From (Person)	- 11 11 .	GNMENT (Office)	Date/Time: 12 10 2018	1.54 pm
Estimated Cos		Bill to:	Date/Time_12101001	
OD TP WS	TTP RES / OD RES / EVA / INV /	MV7C8 7183D	Insured: GT 2632 A	
at Workshop n	vs_ Tan Him	Motor	Tel: 6858 5151	
of		Lane 10		
Policy No:	MCVSN 3055591803	Claim No:	9NM18D04875(02	
Sum Insured:		Excess:		
Make of Veh: (Client's Record			D.O.A. 111 10 2018	
	REP. / REV 24 HRS		H.O.D. Endorsement:	
Date/Time:	2.11 pm 12/10/18 Person Cont	acted: Cayr		
Date/Time:	Action/Instruction (Esti	1	0.00	
Date/Time:	Action/Instruction (Festing Person Continuation (Festing PC 7183D - X	1	Nen Vehicle IN / OUT	
Date/Time:	2:11 pm 2 2 10 18 Person Cont Action/Instruction () Esti PC 7183D - X G 7 2632 A - X	imate Alphie-	Nen Vehicle IN / OUT	
Date/Time Date/Time	Action/Instruction () Esti PC7183D-X G72632A-X called William VNI YC	imate Alphie-	Nen Vehicle IN / OUT	
Date/Time Date/Time 5 0 8- 23/10 8-	2:11 pm 2 2 10 18 Person Cont Action/Instruction () Esti PC 7183D - X G 7 2632 A - X	imate Alphie-	Nen Vehicle IN / OUT	
Date/Time Date/Time	Action/Instruction () Esti PC7183D-X G72632A-X called William VNI YC	imate 7/12/18-	Nen Vehicle IN / OUT	

...CLAIM SUBFOLDER...(New Assignment)

	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted:	Ins Auth'ed	Status		
Main	12 Oct 2018		12 Oct 2018 13:54 Assign					New A	ssignmer Case	it
1	1ain	Re	ference		Claim Details		Document	s] [Show All
CLAIM SU	BFOLDER DI	TAILS	the registrer was an improve	10000	THE RESIDENCE OF THE PARTY OF T	[Created	by insurer]	A PERSONAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO T		
insured:										
Main Claimant:	GLOBAL	ADVANCE LEASIN	NG .							
Vehicle Reg No.:	PC7183	PC7183D			Date of Loss:	11/10/2018 00:00 - :59				
Claim Type:		TP / SNM18D04875C02			Policy/Cover Note No.:	DMCVSN3055591803				
Vehicle Reg. No. (Insured):	GT2632A				Policy No. (Claimant):					
					Excess:	S\$0.00				
Repairer:	Tan Lim I	Motor Pte Ltd (De	efu) 51 Defu Lar	ne 10, 5392	16 Defu Lane - T	el: 6858 51	51			
Handling Insurer:	China Tai	ping Insurance (Singapore) Pto	e. Ltd. (HQ) - Tel: 6389 611	11 [Hand	led by Catherine	Thia]		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 23/1	0/2018]			
Adj Asg. Remarks:	EST \$500,	ASSIGN MARCUS	CHUA AS SJE,							
ASSOCIAT	ED MAIL RE	CEIVED					1	/iew All	Compose	Case Mail
There are n	mail for this	case.					_			
ALL ASSO	CIATED TAS	sks⊟				View All	Search Tasks	Create N	lew Task	Complete
Due Date	Priority	Type Task	Group Subj	ect Han	dler Assign	ned By	Completed On	Cre	eated On	Done'

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Business	
Owner ID:	5825E	
Vehicle Details		
Vehicle No.:	PC7183D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	11 Dec 2018	
Vehicle Make:	NISSAN	
Vehicle Model:	NV350 CARAVAN 2.5 5AT	
Primary Colour:	Silver	
Manufacturing Year:	2018	
Engine No.:	YD25020725B	
Chassis No.:	JN1UC4E26Z0022723	
Maximum Power Output:	(*)	
Open Market Value:	\$33,813.00	
Original Registration Date:	06 Jul 2018	
First Registration Date:	06 Jul 2018	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$1,691.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	044	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	05 Jul 2028	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$34,202.00	
COE Rebate Amount:	\$32,718.00	
Total Rebate Amount:	\$32,718.00	

The information contained herein is correct as at 11 Dec 2018

ОК

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	11/10/2018 10:22
Date Of Accident	11/10/2018 07:35
Exact Location Of Accident	JURONG EAST MRT PICK UP/DROP OFF POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7183D
Insured/Policyholder	
Name Of Registered Owner	GLOBAL ADVANCE LEASING
Co Reg No	B529358/25-E
Email Address	JACILY@GAL.COM.SG
Mobile Phone No	

Alternative Phone No Vehicle Particulars

Manufacturer NISSAN

Model NV350-2.5 5AT 5DR EURO V (A)

Exact Purpose for which vehicle was being used at

time of accident

HIRE AND REWARDS

OFFICE-61000425

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 YES

Policy Number 5101615548-01

Cover Note Number 01.10.2018 TO 30.09.2019

Driver

Name of Driver JOHARI BIN ABDUL RAHMAN

 NRIC No
 \$1570489F

 Date Of Birth
 11/11/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/07/1985

Driving Experience 33 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97825062

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLOCK 511 WEST COAST DRIVE

#11-335

Postcode

120511

....

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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)

13

Passenger 1

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: MALE

Passenger 3

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: MALE

Passenger 4

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: MALE

Passenger 5

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: MALE

Passenger 6

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: MALE

Passenger 7

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

FEMALE

Passenger 8

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: FEMALE

Passenger 9

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

FEMALE

Passenger 10

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

FEMALE

Passenger 11

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: FEMALE

Passenger 12

NAME:

: UNKNOWN - WORKER/STAFF

GENDER:

: FEMALE

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

GT2632A

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

LORRY

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR PORTION

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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
- 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)

Lunderstand, 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) 01:
 - (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")
- 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
- 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.

Policyhelder's Signature Date & Time:

Driver's Signature

Date & Time: 11/2/18 C 110468 (If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No. (26864052)

Sketch Plan Pg. 2

SKETCH PLAN	
Phil up / drop off B Rever Point A: PC71830 B: GT2632A	Jurory Fust In RT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 1/10/2018 of 95001 0738 b of my uphicle (A: Pe7183D) at Dich af Town Eust MRI to pick up Suddenly the whicle (B: G7 2632)	by workers/chilfs. A) which was process
or to my vehicle's front pursum. Nubar this accident	- 13 passenspis
vehicle 3 (G7 2032A)	- UNKROJA
DECLARATION I/We declare the foregoing particulars are true in every respect.	
Policyholder's Signature Date & Time: Date & Time:	Reporting Centre Personnel's Signature Name: Lam WP: 47M NRIC/FIN No.: G 68646521



CTP Insured's Veh No: GT2632A Date of Accident: 11 October 2018

51 Defu Lane 10 Singapore 539216 Tel : 68585151 (24 Hours) Fax : 68580877

GST Regn. No.: M2-8922054-2

Messrs Global Advance Leasing

Date: 11 October 2018

Marcos 11/12/18

6 09 25hD

Estimate To Repair PC7183D - NISSAN NV350 CARAVAN 2.5 5AT

Chassis No: JN1UC4E26Z0022723

LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI18018552/USD3N2

Date:

20/12/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN3055591803

Claimant Vehicle No:

PC7183D

Insured Vehicle GT2632A

No:

Date of Loss:

11/10/2018

Nature of Claim:

TP

Claim No:

SNM18D04875C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

PC7183D

Make & Model:

NISSAN NV350, 2.5 5AT 5DR EURO V (A)

Engine No:

YD25020725B

Reg. Date:

06/07/2018 (Man. Year: 2018)

Chassis No: Odometer:

JN1UC4E26Z0022723 12908 km

Colour: Engine Capacity: Silver

2488 cc

Market Value/New Car

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195R15

Rear Tyre Size:

195R15

Front Left Side:

Dunlop 7 mm

Rear Left Side:

Front Right Side:

Dunlop 7 mm

Rear Right Side:

Dunlop 7 mm

The above values represent the remaining tyre treads depth

Dunlop 7 mm

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	500.00	250.00	250.00	50.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	500.00	250.00	250.00	50.00
+ GST 7.00/7.00% (S\$)	35.00	17.50	17.50	50.00
Nett Amount (S\$)	535.00	267.50	267.50	50.00

INSPECTION

Date of Assignment:

12/10/2018

Date Inspected:

11/12/2018

Inspected At:

Tan Lim Motor Pte Ltd (Defu)

51 Defu Lane 10 Singapore 539216

Estimated Period of Repair:

1.0 days

Adjuster: MARCUS CHUA

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 20 Dec 2018)

Parts: N/A NISSAN NV350 2.5 5AT 5DR EURO V (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for PC7183D)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO PANEL BEAT FRONT HOOD AND COMPLETE SPRAY PAINTING	New	500.00	250.00
	Gross Labour	Cost (S\$)	500.00	250.00
	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >