: 11/12/17, 3pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/12/17 at about 1:45pm, I was driving along Shorton Way behind
 traffic volume was moderate. Upon seeing no vehicle on the
 signalled right hand
 second lane, I slowly filtered to the second lane. When
 I was almost inside second lane, a taxi from the first lane,
 went into the second lane and it hit the front right
 side of my vehicle (A)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CASHMILO
 Co Reg No: 63288708C

Policyholder's Signature

Date & Time: 1/12/17, 3pm

GUARDIAN Sketch Plan Form V3

Driver's Signature

(if driver is not the policyholder)

Date & Time: 1/12/17, 3pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017795

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYT217158939 Vehicle Registration No: SKC303E
Name (as shown in NRIC) : Rajendren s/o Narayanasamy NRIC/FIN/Passport No : S1681739B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 138 Serangoon North Ave 2 #01-102 Singapore 550138
Contact (Tel) : _____ Mobile No.: 98449247
Email Address : _____
Date of Accident : 01/12/2017 Time of Accident : 1345 hrs
Place of Accident : Shenton Way
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend my report to third party.

Policyholder / Driver's Signature

Date:

3/1/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	8706C
Vehicle Details	
Vehicle No.:	SKC303E
Vehicle to be Exported:	No
Intended De-registration Date:	27 Mar 2018
Vehicle Make:	NISSAN
Vehicle Model:	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	HRA2189767A
Chassis No.:	SJNFEAJ11U1487213
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$18,413.00
Original Registration Date:	23 Oct 2015
First Registration Date:	23 Oct 2015
Transfer Count:	1
Actual ARF Paid:	\$13,413.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Oct 2025
PARF Rebate Amount:	\$10,059.00
Intended COE Rebate Details	
COE Expiry Date:	22 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,498.00
COE Rebate Amount:	\$43,511.00
Total Rebate Amount:	\$53,570.00

The information contained herein is correct as at 27 Mar 2018

OK



BLUWEL AUTOMOTIVE SERVICE PTE LTD.

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28
(Unit C) #01-51/53/55 Singapore 417883
Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088
Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg
Co. Reg. No.: 200704951N
GST Reg. No.: 200704951N

Not Affected
Rate
2/584000
4 day.

Notation

SKC303E

	Front bumper	Belong	646.00	/
	Front bumper side retainer o/s	Bel	22.10	/
1set	Front bumper clips	re	30.00	/
	Front bumper reinforcement	re	357.60	X
	headlamp o/s	re	1646.30	/
	Front fender o/s	re	672.00	X
	Front fender outer protector o/s	re	541.40	/
	Front fender inner shield o/s	re	87.90	/
1set	Front fender inner shield clips o/s	re	30.00	/
	Front lower arm o/s	re	481.00	X
	front knuckle arm o/s	re	395.30	/
	front knuckle arm bearing o/s	re	165.00	/
	Front driveshaft o/s	re	1180.00	X
		10%	6258.60	3124 3207.6
	Front sport rim o/s	re/bel	980.00	700
1set	Front fender sticker o/s	re	200.00	100
	To check wiring		50.00	30
	To spray rust proofing	re	50.00	X
	To conduct wheel alignment		100.00	60
	To dismantle & replacing front undercarriage		180.00	120
	labour for sand beating & replacing parts		480.00	400
	To putty & spray painting		680.00	400

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 \$8878.60



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

BLUWEL AUTOMOTIVE SERVICE PTE LTD

Ref : CS/TP18005205/Uqd3n2

BLK 1 KAKI BUKIT AVE 6
#01-28/51/53/55(MAIN OFFICE)SINGAPORE
417883

Date : 28-03-2018



ON BEHALF OF CASHMILO

Code : TP149

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SKC 303E
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	20/03/2018

2. Vehicle Particulars & Condition

Make & Model	NISSAN QASHQAI (A)	c.c	1197
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	SJNFEAJ11U1487213	Colour	WHITE
Odometer	85193	Steering	AFFECTED
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R17	CONTINENTAL	6 mm
L/H Front Tyre	215/60 R17	CONTINENTAL	6 mm
R/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm
L/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/12/2017	Inspection Date	20/03/2018
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKC 303E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DEFORMED / CUT	646.00	646.00
1	FRONT BUMPER SIDE RETAINER O/S	BENT	22.10	22.10
1	SET FRONT BUMPER CLIPS	NECESSARY	30.00	30.00
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	357.60	-
1	HEADLAMP O/S	CRACKED	1,646.30	1,646.30
1	FRONT FENDER O/S	TO REPAIR SEE LABOUR	672.00	-
1	FRONT FENDER OUTER PROTECTOR O/S	TORN	541.40	541.40
1	FRONT FENDER INNER SHIELD O/S	TORN	87.90	87.90
1	SET FRONT FENDER INNER SHIELD CLIPS O/S	NECESSARY	30.00	30.00
1	FRONT LOWER ARM O/S	SERVICEABLE	485.00	-
1	FRONT KNUCKLE ARM O/S	BENT	395.30	395.30
1	FRONT KNUCKLE ARM BEARING O/S	NECESSARY	165.00	165.00
1	FRONT DRIVE SHAFT O/S	NOT NECESSARY	1,180.00	-
	LESS 10% DISCOUNT		-	-356.40
			6,258.60	3,207.60
<u>SPECIAL NETT ITEMS</u>				
1	FRONT SPORT RIM O/S (SN)	DENTED / BENT	980.00	700.00
1	SET FRONT FENDER STICKER O/S (SN)	NECESSARY	200.00	100.00
			1,180.00	800.00
<u>LABOUR</u>				
	TO CHECK WIRING.		50.00	30.00
	TO SPRAY RUST PROOFING.	NOT NECESSARY	50.00	-
	TO CONDUCT WHEEL ALIGNMENT.		100.00	60.00
	TO DISMANTLE & REPLACING FRONT UNDERCARRIAGE.		180.00	120.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF FRONT FENDER O/S.		480.00	400.00
	TO PUTTY & SPRAY PAINTING.		680.00	400.00
			1,540.00	1,010.00
GRAND TOTAL			8,978.60	5,017.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,000.00

Report Ref No. CS/TP18005205/Uqd3n2



Report Ref No. CS/TP18005205/Uqd3n2

CHUA KANG SENG

Licensed Appraiser

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