

(08/11/13) wef

ASS. REC. BY: *146-145*

REF:

CS/TP20005338/44f3

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.

Bal. or Market Value:

IDAC Accident Report:

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:

Date / Time

Action / Instruction

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

170

50

50+50

73

80

473

27/4/20 2/5 @ 4200 conf. and with AH Lion

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 30/03/2020 17:14
Date Of Accident 30/03/2020 13:30
Exact Location Of Accident INSIDE 8A TUAS AVENUE 13 SINGAPORE 638981
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY8107J
Insured/Policyholder
Name Of Registered Owner KIM HOCK CORPORATION PTE LTD
Co Reg No NA
Email Address MAIL@KIMHOCK.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-68623883
Vehicle Particulars
Manufacturer NISSAN
Model PICK UP 2.6M WITH HOOD
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
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 MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number B 29089940 TMV
Cover Note Number
Driver
Name of Driver LI LEI
Passport No/FIN GXXXX988P
Date Of Birth 04/06/1989
Occupation OUTDOOR
Date Of Driving Pass 25/11/2019
Driving Experience 0 YEAR AND 4 MONTH
Gender MALE
Mobile Number (LOCAL) +65-87990956
Fax Number
Contact Number OFFICE-68623883
Email Address NOEMAIL

Name of Driver

SUN WEI

NRIC/Passport Number

GXXXX035T

Contact Number

68610843/96398978 (ONG KOK LIAN)

Address

ENG KONG CONTAINER AGENCIES (PTE)LTD
8A TUAS AVE 13

Postcode

638981

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.



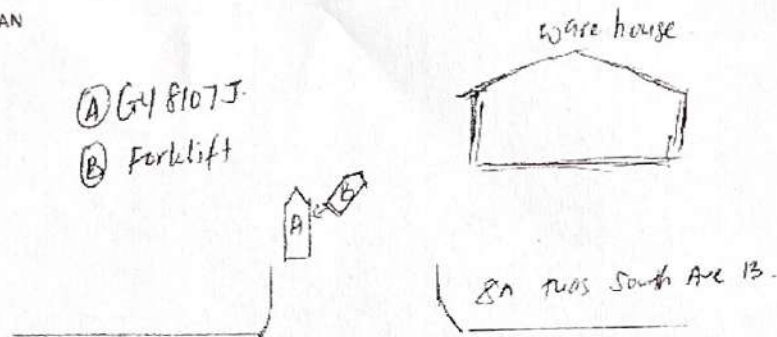
Policyholder's Signature
Date & Time:

11/11/21
Driver's Signature
(If driver is not the policyholder)
Date & Time


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 Mar 2020 about 1300hrs, I was driving inside 8 Tuas South Ave 13, Eng kong Container to collect goods.

When I was driving in my lane near the container area, a forklift suddenly cut into my lane. It was carrying a container. It was reversing and hit my right hand side door. No one was injured.

DECLARATION

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

Policyholder's
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Address 40 SINGEI KADUT ST1
Postcode 729376
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS
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) 5

Passenger 1 NAME: : NA
GENDER: : MALE
Passenger 2 NAME: : NA
GENDER: : MALE
Passenger 3 NAME: : NA
GENDER: : MALE
Passenger 4 NAME: : NA
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 ATTACHED - TYPE OF ACCIDENT - VEHICLE B REVERSED AND HIT MY VEHICLE.

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
Vehicle Make/Model/Colour FORKLIFT
Details Of Properties
Vehicle Category NA/UNKNOWN

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:

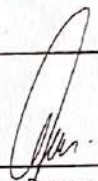
Original Report No : MSI 320038201 Vehicle Registration No : G48107J
Name (as shown in NRIC) : Li Lei NRIC/FIN/Passport No : G848288P
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 40 Sungei Kadut St Singapore (729376)
Contact (Tel) : _____ Mobile No. : 8799 0956
Email Address : maile.kimhook.com.sg
Date of Accident : 30/3/2020 Time of Accident : 1330 hrs
Place of Accident : Inside 8A Tuas Avenue 13 Spore 638981
Insurance Company : mxlg

(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 want to add in Third party company name.

 11/21
Policyholder / Driver's Signature
Date: 31/3/2020


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: 31/3/2020
Date: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	939C
Vehicle Details	
Vehicle No.:	GY8107J
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Apr 2020
Vehicle Make:	NISSAN
Vehicle Model:	PICKUP 2.6 M
Primary Colour:	Silver
Manufacturing Year:	2005
Engine No.:	TD27755007
Chassis No.:	JN1AHGD22Z0036551
Maximum Power Output:	-
Open Market Value:	\$17,911.00
Original Registration Date:	16 Aug 2005
First Registration Date:	16 Aug 2005
Transfer Count:	0
Actual ARF Paid:	\$896.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$50,584.00
COE Rebate Amount:	\$26,882.00
Total Rebate Amount:	\$26,882.00

The information contained herein is correct as at 22 Apr 2020

OK

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Search Selection	nissan pick		Any	Any	> 10 year(s) old	Any	Any	Any	Available
		Nissan Double-Cab Pickup (COE till 04/2022)	\$18,800	\$9,390 /yr	24-Apr-2002	2,664 cc	270,000 km	Truck	Available

Fuel Type: Diesel

April 2002 Nissan Double Cab Pick Up COE 23/4/2022 Trade In / Loan Available! Total Rebate Amount \$14051

Think One Automobile & Trading

Posted: 24-Mar-2020 Tags: 2002 Nissan Double-Cab, Nissan Double-Cab, Nissan, Double-Cab

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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