

(08/11/13) wef

ASS. REC. BY: Morcu

REF:

CS/TP 18012768/urbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GRE 7638Pat Workshop m/s BW

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 Rpt: _____ Consistent? : Yes or No

G/A / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 15 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

G958H

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GRE 7638P Yr Regn: 3 / 16

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

Truck / Trailer or _____

Make: Nissan NV350 c.c. 2488Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 78299 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E2670005595Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 R15

R: _____

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

Front

6

Rear

6

R/Bal. _____ mm

R/Bal. _____ mm

L/Bal. 8 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 12/7/18

Survey held at _____

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

N/S R.

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

Date / Time Action / Instruction

20/7/18 1/5 8/6/12 (Recd 1915.54, 5410)

RECEIVED 20 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 20/7 - typistDays Of Repair: >Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$ 1650/2)

130

50

50

25

80

335

Ref. No : <u>CS/TP/8012768/uvb</u>	Res. Date: <u>2/2/4</u>	Date Received:
Ver. No : <u>GSE 76387</u>	SP:	WKSP: <u>13/1</u>
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: <u>[Signature]</u>

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	6958H
Vehicle Details	
Vehicle No.:	GBE7638P
Vehicle to be Exported:	No
Intended De-registration Date:	16 Jul 2018
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	YD25385923A
Chassis No.:	JN1MC2E26Z0005595
Maximum Power Output:	-
Open Market Value:	\$22,153.00
Original Registration Date:	17 Mar 2016
First Registration Date:	17 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$1,108.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40,880.00
COE Rebate Amount:	\$31,341.00
Total Rebate Amount:	\$31,341.00

The information contained herein is correct as at 16 Jul 2018

OK

MANC1000023 / Auto N Care Services Pte Ltd - HQ
 ENTRY DATE & TIME: 18/01/2018 11:19
 SUBMITTED BY: Jason Choo Jing Tong

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 18/01/2018 14:58

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 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 Report 18/01/2018 11:19
 Date Of Accident 16/01/2018 17:00
 Exact Location Of Accident KRETA AYER ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE7638P
Insured/Policyholder
 Name Of Registered Owner TRINET TECHNOLOGIES PTE LTD
 Co Reg No 199706958H
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-97398489
Vehicle Particulars
 Manufacturer NISSAN
 Model NV350-2.5 5MT 5DR EURO V (A)
 Exact Purpose for which vehicle was being used at time of accident
 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 TOKIO MARINE INSURANCE SINGAPORE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number MU003486
 Cover Note Number
Driver
 Name of Driver JOHN ERWIN ANASCO TEJANO
 Passport No/FIN G5479896U
 Date Of Birth 09/04/1982
 Occupation INDOOR
 Date Of Driving Pass 16/12/2014
 Driving Experience 3 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-98874171
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address UNKNOWN
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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) 3
 Passenger 1 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 2 NAME: : UNKNOWN
 GENDER: : MALE

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 SKETCH PLAN

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 GBG3898X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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. The 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 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:

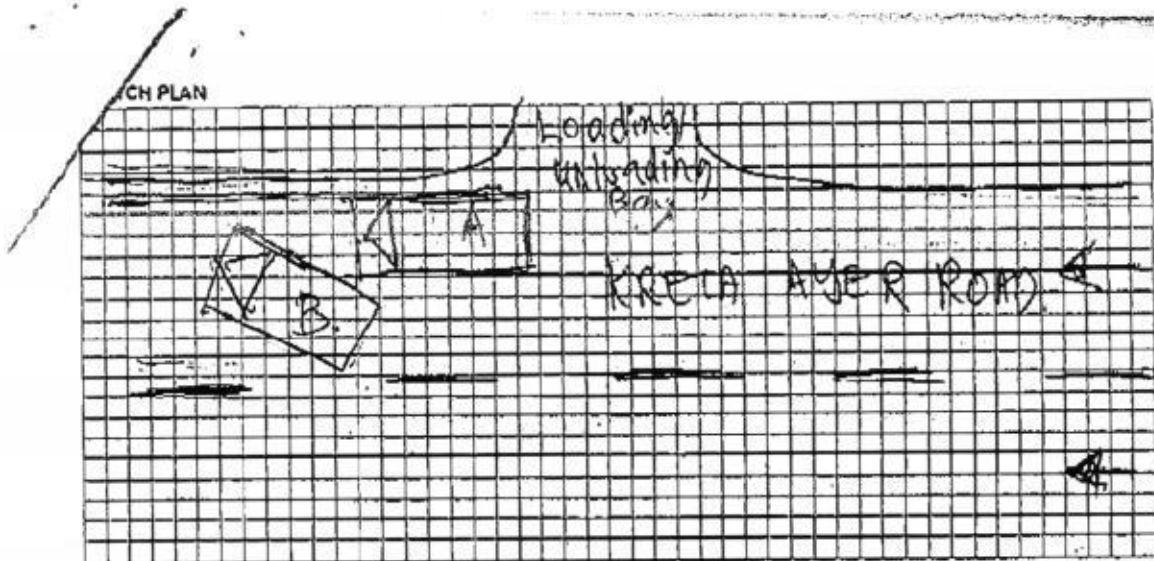
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 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.
- (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 that 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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/11/18, 9:20am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/1/18 at about 5 pm, I parked my vehicle beside the loading/unloading bay. I was waiting for my colleague in the car. Vehicle B drove too close to my vehicle and hit the front left side of my vehicle (A).

DECLARATION

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



Policyholder's Signature
Date & Time:

QIAIMC SketchPlanForm_V3



Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/1/18, 9:30 am



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:





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/TP18012768/Uvbn2

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

Date : 23-07-2018



ON BEHALF OF TRINET TECHNOLOGIES PTE LTD Code : TP149

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	GBE 7638P
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	12/07/2018

2. Vehicle Particulars & Condition

Make & Model	NISSAN NV350	c.c	2488
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JN1MC2E26Z0005595	Colour	SILVER
Odometer	78299	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15	MICHELIN	6 mm
L/H Front Tyre	195 R15	MICHELIN	6 mm
R/H Rear Tyre	195 R15	MICHELIN	6 mm
L/H Rear Tyre	195 R15	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/01/2018	Inspection Date	12/07/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBE 7638P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER (N)	DEEP CUT	514.70	514.70
1	FRONT BUMPER SIDE HOLDER N/S (N)	NECESSARY	147.00	147.00
1	SET FRONT BUMPER CLIPS (N)	NECESSARY	40.00	40.00
1	FRONT BUMPER FOG LAMP COVER N/S (N)	SERVICEABLE	72.60	-
1	FRONT BUMPER FOG LAMP N/S (N)	NOT NECESSARY	295.40	-
1	HEADLAMP N/S (N)	BROKEN	403.00	403.00
1	FRONT CORNER PANEL N/S (N)	TO REPAIR SEE LABOUR	447.74	-
1	FRONT HEADLAMP INNER PANEL N/S (N)	TO REPAIR SEE LABOUR	485.10	-
	LESS 10% DISCOUNT		-	-110.47
			2,405.54	994.23
<u>LABOUR</u>				
	TO CHECK WIRING.		50.00	30.00
	TO SPRAY RUST PROOFING.		50.00	20.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF FRONT CORNER PANEL N/S AND FRONT HEADLAMP INNER PANEL N/S.		480.00	400.00
	TO PUTTY & SPRAY PAINTING.		580.00	500.00
			1,160.00	950.00
GRAND TOTAL			3,565.54	1,944.23
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,650.00

Report Ref No. CS/TP18012768/Uvbn2

CHUA KANG SENG

Licensed Appraiser

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