

ASS. REC. BY: Steve

REF:

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: _____ 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

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

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: PA 9248Z Yr Regn: 18/11/09

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

Truck / Trailer or

Make: Nissan URVAN c.c. 2953Colour: SIL A/C: Insured / Std / NI / NASp. Reading: 369659 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1TG4E2SZ0786017

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15CR: "

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 14/4/20 D.O.I. 17/4/20Survey held at My car centre

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

Rear RH

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

Date / Time	Action / Instruction
	<u>MV-18,000</u>
	<u>PV-12,959</u>
	<u>AK-5941</u>

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.I. (\$) _____

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

Estimation

Date:

Vehicle:

Make / Model:

Chassis:

15/4/2020

PA9248Z

NISSAN URVAN

JN1TG4E25Z0786017

- To resurvey before any 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:

No.	Description	Unit	Unit Price	Amount
	Parts Replacement:			
1	REAR TAILGATE / DD	1	\$ 1,926.20	\$ 1,926.20
2	REAR TAILGATE LOCK X		\$ 354.60	\$ 354.60
3	REAR TAILGATE LOCK CATCH X		\$ 51.70	\$ 51.70
4	RH REAR TAILLAMP / DR		\$ 230.90	\$ 230.90
5	REAR TAILLAMP LOWER BRACKET X		\$ 35.60	\$ 35.60
6	REAR BUMPER / DR		\$ 760.60	\$ 760.60
7	REAR BUMPER SIDE RETAINER RH / DR		\$ 28.10	\$ 28.10
8	REAR BUMPER STEP PANEL X		\$ 179.60	\$ 179.60
9	RH REAR FENDER X R		\$ 4,010.20	\$ 4,010.20
				\$ 7,577.50
			Less 25%	\$ 1,894.38
			Total	\$ 5,683.13
	S/Nett items:			
1	REAR REVERSE SENSOR X	1 SET	\$ 250.00	\$ 250.00
2	REAR BUMPER CLIP / MC	1 SET	\$ 80.00	\$ 80.00
3	REAR TAIGATE 70KM/H STICKER / MC	1	\$ 18.00	\$ 18.00
4	REAR BUMPER STEP GARNISH CLIPS X	2	\$ 8.50	\$ 17.00
5	REAR WINDSCREEN GLASS SEALANT / MC	1	\$ 60.00	\$ 60.00
6	RH REAR FENDER GLASS SEALANT X	1	\$ 60.00	\$ 60.00
7	MISCELLANEOUS X		\$ 200.00	\$ 200.00
				\$ 685.00
	Labour to:			
40	TO CHECK ELECTRICAL WIRING	1	\$ 50.00	\$ 50.00
41	TO REMOVE AND REFIT REVERSE SENSOR	1	\$ 150.00	\$ 150.00
	REMOVE AND REFIX REAR UPHOLSTERY	1	\$ 120.00	\$ 120.00
	CHECK AND TEST FOR WATER LEAKAGE	1	\$ 120.00	\$ 120.00
	REMOVE AND TRANSFER ALL REAR TAILGATE FITTING	1	\$ 150.00	\$ 150.00
	REMOVE AND REFIX REAR WINDSCREEN GLASS	1	\$ 180.00	\$ 180.00
	REMOVE AND REFIX RH REAR GLASS	1	\$ 180.00	\$ 180.00
43	TO RESPRAY UNDERCOATING	1	\$ 200.00	\$ 200.00
44	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
45	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,000.00	\$ 1,000.00
46	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,400.00	\$ 1,400.00
				\$ 3,750.00
Steve (LKK) WML AL			Parts Replacement Amount	\$ 6,368.13
17/4/20, 11:30am LIS, 6 days			Total Amount for Labour	\$ 3,750.00
Ry AL by			Total Amount	\$ 10,118.13

30

30

30

50

X

50

120

X

30 X

30

700

700 800

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 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 Report	15/04/2020 15:46
Date Of Accident	14/04/2020 05:55
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9248Z
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	2XXXXX271R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91830323
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN MICROBUS 3.0 4DR 5MT ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-20095501MFBP/2
Cover Note Number	

Driver

Name of Driver	GOH SZE KWANG
NRIC No	SXXXX144I
Date Of Birth	06/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91830323
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 374 JURONG EAST STREET 32 #02-468 SINGAPORE
Postcode	600374
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT REF: T/20200414/2056

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	YN5515D
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)

Accident Sketch Plan

SKETCH PLAN

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 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 (including information relating to this form) and any other personal information provided by me or possessed by my insurer(s) and/or my workshop ("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 making of reimbursement, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data contained on the back of the same as well as on the external cover of envelopes/mail packets, etc.); and
 - (v) complying with applicable law in administering my claims, 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 my insurer(s) and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be situated 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 (a) 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:

Representing Certain Person(s)' Signature
Name:
NRIC/Passport No.:

Accident Sketch Plan

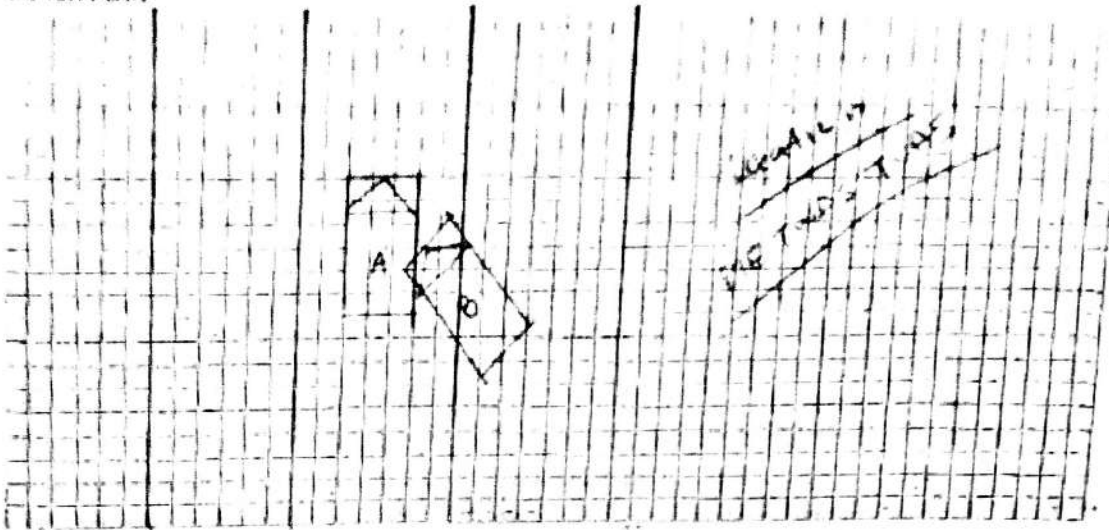
SKETCH PLAN

veniche A.

PA9248Z

VEHICLE B

YNSSISD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Blank lined paper with the title "Blank Lined Paper" written at the top.

DECLARATION

We declare the foregoing particulars are true in all respects

Polypholster's Structure File & Tree

Deputy's Signature
(Indicate last of the policyholder)
Date & Time

Reporting Officer's Personal Signature
Name
N/A/N/A No



SINGAPORE POLICE FORCE



T/20200414/2056

1 of 3

Report No. T/20200414/2056

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2020 18:01	Vide Report No.:	Station Diary No.: 108
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Informant's Particulars

Name of Informant: GOH SZE KWANG		Address: APT BLK 374 JURONG EAST STREET 32 #02-468 SINGAPORE 600374	
ID Type / ID No.: NRIC NO / S1725144I		Contact No.: Home/Office: Mobile: 91830323	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 06/09/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2020 05:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY TOWARDS TUAS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA9248Z	Bus/Coach/Mi nibus					0
YN5515D	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20200414/2056

2 of 3

Report No. T/20200414/2056

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver Name	GOH SZE KWANG	ID No.	S1725144I
Related Vehicle	PA9248Z (Bus/Coach/Minibus)	Contact No.	91830323
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver Name	LIM KOK WEE	ID No.	S1449016G
Related Vehicle	YN5515D (Lorry)	Contact No.	87829323
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/4/2020 at about 5.58am, I was driving my mini bus bearing plate number, PA9248Z along PIE towards Tuas near lamppost 1655F. I was travelling in the center lane and suddenly, I felt an impact from the rear side of my mini bus. I further stop to check and noticed that a lorry bearing plate number YN5515D had collided onto the rear of my mini bus. The driver of the car admitted that his eyes closed whilst driving. No one was injured but I felt unwell and went to the clinic and received 3 days MC.



SINGAPORE POLICE FORCE



T/20200414/2056

3 of 3

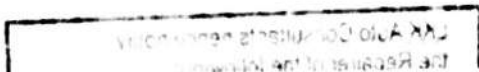
Report No. T/20200414/2056

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J/
Sgt 2 NURAQILAH BINTE ABDUL HAMID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/04/2020 18:01

Classification Of Case: