ASS. REC. BY: STEVE REF: CS3/AIC	ASSIGNMENT	
6K2	GRG 2138M YERROR 27/6/17	
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
Estimated Cost:	Truck / Trailer or	
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Make: NISSON NV350 c.c 2488	
To Inspect Vehicle No:	Golour Ste While A/C: Insured / Std / NI / NA	
at Workshop m/s		
of	Sp. Neading SZ 7 4	
Insured:	C/No: JN/MC1E16 Z000 8425	
Policy No.		•
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inforder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil / S/Rim / S(D)A/Rim or	
	Tyre Size: F: 185/60R15	
(Policy Condition)	R:	
The control of the co	O/S BS DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	Front Rear	8
	— //, — //,	mm
	1/Pol - 4	mm
D V N.		
Est. Repairs: days Res.: Yes or No	D.O.A. 16/7/49 D.O.I. 1//6/79	<u> </u>
Lum Sum: % 3 Val.: Yes or No	D.O.A. 16/7/29 Survey held at	=
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN /		
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co	ollision.
Date / Time Action / Instruction		
MV- 46K		
	1	
te/Time, File Pass to? : Preli. Report	Days Of Repair: 4	
: Final Report	Resurvey No. of Trip: Survey Fee:	
e/Time, File Return to?		
	Transportation:	
Add	/	
	: Interview (\$) Photos	
Formai: DAR	: Tech. Invs (\$) others	
np Sum/LB.E.C	: Weel end (%	
	The restraint of	

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ACTION (AC)
(UReplace (4)) (2)RepairNi (3)Check (2)
(4)Not Consident NC)

	rtion	A PARK NAMES OF THE PARK OF TH				
(IC.		Item	CON	AC	Qty	l
Mary and Address of the Parket	TO MAN THE PROPERTY AND ADDRESS OF	Rear Number Plate				
	993627	Rear Number Plate Base				
	993628	Rear Number Plate Bracket				
-	993632	Rear Number Plate Lamp	nt e	. ,		
1141	992958 993108	Rear Bumper	DEF	V		
1142	993108	Rear Bumper Upper				ł
1144	993017	Rear Bumper Lower Rear Bumper Sade C/	MEC	1		1
1147	992976	the contract of the contract o	Vie	-		1
1148	993008		UR	1	2	1
1149	993045	Name of Street, and the street	loc.	V	1	1
2045	993081	A STATE OF THE STA		1		
2046	993079					1
2047	993186	And the second s				
1158	994023		BR	V	'	
1159	993327	Rear End Panel				4
1163	993851					4
1164	99385			-	-	4
1165	993859	Rear LH Taillamp Panel	-0.	+-	-	4
1166	995110		CRA	V	-	-
1167	99385.	Rear RH Taillamp Garnish		F	-	-
1168	99385		- i	R	+-	
1169	99355		-	+	+	-
1289	99515		-	+	-	
1350	99320	1 Rear RH Door	-		-	
2048		11		+	-	
2049						
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2051	99329	111				
1291	99519			1		
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2053	_	1 2 1				1
1248	-		00			
2054	-	00 Rear Rubber Stopper				_
2052	5 00376	11 Rear Rubber Stopper Bracket				•
1182		28 Tailgate Emblem	NE	.(V	1
1183	_		I.			
1185	-1-					
1193						
1194	_					
1195	9946	04 Tailgate Glass Moulding				
1190			NE	(/	
2050	_					
1197			0	7	1	
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1198				SCIA		
1199						10.11
1200						
120					1	
205					-	
2053		95 Rear Wiper Blade		-		
2059		97 Rear Wiper Motor		150	-	-
2060		84 Rear Floor Panel				-
1204		65 Spare Tyre			-	-
206		85 Spare Tyre Bracket			-	-
1212		64 Rear Exhaust Pipe				_
-		61 Rear Exhaust Mounting		0000000		L
121/					-	1
1214		23 Rear LH Chassis Member				

(ear)	Vehicle No: GBG 2138M
CT IN	
62 993	748 Fear Sidegate
063 994	225 Rear Sidegate Lock
064 993	749 Rear Sidegate Hinge
065 994	226 Sidegate Lower Panel
$066 994 \\ 067 994$	227 Sidegate Railing 208 Side Cover Hook
068 2001	965 Side Step Panel
069 994	496 Side Step Panel Stopper
070 992	857 Rear Body Panel
071 992	866 Rear Body Panel Inner
2072 995	5329 Sliding Door LH 5328 Sliding Door RH
2074 994	1295 Sliding Door Handle
2075 99.	4300 Sliding Door Lock
2076 99	1313 Sliding Door Rubber
2077 99	4291 Sliding Door Bottom Roller
2078 99	4317 Sliding Door Top Roller
2000 00	4306 Sliding Door Rail 4315 Sliding Door Stepboard
	94316 Sliding Door Stepboard 94316 Sliding Door Stepboard Garnish
1224 99	03621 Rear LH Mudflap
1225 99	23933 Rear LH Wheel Rim
1226 99	94025 Rear LH Rim Cover
1227 9	95065 Rear LH Tyre
1234 9	93622 Rear RH Mudflap
1235 9	93934 Rear RH Wheel Rim
1	94025 Rear RH Rim Cover 95065 Rear RH Tyre
1237 9	95065 Rear RH Tyre 92179 Fuel Tank
1252 9 1253 9	92179 Fuel Tank 92184 Fuel Tank Bracket
	990247 Sticker
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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 regulate policy liability. 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 any byte and that opins of the Opins 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

AGCIDENT STATEMENT

Date Of Report

17/07/2020 13:43

Date Of Accident

16/07/2020 18:30

Exact Location Of Accident

ALONG FILTER LANE FROM CTE TOWARDS MOULMEIN ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG2138M

Insured/Policyholder

FIRST AIRCON ENGINEERING

Name Of Registered Owner Co Reg No

BXXXXX739D

Email Address

FIRST_AIRCON@YAHOO.COM.SG

Mobile Phone No

(LOCAL) +65-83980117

Alternative Phone No

OFFICE-92370813

Vehicle Particulars

NISSAN

Model

NV350

Exact Purpose for which vehicle was being used at WORK PURPOSE

time of accident

Manufacturer

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

EQ INSURANCE COMPANY LTD

Type Of Coverage

NO

Fleet Policy Policy Number

DMCPHQ20-002414

COMPREHENSIVE

Cover Note Number

27/06/2020 - 26/06/2021

Driver

Name of Driver

PEH BOON SOON

Passport No/FIN

GXXXX936K

Date Of Birth

15/06/1991

Occupation

OUTDOOR

Date Of Driving Pass

04/02/2013

Driving Experience

7 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-83980117

Fax Number

Contact Number

OFFICE-92370813

EMail Address

NOEMAIL

ostcode 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 COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions Road Surface DRY Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 2 involved in the accident NO

Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver)

: TECK NAME: Passenger 1 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO REPORT ATTACHED.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SMJ1818U Vehicle Registration Number NA Vehicle Make/Model/Colour NA **Details Of Properties**

PRIVATE CAR Vehicle Category ONG JUNG GIN Name of Driver

SXXXX067D NRIC/Passport Number

91888882 Contact Number

NA Address NA

NA Postcode

Insurance Company Name

NA Nature Of Damage

vo. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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 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
- 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:

- 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)
 - (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:

17/07/2020

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .: