| Δ. | SSIGNMENT |
|---|--|
| From: Date: | Veh No: GBJ 11505 Yr Regn: 31/12/18 |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / (van) Lorry / Taxl / Prime Mover / |
| OD TP WS/JP RES/ OD RES/ EVA / INV / MV | Truck / Traller or |
| To Inspect Vehicle No: | Make: NISAN NV 350 cc 2488 |
| at Workshop m/s | Colour While , A/C: Insured / Std / NI / N |
| ol | Sp.Reading 7,5937 T/Radio; Insured / Std / NI / N |
| Insured: . | Eng/No: |
| Policy No. | CINO: JNIMC 2E26Z 0919336 |
| Claims No. | Gen. Cond: Good / Fyir / Poor / Burnt |
| Sum Insured: Excess: | Sleering: horder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Introd / Jammed / Leaked / Burnt or |
| Make of Veh; | Modl: NII / S/RIm / STO A/RIm or |
| | Tyre Size: F: 195 RISC |
| (Policy Condition) | R: |
| 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 / |
| LL | TOYO / YOKO or |
| al. or Market Value: | Fron! Rear |
| DAC Accident Rport: Consistent?: Yes or No | R/Bal. 4 mm R/Bal. 4 mr |
| A / PR Seen: Consistent? : Yes or No | D.O.A. 90 K/99 mm U8al. 4 mr |
| Panales: dave Pag. Van or No. | |
| t. Repairs; days Res.; Yes or No | 1 - 1010 |
| n Sum: % 3 Val.: Yes or No | Survey held at Efficient Motor |
| n Sum: % 3 Val.: Yes or No | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or |
| n Sum: % 3 Val.: Yes or No / REV / REP. / 24 HRS Vehicle: IN / OUT | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or FM LM: |
| n Sum: % 3 Val.: Yes or No / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: / Time Action / Instruction | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or |
| I REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Action / Instruction MV~ SSK | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or FM LM: |
| n Sum: % 3 Val.: Yes or No / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: / Time Action / Instruction | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or FM LM: |
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| I REV / REP. / 24 HRS Person Contacted: Action / Instruction MV~ SSK | Survey held at Efficient Monr Des. of Damages: Frt I Rear I O/S I N/S I U/C I Rooftop or Frd Ly. The U/C I Chassis frame I Body Structure affected due to collision |
| I REV / REP. / 24 HRS Person Contacted: Person Contacted: Action / Instruction MV~ SSK Prell. Report Day | Survey held atEfficien Monv Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or |
| ## Sum: ## 3 Val.: Yes or No ## REV REP. 24 HRS Vehicle: IN OUT Person Contacted: ## Action Instruction MV~ SSK Prell. Report Day Final Report Res | Survey held atEfficien Monv Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or |
| ## Sum: ## 1 REV REP. 24 HRS Vehicle: IN OUT Person Contacted: ## Action Instruction MV | Survey held at Efficient Monr Des. of Damages: Frt I Rear I O/S I N/S I U/C I Rooftop or Frd LM: The U/C I Chassis frame I Body Structure affected due to collision //s Of Repair: Survey No. of Trip: Survey Fee: Transportation: |
| ## Sum: ## 3 Val.: Yes or No ## REV REP. 24 HRS Vehicle: IN OUT Person Contacted: ## Action Instruction MV~ SSK Prell. Report Day Final Report Res | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or FM LM: The U/C / Chassis frame / Body Structure affected due to collision //S Of Repair: Survey No. of Trip: Survey Fee: Transportation: Structure affected due to collision Survey Fee: Transportation: Structure affected due to collision Survey Fee: Transportation: Survey Fee: |
| ## Sum: ## 3 Val.: Yes or No ## // REV / REP. / 24 HRS ## Vehicle: IN / OUT Person Contacted: ## // Time Action / Instruction ## // SS K ## Pass to? ## Prell. Report Day ## Res ## Relum to? Add Fee: | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or FM LM: The U/C / Chassis frame / Body Structure affected due to collision //S Of Repair: Survey No. of Trip: Survey Fee: Transportation: Stite Insp (\$) S+RS_SI Interview (\$) Frotos |
| ## Sum: ## 1 REV REP. 24 HRS Vehicle: IN OUT Person Contacted: ## Action Instruction MV | Survey held at Efficient Monr Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or FM LM: The U/C / Chassis frame / Body Structure affected due to collision //S Of Repair: Survey No. of Trip: Survey Fee: Transportation: Structure affected due to collision Survey Fee: Transportation: Structure affected due to collision Survey Fee: Transportation: Survey Fee: |

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO: GBJ1150S

JERC (LKN) WIL DATE: 9 OCTOBER 2020

MAKE & MODEL: NISSAN/NV350 PANEL VAN 2.5 5MT 5DR 26/10/29,

CLAIM TYPE: TP CLAIM

D.O.A: 20 AUGUST 2020 Stere CLKK) WIL AL

TO : CHINA TAIPING INSURANCE SINGAPORE PTE LTD LIS, By ALSM, 3 days

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

| /No. | QTY | DESCRIPTION | CONDITION / REMARKS | LIST PRICE | | TOTAL PRICE | |
|------|-----|-----------------------------------|---------------------|------------|----------|-------------|----------|
| | T . | IFRONT BUMPER / BR | | \$ | 571.90 | \$ | 571.90 |
| | + | FRONT BUMPER SIDE RETAINER / UK | | \$ | 147.00 | \$ | 294.00 |
| 2 | 2 | THOM SOME STORES | | S | 104.70 | \$ | 104.70 |
| 3 | 1 | FRONT BUMPER STAY (BKT) X | | 3 | 130.10 | \$ | 130.10 |
| 4 | 1 | FRONT FOG LAMP GARNISH X | | - 2 | 323.70 | S | 323.70 |
| 5 | 1 | FRONT FOG LAMP | | - 2 | 235.00 | Ś | 235.00 |
| 6 | 1 | FRONT BUMPER BEAM X | | - 2 | 87.10 | Š | 87.10 |
| 7 | 1 | FRONT FOG LAMP BRACKET X | | | 403.00 | 4 | 403.00 |
| 8 | 1 | HEADLAMP ASSY X | | - - | 455.00 | 5 | 455.00 |
| 9 | 1 | FRONT GRILLE | | \$ | 79.90 | Š | 79.90 |
| 10 | 1 | FRONT GRILLE LOGO X | | \$ | 108.00 | 5 | 108.00 |
| 11 | 1 | FRONT STEP PANEL GARNISH / UK | | \$ | 151.10 | ć | 151.10 |
| 12 | 1 | FRONT WHEELHOUSE SPLASH GUARD X | | \$ | | 6 | 700.30 |
| | +-÷ | OIL COOLER X | | \$ | 700.30 | 10.40 | 155.30 |
| 13 | 1 | OIL COOLER COWLING WITH BRACKET X | | \$ | 155.30 | \$ | 137.10 |
| 14 | 1 | | | \$ | 137.10 | \$ | |
| 15 | 1 | AIR GUIDE LOWER | | Ś | 3,789.20 | \$ | 3,936.20 |

TOTAL PRICE DISCOUNT: 10% SUB TOTAL PRICE

| | | | CONDITION / | UNIT S/NETT | | TOTAL S/NETT | |
|-------|-----|-----------------------------------|-------------|-------------|-------|--------------|-------|
| S/No. | QTY | DESCRIPTION | REMARKS | T\$ | 50.00 | \$ 30 | 50.00 |
| 1 | 1 | FRONT BUMPER CLIPS SET | | Ś | 30.00 | \$ | 30.00 |
| - | 1 | COMPANY REGISTATION STICKER / NEC | | Ś | 30.00 | \$ | 30.00 |
| 3 | 1 | FRONT GRILLE CLIPS X | 7 | \$ | 30.00 | \$ | 30.00 |
| 4 | 1 | WHEELHOUSE UNDERSHIELD CLIPS X | | | | | |

140.00 140.00 \$ TOTAL S/NETT

Labour Charges

| | i and front door | \$ 1,000.00 | 750 | |
|---|---|-----------------------|--------------|----------|
| 1 | To cut, weld & repair damaged front portion and front door | \$ 80.00 | * | |
| 2 | To apply anti rust coat and Tuπ κοτέ affected areas | \$ 120.00 80.00 | 70 | |
| 3 | To conduct front wheel alignment | \$ 1.000.00 | 11.50 | |
| 4 | To check and rectify lighting & wiring harness To Spray painting Front Bumper & front left door & affected parts | \$ 1,000.00 | 434 | |
| 5 | To Spray painting Front Bumper & House | | 4 | 2,280.00 |

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

TOTAL LABOUR

Total Cost of Repairs

otal parts + Total S/Nett + Total Labour Cost)

2,280.00 5,962.58

3,936.20

393.62

3,542.58

Acknowledged by Repairer

JPK20075832 / JP Knights Pte Ltd - HQ ENTRY DATE & TIME: 03/09/2020 10:53 SUBMITTED BY: Candice Shayne

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 03/09/2020 11:04

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 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

| ACC | IDENT S | 17/11 | MENT |
|-----|---------|-------|----------|
| | | 11-11 | 1441 144 |

03/09/2020 10:53 Date Of Report

20/08/2020 17:00 Date Of Accident

ALEXANDRA TERRACE **Exact Location Of Accident**

SINGAPORE Country/State of Loss

etails of own vehicle

GBJ1150S Vehicle Registration Number

Insured/Policyholder

PAN PACIFIC VAN & TRUCK LEASING PTE LTD Name Of Registered Owner

2XXXXX635R Co Reg No NOEMAIL

Email Address (LOCAL) +65-81342800 Mobile Phone No

OFFICE-62840827 Alternative Phone No

Vehicle Particulars

NISSAN Manufacturer

NV350 PANEL VAN 2.5 5MT 5DR Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken COMMERCIAL VEHICLE

Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE

Type Of Coverage YES

Fleet Policy

D19MFL0005549 Policy Number

Cover Note Number

MUHAMMAD RUZAIMI BIN SAINAL ABIDIN Driver

Name of Driver SXXXX665H NRIC No 14/01/1993 Date Of Birth OUTDOOR

Occupation 21/09/2017 Date Of Driving Pass 2 YEARS AND 10 MONTHS

Driving Experience MALE

Gender (LOCAL) +65-81342800

Mobile Number

Fax Number

Contact Number

EMail Address

NOEMAIL

Page 1 of 19

BLK 187 BOON LAY AVENUE #01-84

Address 640187

Postcode NO

Was driver an employee of the Insured's Company OTHER - HIRER

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 - U-TURN Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident YES 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.

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

ON 20 AUGUST 2020, AT ABOUT 1700HRS, I WAS DRIVING MY VEHICLE GBJ1150S ALONG ALEXANDRA TERRACE. WHILE DRIVING STRAIGHT, ONE VEHICLE IN FRONT OF MY VEHICLE, SMN698J, WAS TURNING TO THE LEFT AND SUDDENLY MADE AN ILLEGAL U-TURN. I QUICKLY SQUEEZED TO MY RIGHT BUT VEHICLE SMN698J SWIPED ONTO MY FRONT SIDE LEFT PORTION. NOBODY WAS INJURED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY

SMN698J Vehicle Registration Number

TOYOTA PRIUS Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

NRIC/Passport Number

Contact Number

Address

Postcode

Name of Driver

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 4:

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

MUHAMMAD RUZAIMI BIN SAINAL ABIDIN

BACK PAIN GBJ1150S

Page 3 of 19

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 Drivet
- 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 hability on the part of the insurance
- 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.
- 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)

Lunderstand, 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)
 - (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 tirms), 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.

Policyhoider's Signature

Date & Time:

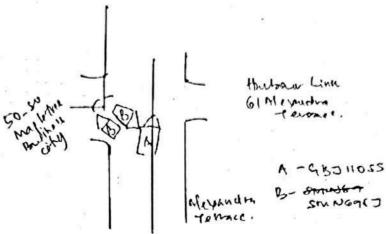
Driver's Signature

(If driver is not the

Date & Time 20/4/20 @ 2020H

NRIC/FIN No :

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | on so Austra son, at about 1700hm, |
|--------|---|
| すい | ver driving my which GRD 11011 along |
| 16.70 | as the fewer while driving should she while |
| en for | but of my which some based muy turning to |
| 1. | Les and enducts made and on illight |
| | in a second la second |
| Chini | G16] wer swifted out my frond site left |
| 2 Wind | Dolardy a injural. |
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DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 24 200 3000 \$\forall

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

> 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 07 Oct 2020

Company

635R

GBJ1150S

No

09 Oct 2020

NISSAN

NV350 PANEL VAN 2.5 5MT 5DR

White

2017

YD25425050A

JN1MC2E26Z0009336

\$25,062.00

31 Dec 2018

31 Dec 2018

\$1,254.00

No

\$0.00

30 Dec 2028

C - Goods Vehicle & Bus

10

\$27,001.00

\$22,203.00

\$22,203.00

OK