

ASS. REC. BY: RasulREF: CS3/LPC20009018/R1P3

4444

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: 64110at Workshop m/s HOE KENH MOTORof BUK 7, PIONEER RD NORTH #01-43Insured: LAC

Policy No. _____

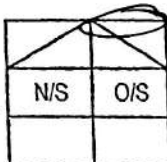
Claims No. _____

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: TK

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: _____

Vehicle: IN / OUT

Veh No: 64110 Yr Regn: 2019 / APRType: M.Car / M.Cycle / Bus / Car / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: NISSAN NV350 P.V 2.5 SAT c.c 2488Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 51357 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC262620030950Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NP / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 1

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

TOYO / XOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 24/08/202 D.O.I. 28/08/2020Survey held at HOE KENH MOTOR

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

FRONT O/S

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

Date / Time Action / Instruction

Final int - STKESTIMATE RANGE OF REPAIR / no. of days - (2K-3K) / 3 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

S + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.R. (\$) _____

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	25/08/2020 17:03
Date Of Accident	24/08/2020 12:50
Exact Location Of Accident	56 CHAI CHEE DRIVE OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY11D
Insured/Policyholder	
Name Of Registered Owner	KYANITE ENTERPRISE PTE LTD
Co Reg No	1XXXXX414H
Email Address	KYANITEENTERPRISE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90907697
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 PANEL VAN 5MT 5DR (M)

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG20003487
Cover Note Number	

Driver

Name of Driver	TAN CHEE ENG
NRIC No	SXXXX466G
Date Of Birth	18/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1985
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93492266
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	118 CORPORATION DRIVE #10-432
Postcode	610118
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

Type Of Accident	COLLISION - HEAD TO REAR
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)	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

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	GBF3959J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96272022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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:
 - (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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



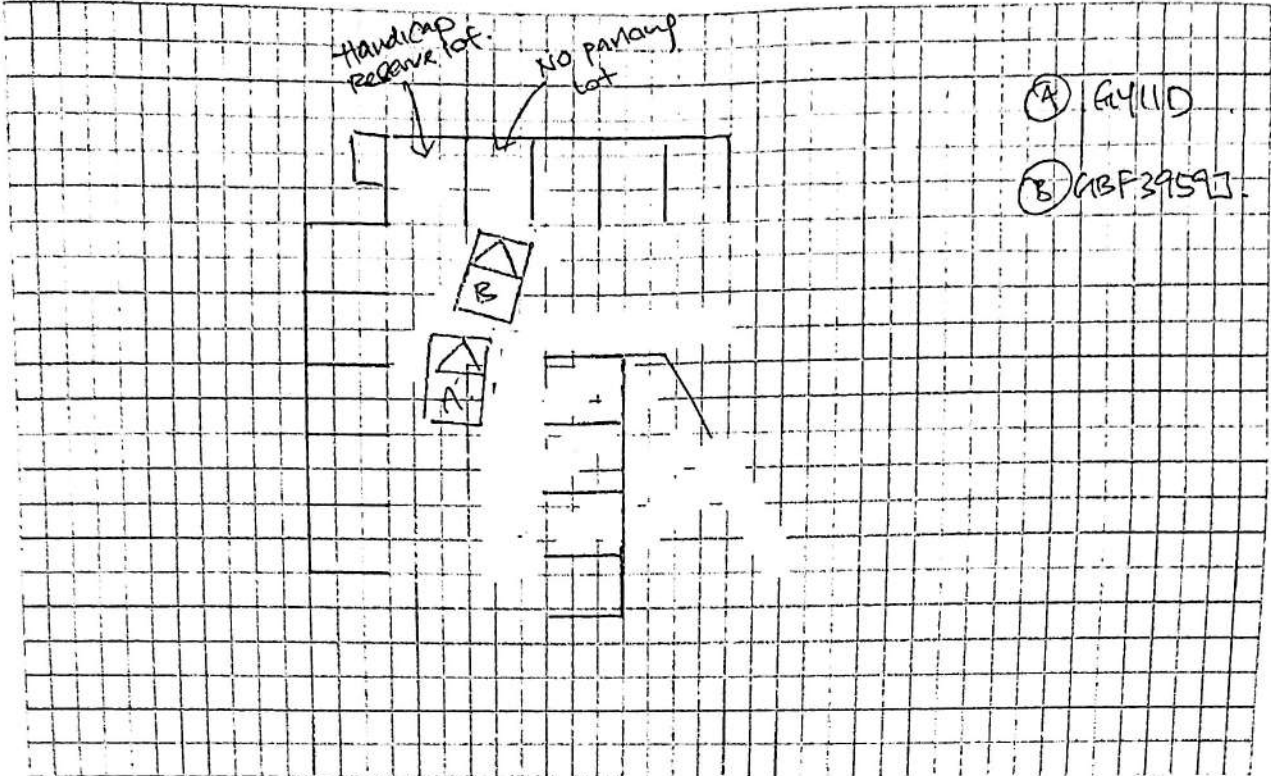
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/08/2021 @ around 12:10 hrs, I was driving @ BK 56 Chai Chee Drive open carpark. While travelling along the carpark suddenly Vehicle B reversed his vehicle & when I saw it, I had stopped my vehicle & sounded horn to inform him but he still reversed his vehicle in fast speed & collided onto my front portion.

DECLARATION

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



Policyholder's Signature

Date & Time:

GIAMC Sketch Plan Form_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

<input type="checkbox"/> Claim own policy	
<input type="checkbox"/> Claim third party	
<input type="checkbox"/> Claim OD / EP at other workshop	the Key
<input type="checkbox"/> For record purpose	
Policy No.	DMCH20003487
Insurer	Fryo
Veh. No.	64110

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	414H

Vehicle No.:	GY11D
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Aug 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 5DR 2.5 5AT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	YD25045123B
Chassis No.:	JN1MC2E26Z0030950
Maximum Power Output:	-
Open Market Value:	\$26,390.00
Original Registration Date:	09 Apr 2019
First Registration Date:	09 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$1,320.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	08 Apr 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$22,292.00
COE Rebate Amount:	\$19,201.00
Total Rebate Amount:	\$19,201.00

The information contained herein is correct as at 28 Aug 2020

OK

Silver



Merimen e-Claims



Used 2019 Nissan NV350 2.5A for sale



PARF/COE

mart.com/used_cars/info.php?ID=909344&DL=1000

▶ Nissan NV350 2.5A

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$75,000	Lifespan	17-Jul-2039
Depreciation	\$8,440 /yr View models with similar depre	Reg Date	18-Jul-2019 (8yrs 10mths 19days COE left)
Mileage	4,971 km (4.5k /yr)	Manufactured	2019
Road Tax	N.A.	Transmission	Auto
Dereg Value	\$22,672 as of today (change)	OMV	\$26,558
COE	\$25,502	ARF	\$1,328
Engine Cap	2,488 cc	No. of Owners	1
Curb Weight	1,800 kg		
Type of Vehicle	Van		

Features

Multi-Functional Display, Cd Player With Aux. Input, Remote Keyless Entry, Seat Back Console With Lid, Lower Tray With A/C Vents. View specs of the Nissan NV350 (2015)

Description

Just Serviced, In Very Good Condition.

Car

D

Low Mileage Car