ASSIGNMENT'
From: Date: Veh No:
Estimated Cost: Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MV Truck/Trailer or
To Inspect Vehicle No: Make: N/SSan NV 200 c.c 1461
at Workshop m/s A/C: Insured / Std / NI / NA
of Sp.Reading \$0941 T/Radio: Insured / Std / NI / NA
Insured: Eng/No:
Policy No C/No: VSKYRAM 207 0148069
Claims No Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess: Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record) Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh: Modi: Nil / S/Rim / ST (A/R)m or
Tyre Size: F: 175/70 R14
(Policy Condition)
Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection. TOYO / YOKO or #PLUS
Bal. or Market Value: Front Rear
IDAC Accident Rport:Consistent? : Yes or No R/Bal mm R/Bal mm
GIA / PR Seen:Consistent? : Yes or No L/Balmm L/Balmm
Est. Repairs: days Res.: Yes or No D.O.A. 3/5/20 D.O.I. 13/5/20
Lum Sum: % 3 Val.: Yes or No . Survey held at Etficien M9for
CA REV REP. 24 HRS Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
Vehicle: IN / OUT Date: Person Contacted: The WC / Chaosin form / Park Contacted in the last of the l
Date / Time Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision.
MV- 45K
Date/Time, File Pass to? : Preli. Report Days Of Repair:
: Final Report Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to? Transportation:
2) Add Fee: :Site Insp (\$)s+Rs,si
: Interview (\$) Photos
Report Format:: Tech. Invs (\$) Others
Lump Sum / I.B.I: (5) :Weel'end (8)
TOTAL

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO: GBG6835H

MAKE & MODEL: NISSAN NV200 CHASSIS NO: VSKYBAM20Z0146069 DATE: 13 MAY 2022 CLAIM TYPE: OD CLAIM

D.O.A: 13 MAY 2020

TO: INDIA INTERNATIONAL INSURANCE PTE LTD

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	cos	T PRICE	TOTAL	. PRICE
1	1	FRONT DOOR RH / ())		\$	600.00	\$	600.00
2	2	FRONT DOOR HINGE RH / UT		\$	35.00	\$	70.00
3	1	FRONT DOOR CHECKER RH, / 1/1		\$	28.00	\$	28.00
4	1	FRONT DOOR LOCK RH 7		\$	105.00	\$	105.00
5	1	FRONT DOOR POWER WINDOW RH "		\$	60.00	\$	60.00
6	1	FRONT DOOR REGULATOR MOTOR RH		\$	200.00	\$	200.00
7	1	FRONT DOOR WEATHERSTRIP TH		\$	48.00	\$	48.00
8	1	FRONT FENDER RH / 00		\$	210.00	-	210.00
9	0	0				\$	
10	0	0				Ś	5.00
Time with	CATEGORIA NA MATERIA DE LA CATEGORIA DE MATERIA DE MATE	The same of the second of the	THE STATE OF THE S	\$	1,286.00	\$	1,321.00
				TOTA	AL PRICE	\$	1,321.00
				PLU:	S 10%	\$	132.10
				SUB	TOTAL PRICE	\$	1,453.10
/No.	QTY	DESCRIPTION	CONDITION /	UNIT	S/NETT	TOTAL:	S/NETT

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT	S/NETT	TOTAL S/NETT		
11	1	FRONT DOOR RH CO.REG. ADDRESS STICKER	TPC	S	30.00	Ś	30.00	1/
12	1	TOWING FEE	M	s	70.00	+	70.00	60
13	1	SUNDRIES	VIC	\$	30.00	\$	30.00	-
			TOTAL S/NETT	\$	130.00	\$ 1	30.00	5

Labour Charges

14	To knock and straighten on accident area, to remove and replace damaged parts.	5	500.00	400
15	To putty & spray painting Front door rh, front fender rh and other affected areas.	5	600.00	500
16	To check and rectify wiring.	Š	50.00	32
17	To transfer door components to new door.	Š	100.00	CA
18		1	100.00	82
19			-	
20				

STEVE (LKK) OD - MH AND TOTAL LABOUR

Exerc - 7 Total Cost of Repairs

Exerc - 7 (Total parts + Total S/Nett + Total Labour Cost)

1,250.00 2,833.10

13/5/10, 3.00pm 4 dys L/S My Bel 1y

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:

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 witholding of material facts may allow insurance companies to
- 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

	ACCIDENT STATEMENT	
Date Of Report	13/05/2020 11:41	
Date Of Accident		
Exact Location Of Accident	13/05/2020 09:45	
	31 BUKIT BATOK CRESCENT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OMBLAGE HOLE	

PAN PACIFIC VAN & TRUCK LEASING PTE LTD

NV200-4.5 D MT ABS AIRBAG 2WD 6DR (A)

INDIA INTERNATIONAL INSURANCE PTE LTD

DETAILS OF OWN VEHICLE
GBG6835H

2XXXXX635R

(LOCAL) +65-87221230

COMMERCIAL VEHICLE

OFFICE-62840827

NOEMAIL

NISSAN

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

Co Reg No

Email Address

Mobile Phone No.

Alternative Phone No. **Vehicle Particulars**

Manufacturer

Model

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?

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Cover Note Number

Policy Number

Driver

Name of Driver LIM SOON HING NRIC No SXXXX661C Date Of Birth 03/03/1953 Occupation OUTDOOR

Date Of Driving Pass

Driving Experience

Mobile Number

Gender

Contact Number **EMail Address**

Fax Number

NOEMAIL

D19MFL0005549

COMPREHENSIVE

YES

21/07/1994

25 YEARS AND 9 MONTHS

(LOCAL) +65-87221230

Page 1 of 20

Address

BLK 11 TOH YI DRIVE #10-381

Postcode

590011

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

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

WET

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

NO

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)

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

ON 13 MAY 2020, AT ABOUT 0945HRS, I WAS DRIVING MY VEHICLE GBG6835H ALONG 31 BUKIT BATOK CRES. I INTENDED TO PARK MY VEHICLE NEAR 01-02. AFTER I PARK, I STOPPED MY ENGINE AND OPENED MY DOOR. JUST OPENED AND THEN THERE WAS A VEHICLE, SFD118C WAS VERY FAST AND HIT ONTO MY DOOR. THIS PARKING PLACE WAS VERY NARROW. NOBODY WAS INJURED.

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

SFD118C

Vehicle Make/Model/Colour

PORSCHE

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEO TENG HONG

NRIC/Passport Number

SXXXX944A

Contact Number

96712288

Address Postcode

21 MIMOSA VALE

807937

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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.
- 8y 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 insurers) 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 givenment agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or dealing with my dalate transling the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dains;
 - (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:
 - 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: Orivers Signature

(If driver is not the policyholder)

rate & Time: 12 1 400

Reporting Centre Personnel's Signature

name: /cascarag

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN
A-986768374 B-SFO (18C) Train squest D
EDA Industrits
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 13 May 2020, at about onustry,
I was driving my reliable GBG 6+35 Halong 31, Brutet
British Cres. I intended to purk my relittle hear
01-02. After park, I stop my engine and open
my door. Just open and then there was a vehicle
SPO 1150 was very first and but onto my
door. This purkly to place was very home. Hotsoly
was injured.
THE CHARGE PROPERTY CONT. AND
The state of the s
DECLARATION I/We declare the foregoing particulars are true in every respect. Style August
Policyholder's Signature Driver's Signature Reporting Centre Performet's Signature Date & Time: Name: Name: Name:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 13 May 2020

Company

635R

GBG6835H

Yes

13 May 2020

NISSAN

NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC

White

2017

K9KC400D057340

VSKYBAM20Z0146069

.

\$20,119.00

29 Sep 2017

29 Sep 2017

1

\$1,006.00

No

-

\$0.00

28 Sep 2027

C - Goods Vehicle & Bus

10

\$42,809.00

\$31,571.00

131,571.00

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE to Raffles Gusy #18 00 Singapore 048550
Tel [65] 6224 0010 Fax (65] 6224 0030
Operating Fours : Monstay to Fishay, 69:00 - 17:00

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: __Vehicle Registration No: GBG6835H Original Report No: MJPK20045999 NRIC/FIN/PassportNo: _201511635R PAN PACIFIC VAN 8 TRUCK LEASING PTE LTD Name(as drawn in NRIC):_ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate 8 CHANG CHARN ROAD #04-01 LINK (THM) BUILDING Singapore (159637) Address 62840827 Mobile No.:_ Contact (Tel) Email Address _Time of Accident : _____19:45 HRS . 13 MAY 2020 Date of Accident 31 BUKIT BATOK CRESCENT Place of Accident Insurance Company: India International Insurance Pte Ltd (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: - Change claim type to "Yes - Own Damage"

Policyholder / Drivers Standure

Reporting Centre Personnel's Signature

Name: Shayne NRIC/FIN No.: Date:13/05/2020