From: Date: Veh No: CBD / 763 E Yr Regn: 7 Estimated Cost: Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Lorry / Taxl / Prime Mover / Type: M.Car / M.Cycle / Bus Van / Taxl / Prime Mover	nneth		2000 8335/1 SSIGNMENT		A. 19
Estimated Cost OD (FYNST IT RES (OD RES (EVA (INV) INV) To Inspect Vehicle No: Six Reading OD (Claris No.) Claims No. Som insured: Policy No. Claims No. Som insured: (Closel's Record) Make: NS OS Fraction insured I sald of INI IN Som insured: (Closel's Record) Make: NS OS Gen. Condo of Insured I sald of INI IN Six Reading Insured Jammed (Leaked Burnt or Mod : MIT Six Ini I STD Air In or Tyre Six: F: 183 (MIT Six Ini I STD Air In or Tyre Six: F: 184 (MIT Six Ini I STD Air Insured I six Ini I INI Six Initian I STD Air In or Tyre Six In In or Tyre Six In In or Air In In or Tyre Six	From:			2017/21	07
Truck Trailer or Make: N/F Charles Co. Exempts C		ate:			
To inspect vehicle No: at Workshop m/s of o		Inniini	 "		, MIOVEL 7
al Workshop m/s of Insured: Sp.Reading Sp.Re		LINY / MV		1107-	24
Sp.Reading GO 245 Tradio: Insured Std Ni Ni Insured:		16/6/14/11			ed / Std / NI / N
Insured: Policy No. Claims No. Sum insured: Excess: Clicins No. Gen. Cond. Geo. 2 Fair Poor Burnt	of	transfigure in the			
Color No. Claims No. Sum insured: Excess: Steeper Second Sum insured: Excess: Steeper Insured Steeper Insure	Insured:	1/20	- 1.9 m. /	(UF)	
Claims No. Sum insured: Excess: Sum insured: Steering: Inor@st / Jammed / Leaked / Burnt or Steering: Inor@st / Jammed / Leaked / Burnt or Steering: Inor@st / Jammed / Leaked / Burnt or Brake: Inor@st / Jammed / Leaked / Burnt or Modi: _mill Sirlim STD A/Rim or Tyre Size: S				11m- 25717	0002
Sum Insured: Excess: Sitering: Inorder Jammed Leaked Burnt or Brake: Inorder Jammed Leaked Burnt or Modi: MIT SIRIM STD ARIM or Tyre Size: F: RS RISK Remark: The veh had commenced lits repair et the time of Inspection. NIS OS Bit OS OS OS Bit OS OS OS Bit OS					The Table
Brake: Ingress Jammed Leaked Burnt or		229	- 1		
Mod: ATT SIRIM I STD AIRIM or Tyre Stze: F: IRS RIS XP Remark: The veh had commenced its repair at the time of inspection. all or Market Value: BAC Accident Rport			- 1		<u></u>
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. at or Market Value: AC Accident Root: Consistent?: Yes or No At I PR Seen: Consistent?: Yes or No At I REV I REP. I 24 HRS Wehlde: IN I OUT Person Contacted: Wehlde: IN I OUT The UIC I Chassis frame I Body Structure affected due to collision. The UIC I Chassis frame I Body Structure affected due to collision. Add Fee: Site Insp (S) Survey Fee: Tyre Size: F: R: BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear RRBa. The MRBa. The M					1
Remark: The vish had commenced its repair at the time of inspection. N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIGCOHTSU / PIR / SUMI / TOYO / YOKO or					X8
repair at the time of inspection. al. or Market Value: AC Accident Rport: Consistent?: Yes or No A. / PR Seen: Consistent?: Yes or No D.O.A. 7 / 7 / 2 O D.O.I. 7 /	(Policy Condition)				
repair at the time of inspection. al. or Market Value: AC Accident Rport: Consistent?: Yes or No At / PR Seen: Consistent?: Yes or No At / PR Seen: Consistent?: Yes or No At Repairs: AS days Res.: Yes or No Burn: No 3 Val.: Yes or No At / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. Add Fee: Survey No. of Trip: Survey Fee: Interview (S) S. RS. St Interview (S) Fee's Tech Invs (S) OPens	Remark: The veh had commenced its	N/S O/S	BS / DUN / EXNOVA / GY	IFS I LIZA MIC POHTSU I PIR	I SUMI I
ACA Accident Rport: Consistent?: Yes or No IA / PR Seen: Consistent?: Yes or No IA / PR Seen: Consistent?: Yes or No IA / PR Seen: Consistent?: Yes or No IA Repairs: 03 days Res.: Yes or No IA / PR Seen: Consistent?: Yes or No IA / PR Seen:	repair at the time of inspection.				
A / PR Seen: Consistent? : Yes or No It. Repairs: 03 days Res.: Yes or No It. Repairs: 03 days Res.: Yes or No It. Repairs: 94 3 Val.: Yes or No It. REP. / REP. / 24 HRS Vehicle: IN / OUT Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structur	al. or Market Value:		Front	Rear	
Add Fee: Sum / L.B.: (S Les or No Survey Res.: Yes or No Survey Res.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or No Survey Res.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or No U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collis	AC Accident Rport: Consisten	17: Yes or No	R/Bal.	mm R/Ba!.	mm
m Sum: % 3 Val.: Yes or No If REV REP. 24 HRS Vehicle: IN OUT Des. of Damages: Frt Rear O/S N/S U/C Rooftop or The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision. The U/C Chassis frame Body Structure affected due to collision.	IA / PR Seen: Consistent	17: Yes or No	L/Bal. 7	mm L/Bal.	ınm
Des. of Damages: Frt Rear O/S N/S U/C Rooftop or Person Contacted: The U/C Chassis frame Body Structure affected due to collision. Simon Soid mapk I.B.	st. Repairs: O3 days Res.	: Yes or No	D.O.A. 7/8/20	D.O.I. 13/8	120
Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Simon Soil maybe 1.8./ The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision.	m Sum:	.: Yes or No	Survey held at	L	
The U/C / Chassis frame / Body Structure affected due to collision. Simon Serving L.B.	1 REV / REP. / 24 HRS		141 A		p or
Action Instruction Simon Sci Maybe L.B.	te: Person Contacted:	Vehicle: IN / OUT		N-17	
Simon Said mapk 1.8.1			ine U/C / Chassis fram	e / Body Structure affected du	e to collision.
Days Of Repair: Final Report Days Of Repair:	, , , , , , , , , , , , , , , , , , , ,	7ke 1.B.1	a ·		
Survey Fee: Site Insp (\$)\$ + RSSI					100
Survey Fee: Survey Fee:					
Survey Fee:					
Survey Fee:				and year of the second	
Survey Fee:					
Survey Fee:					
Survey Fee: Site Insp (\$) _ \$ + RS_ \$I					
Add Fee: : Site Insp (\$) _ \$ - RSSI : Interview (\$) Fix/35 t Format : Tech Invs (\$) Others Sum / I.B.I: (\$) Weekend (\$)	: Prell. Report	Day	s Of Repair:		
Add Fee: : Site Insp (\$)\$ - RSSI : Interview (\$) Fix 35 Tech Invs (\$) Others Sum / I.B.I: (\$) Weekend (\$)		Res	urvey No. of Trip:	Survey Fee:	
: Interview (\$) Fix's Tech Invs (\$) Others Sum / I.B.I: (\$) Weekend (\$)	no, ree Roturn 107	-		Transportativi:	- N
t Format: Tech Invs (\$). Others Sum / I.B.I: (\$) Weekend (\$)		Add Fee:	: Site Insp (\$)_S - RSSI	13
Sum / I.B.I: (S) Weekend (S)			: Interview (\$) Fordas	
			Tank to see the distribution		
TOTAL			lech invs (3). Others	
		1). Others	





CO. REG. NO: 199402370D GST NO: M2-0123250-3

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,

Sin Ming AutoCity, Singapore 575722

Tel: 6452 7018 Fax: 6458 3895 Email: service@kkimhin.com.sg

No.: 31297

Vehicle Insured:

Accident Date

: 07-Aug-2020

Date : 11-Aug-2020

(CHINA) / SANDRA Our Ref : 020337

DS CAR RENTAL PTE LTD

Singapore

Resury After Paint

ESTIMATED COST OF REPAIR FOR NISSAN NV350 PANEL VAN 2.5MT (2014) GBD1763E

1 pc front bumper

1 pc n/s front bumper side retainer

8 pcs front bumper clips

n/s front bumper fog cover

n/s front bumper fog lamp 1 pc

1 pc n/s headlamp assy

n/s front door step garnish

514.70 n CM 161.70 n

PAGE:

40.80 n 5.10 M @ S\$

CM 107.50 n cm 311.80 n

mg cm 366.10 n Pullen 214.50 n

1,717.10

-171.71Less 10%:

1,545.39

1 pc n/s front door ROC sticker

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.

To putty and respray on affected portions.

To focus headlamps. To check front wiring and lighting operation.

Mc 25.00 sn

280.00 2201

450.00

30.00

Total:

S\$ 2,330.39 =========

Singapore Dollars Two Thousand Three Hundred and Thirty and Cents Thirty Nine Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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.
- 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.

- 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.

٨	•			Ξ	v	TS	7	П	3	И	Ξ	Ž,	Т
м	u	ы	ш.	1-1	N.		410			4			

07/08/2020 17:52 Date Of Report 07/08/2020 11:45

Date Of Accident BLK 252 JURONG EAST STREET 24 CARPARK **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

GBD1763E Vehicle Registration Number

Insured/Policyholder

DS CAR RENTAL PTE LTD Name Of Registered Owner

2XXXXX889N Co Reg No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-64527793 Alternative Phone No

Vehicle Particulars

NISSAN Manufacturer

NV350-2.5 PANEL VAN 5MT 5DR (M) 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?

THIRD PARTY

NO

If No, Please state action to be taken

COMMERCIAL VEHICLE

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5110554629-01-000024 Policy Number

Cover Note Number

Driver

ABDUL HAMDI BIN MADIN Name of Driver

SXXXX618C NRIC No 20/03/1957 Date Of Birth **INDOOR** Occupation 15/01/1991 Date Of Driving Pass

29 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97370457 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

Page 1 of 16

Address

BLK 503C CANBERRA LINK #03-49

Postcode

753503

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - RENTAL

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

PLEASE REFER TO SKETCH PLAN

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

SKZ3426T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEE CHONG HOCK

NRIC/Passport Number

SXXXX119B

Contact Number

96377714

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

SKETCH PLAN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 10 B = Sk23426T
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LILLII IIII LIILIIIIII
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was headine towards the carpark exit when vehicle 8 suddanly came out of its lot and crash into my vehicle tel front left portion.
I was heading towards the carpark exil when
the salles of the let and crash
Vehicle & Sudamics Came soll
into my vehicle tet front left portion.
1000
A.
4
OCCUADATION AUTO
DECLARATION
I/We declare the foregoing particulars are true in every respect.
3 RENT 2 (6452 7018) 5
Policyth Centre Personnel's Signature Reporting Centre Personnel's Signature
Policyhologo Brature Date & Time: (If driver is not the policyholder) Name:
Company Chop (if applicable) Date & Time: NRIC/FIN No.:

Company Chop (if applicable)