Kenneth REF: C12/	2000.8076/kg
A	SSICARORAN
	SSIGNMENT
	Veh No:
To inspert Vehicle Line	Type: M.Car / M.Cycle / Bus Wan Lorry / Taxi / Prime Mover /
A CLIM'S MO.	Truck / Traller or
at Workshop m/s CS Cn1	Make: NIS NV350 c.c 28ff
of	Colour Multi Colon AC: Insured / Std / NI / NA
Insured:	Sp.Reading 74433 T/Radio: Insured / Std / NI / NA
Policy No	Eng/No:
Claims No SNM20D202691C01 .	- CNO: JNINCZKE 26 + COC 8477
Sum Insured: Excess:	Gen. Cond: Good) Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingraer / Jammed / Leaked / Burnt or
	Modi: MI SIRIM I STD A/RIM or Tyre Size: F: B 9 185015 V.0
(Policy Condition)	Tyre Size: F: B\$ 185 R15 X8
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: 8 60k	Front
IDAC Accident Rport: Consistent? : Yes or No	R/Rai 7 Kear
GIA / PR Seen: Consistent7 : Yes or No	L/Bal 2
Est. Repairs: 05 days Res.: Yes or No	D.O.A. 28/7/20 DOJ = 70/10
Lum Sum: % 3 Val.: Yes or No	Survey held at D.O.I. 5 /8 /2020
CA / REY / REP. / 24 HRS	Des. of Damages Frt Rear I O/S I N/S I U/C I Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	Real / Ols / N/S / U/C / Rooftop or
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
/ ·	amosed ode to consion.
06/08/20@11.39am revert to Irene Tay via Mer	imen.
06/08/20@3.19pm Irene Tay informed C/A via	
06/08/20@5.20pm Informed Ms Ong C/A & ex.	· 我们就是我们的现在分词,我们就是我们的,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Kenneth finalised LS \$6950 (Red \$2	1827.01, 76%)
Date/Time, File Pass 10? Prell. Report Da	ys Of Repair: 5
Outo/Time, File Return 107	survey No. of Trip: 2 Survey Fee:
Add Fee:	: Site Insp (\$
,	Interview (5
Report Format: MER-OD	17,000
Lump Sum / I.B.l. : (\$ 6950	Tech Invs (\$): Others
'	Weekend (\$
•	TOTAL

Not Nother 1 LISmp & 7 Resumy After Paint 5day, Ex: 62564315

C. S. ONG AUTO PTE. LTD.

Company & GST Reg No.: 201408916W 10, Ang Mo Kio Ind. Park 2A, #02-16, AMK AutoPoint, Singapore (568047)

Tel: 6484 1933 | Fax: 6484 1922 E-Mail: csongauto@yahoo.com.sg

To: Motor Claims Department,

Date: 04/08/2020

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Accident Involving Vehicles GBJ786P & SDY9018L [Your Insured] on 29/07/2020 @ 1625Hrs along SIMEI STREET 3

Estimated Own Damage Repair Costs For GBJ786P [Nissan NV350]

	Estimated Own Damage Repair Connection	477		R
	JN1MC2E28Z0009	111	\$	1,650.30
1Pc	Front Bonnet		\$	N 1,069.20 X
2Pcs	Front Quarter Panel @ \$534.60 Each	my cm Ms?	\$	1,282.80
00	Front Headlamn @ \$641.40 Each		4	745.00 7
2Pcs	Front Headlamp Lower Bracket @ \$372.50 Each	mg cn	1 ¢	1,163.30
1Pc	Front Grille	, ,	φ.	m 89.90
1Pc	Front Grille "Nissan" Logo		\$	Ma 55.00
1Set	Front Grille Clips			5 320.20 X
	Fog Lamp Cover @ \$160.10 Each		\$	320.20 X
2Pcs	Brake Pipe @ \$64.80 each		\$	468.60 7
3Pcs	Front Support Panel Assembly		\$	
1Pc	Front Brace Panel		\$	Bu 531.90 ×
1Pc	Front Brace Parier Front Bumper With Centre Grille		Φ	001.00
1Pc	Front Bumper Clips		\$	M 35.00 -
1Set	- D-4-1-0-1 U & PH (0) \$225 (00 Each	\$	h 450.00 X
2Pcs	Front Bumper Side Retailer Live Till & Till		\$	805.00
1Pc	Front Bumper Reinforcement		\$ \$	Ja 736.10 X
1Pc	Front Radiator	Total:	\$	11,539.90
		Parts Less 10%:	\$	1,153.99
		Parts Total:	\$	10,385.91
		rares roun.	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SPEC	IAL NETT ITEMS			& 243 60 X
1Pc	Wiper Washer Motor		\$	245.00
1Pc	Front Centre Gfille Radar Sensor Assy		\$	296.80 7
2Pcs	Fog Lamp @ \$423.70 Each		\$	847.40 X
1Pc	Brake Valve		\$	355.20 x
1Pc	Air-Con High Pressure Pipe		\$	249.20 7
1Pc	Air-Con Low Pressure Pipe		\$	269.20
			\$	219.50 ?
1Pc	Air-Con Discharge Pipe		\$	2,290.60 7
1Pc	Air-Con Cooling Coil Box (Complete)		•	_,

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.
- 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 a free port will, for a fee, be made available upon application by interested parties.

 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	
	01/08/2020 11:59	
Date Of Report	29/07/2020 16:25	
Date Of Accident	SIMEI STREET 3	
Exact Location Of Accident	SINGAPORE	
Country/State of Loss	DETAILS OF OWN VEHICLE	8
。在1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年,1995年	GBJ786P	war or
Vehicle Registration Number	GB3/60F	
Insured/Policyholder	DAWOOD TRADING & WHOLESALE	
Name Of Registered Owner		
Co Reg No	2XXXXX969K DAWOODSPICES@SIGNET.COM.SG	
Email Address		
Mobile Phone No	(LOCAL) +65-81703789	
Alternative Phone No	OFFICE-81703789	
Vehicle Particulars		No. of P
Manufacturer	NISSAN	
Model	NV350-2.5 PANEL VAN 5MT 5DR (M)	
Exact Purpose for which vehicle was being utime of accident		
Are you claiming under your own insurance for repair to your vehicle?	policy YES	
If No, Please state action to be taken		
Vehicle Category	COMMERCIAL VEHICLE	100
Insurance Company		1
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN30703619011	
Cover Note Number		
Driver		Eyf.
Name of Driver	PACKIR MOHAMED JIYARUDEEN	
Passport No/FIN	GXXXX511K	
Date Of Birth	23/02/1979	
Occupation	OUTDOOR	
Date Of Driving Pass	05/03/2018	
Oriving Experience	2 YEARS AND 4 MONTHS	
Sender	MALE	
Mobile Number	(LOCAL) +65-81703789	
ax Number	(LOOAL) +00-01703709	
ontact Number		
	DAWOODSPICES ASIGNET COM SS	
Mail Address	DAWOODSPICES@SIGNET.COM.SG	
	Page 1 of	20

94 JOO CHIAT ROAD #01-00 Address 427388 Postcode 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 RAINING Weather Conditions WET Road Surface Other Information Was any foreign vehicle involved in this accident? NO 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? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident AS PER ATTACHED Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SDY9018L Vehicle Registration Number TOYOTA RUSH Vehicle Make/Model/Colour VEHICLE **Details Of Properties** PRIVATE HIRE Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

SKETCH PLAN		
Street	B	A GBJ786P
\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On 29 07	2020 at around 162	Shrs, LWas
travelling	along Sime Street	3. The vehicle
in-front of	me came to a Stop	>, I follow
Suit and e	ted not manage to	Stop in time.
		9/03
		20
	*	
under your own compre	surer may have 14days Time Frame hensive policy. Please check with you	for you to submit an Own Damage Claim
DECLARATION I/We declare the foregoing particulars		
Policyholder's Signature	Driver's Signature	
Date & Time: ###################################	(If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Kon Yan See) Reporting Only