

## 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	11/05/2020 17:20
Date Of Accident	11/05/2020 06:45
Exact Location Of Accident	PSA GATE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2136Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHELSEA CONTAINER SERVICES
Co Reg No	
Email Address	
Mobile Phone No	
Alternative Phone No	OFFICE-

### Vehicle Particulars

Manufacturer	NISSAN
Model	GKB45CLBHNB-13.1 D (A)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5111305522
Cover Note Number	

### Driver

Name of Driver	KANDASAMY MARAN
NRIC No	
Date Of Birth	
Occupation	
Date Of Driving Pass	
Driving Experience	
Gender	
Mobile Number	(LOCAL)
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company

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                      SIDE SWIPE  
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?  
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                      XD9007S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category                              COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**

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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)**

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.



*[Handwritten Signature]*

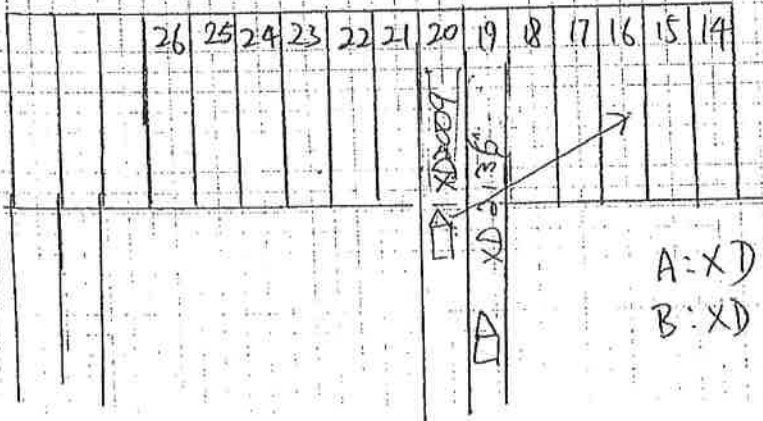


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A: XD 21362 (1 Pax)  
B: XD 90075 (1 Pax)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: XD 21362	ACCIDENT DATE & TIME: 11/05/2020 at 6:45 hours
CONTACT NUMBER: 87396867	E-MAIL ADDRESS:
LOCATION: PSA gate 4	
<p>I'm KANDASAMY WAS DRIVING INSIDE PASIR PANJANG PSA GATE 4. WHILE TRAVELING NEAR TO OUTGATE MY IMPORT CONTAINER ABOUT 50m AWAY FROM THE OUT GATE AT LANE 19 I SAW A VEHICLE STANDING STATIONARY AT LANE 20 AND HE ALL OF A SUDDEN SWITH THE LANE AND CUT THROUGH MY LANE N DASH OUT TO LANE 19 18 17 16 AND HIT MY LEFT PANEL AND BORNET N MY LEFT DOOR MY BUMPER DAMAGE THIS IS TRUE STATEMENT I WROTE ' THE ACCIDENT' WAS HUPPEN AT 6.45AM END</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

DECLARATION

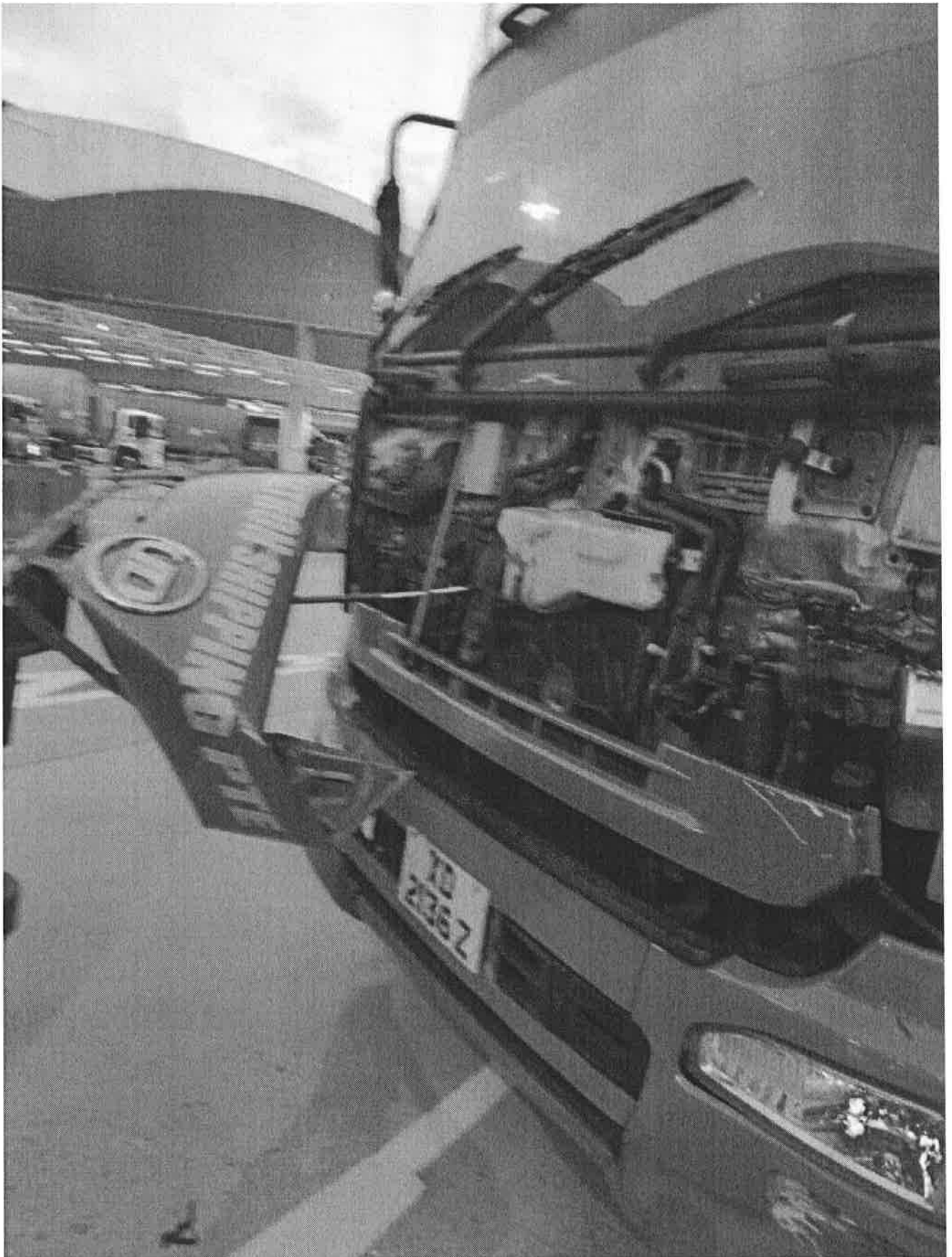
I/we declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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

Accident Photo



Accident Photo

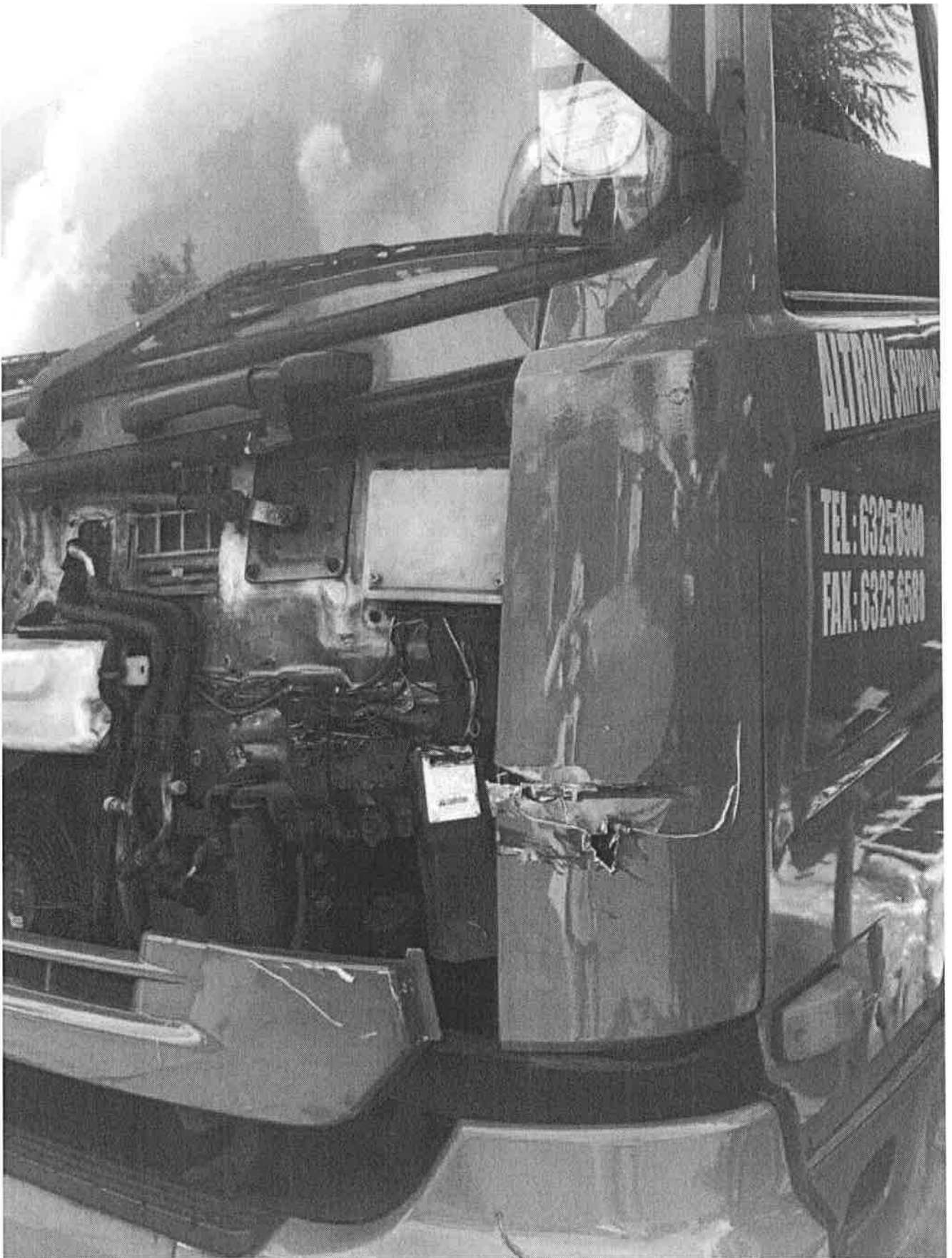




Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



# YEE KEONG MOTOR ENGINEERING

NO. 14 PENJURU ROAD SINGAPORE 609125

TEL/FAX : 6262 0218 / MOBILE : 97808928

## PROFORMA INVOICE

DATE: 31<sup>st</sup> August 2020

VEHICLE NO.: XD 2136 Z

MAKE/MODEL: NISSAN GKB45CLBHNB

CHELSEA CONTAINER SERVICES

C/O 14 Penjuru Road

Singapore 609125

REPAIR BILL FOR VEHICLE NO. XD 2136 Z

Lump Sum Repair \$13,500.00nett



# PRECISION APPRAISAL SERVICES



Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 6444 4886 Company Registration No. 53139926E

**To:**  
**CHELSEA CONTAINER SERVICES**  
**C/O 14 Penjuru Road Singapore**  
**609125**

**Invoice No.: 200818**

**DATE : 31st August 2020**

<u>DESCRIPTION</u>		AMOUNT
Vehicle Registration No. : XD 2136 Z		\$930.00
Type of Claims : Third Party Claims		
Our Reference No. : PAS/YK/200818/TP		
Your Reference No. : -		
Inspection Report Fees : ( including transportation charges & photographs )		
Reinspection Report Fees : -		
Transportation Charges : -		
Additional Photographs : -		
Others ( Specify ) : -		
DOLLARS	NINE HUNDRED & THIRTY ONLY	TOTAL: \$930.00



PRECISION APPRAISAL SERVICES



# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



## AUTOMOBILE INSPECTION REPORT

**To:**  
**CHELSEA CONTAINER SERVICES**  
**C/O 14 Penjuru Road Singapore 609125**

### INSURANCE DETAILS

Insured : -  
Policy No. / Claim No. : -  
Sum Insured : -  
Excess Clause : -  
Windscreen Coverage : -  
Type of Claims : Third Party Claims  
Third Party Insurer : -  
Third Party Policy No. : -

### REFERENCE

Assigned By : As above  
Accident Date : 11 May 2020  
Assignment Date : 14 May 2020  
Inspection Date : 14 May 2020  
Our Reference No. : PAS/YK/200818/TP

**Inspection Report Date : 31st August 2020**

**Workshop Name :**

**YEE KEONG MOTOR ENGINEERING**

**Inspection Address :**

**14 Penjuru Road Singapore 609125**

### PARTICULARS OF VEHICLE

Registration No. : XD 2136 Z  
Make/Model : NISSAN GKB45CLBHNH  
Yr of Manuf/Regn : 2007 / 2008  
Carrying Capacity : -  
Chassis No. : GKB4CLB00180  
Engine No. : GE13334294B  
Colour : Metallic Blue  
Class : Goods ( Prime Mover )

Mileage : 828904 Km/h  
Radio/Cassette : Fitted  
CD Disc Player : Fitted  
Air Conditioner : Fitted  
Clock : Fitted  
Seat Belt : Fitted  
Wing Mirror Other : Fitted  
Accessories : Fitted

### PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good  
Paint Work : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Any Apparent : None  
Eng Modifications

### VEHICLE VALUE

Market Value : -

Wreck Value (Part) : -

### TYRE SIZE & CONDITION

Front N/s Size : 315/80R22.5 50 %  
Make : BRIDGESTONE  
Rear N/s size : 315/80R22.5 50 % 50  
Make : BRIDGESTONE  
Spare Size : 315/80R22.5 90 %  
Make : BRIDGESTONE

Front O/s Size : 315/80R22.5 50 %  
Make : BRIDGESTONE  
Rear O/s Size : 315/80R22.5 50 % 50  
Make : BRIDGESTONE

Jack & Tools : Intact/Missing

**Type of Wheel Rims: Standard**

**Note: The above percentage % represent the estimated remaining tyre threads.**

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers

VEHICLE REGISTRATION NO. : XD 2136 Z

APPENDIX A



## POINT OF IMPACT (Diagram A)

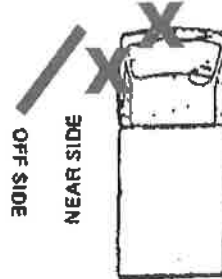
Direction of impact/damage marked (→) (X)

The vehicle sustained impact on its N/s Front Portion ( See Diagram B )



REAR

(Diagram B) FRONT



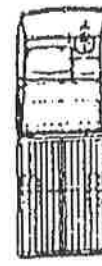
REAR

(Diagram C) FRONT



REAR

(Diagram D) FRONT



REAR

(Diagram E) FRONT



REAR

## GENERAL DESCRIPTION OF DAMAGES

Parts damaged were :

The front bumper and corner n/s, front centre panel and grille, front n/s floor panel and cabin shock absorber, front n/s corner panel and fuse box were dented.

## ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 14/05/2020 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s YEE KEONG MOTOR ENGINEERING as per attached Appraisal Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Lump Sum Repair Basis of \$ 13,500.00 after deducting the Policy Excess Clause of \$ NA.

As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	13927	90	12605	11
Towing Charges	X	X	X	X
PB Labour Charges	2400	00	2000	00
Others Misc Charges	1150	00	860	00
Paintwork	1800	00	1400	00
Total	\$ 19277	90	\$ 16865	11

Under normal circumstances, the duration of repairs should not exceed Thirteen ( 13 ) days

excluding Pre-Repair Inspection ( PRI ) / Pre-Repair Survey ( PRS) waiting time frame & Public Holidays.

Attached photographs taken during inspection Eighty ( 80 ) Photographs

## SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 19/05/2020 we examined the extent of damages.
3. On 01/06/2020, we examined the repaired vehicle.

Yours FaithFully



Inspection Report Date: 31st August 2020

TFNG PHILIP FOO  
ACII CAE, AMIMI  
AIAME, AMSAE-A  
Licensed Appraiser/Adjuster

VEHICLE REGN NO : XD 2136 Z  
OUR REFERENCE : PAS/YK/200816/TP

# APPRAISEMENT SCHEDULE

INSPECTION REPORT DATE : 24-Aug-20

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation / Revised Amount
		<u>PARTS SUPPLY - NETT ITEMS</u>		\$ cts	\$ cts
1	1pc	Front bumper, centre	Badly Dented	800.00	800.00
2	1pc	Front bumper reinforcement	Badly Dented	1050.00	1050.00
3	1pc	Front grille, lower apron	Badly Dented	1250.45	1250.45
4	1pc	Front bumper, corner n/s	Badly Dented/Torn	880.00	880.00
5	1pc	N/s Headlamp	Cracked	1030.00	1030.00
6	1pc	Front bumper corner lamp n/s	Cracked	380.00	380.00
7	1pc	Front grille 'UD TRUCK' emblem	Necessary	125.00	125.00
8	1pc	Front centre panel	Badly Dented/Ripped off	3800.00	3800.00
9	1pc	Front grille	Cracked	1250.45	1250.45
10	1pc	Front centre grille apron shock absorber n/s	Badly Dented/Ripped off	388.00	388.00
11	1pc	Front centre grille apron shock absorber n/s	Badly Dented/Ripped off	388.00	388.00
12	1pc	Front cabin shock absorber n/s	Bent/Warped/Dislodged	680.00	680.00
13	1pc	Front cabin shock absorber mtg n/s	Bent/Warped/Dislodged	280.00	280.00
14	1pc	Front centre panel lock	Bent	228.00	228.00
15	1pc	Wiper spare tank	Grazed	322.00	322.00
16	1pc	Front centre wiper garnish door handle n/s	Broken	188.00	188.00
17	1pc	Front centre wiper garnish door handle n/s	Broken	188.00	188.00
				13227.90	13227.90
		Less: 10% Discount			1322.79
				13227.90	11905.11
		<u>SPECIAL NETT ITEMS</u>			
1	1pc	Front centre panel logo and lettering	Necessary	200.00	200.00
2	1pc	Front panel inner fuse box w wiring harness	Grazed	500.00	500.00
				13927.90	12605.11
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		Remove the necessary affected parts, straighten front n/s cabin floor panel, front n/s chassis, front n/s inner corner panel, and replace parts		2400.00	2000.00
2		Putty & Spraypaint on all affected parts		1800.00	1400.00
3		Check electrical		100.00	80.00
4		Remove and refit front fuse box, and rewire wiring harness		400.00	300.00
5		Reset complete electrical using Diagnostic Tools		200.00	150.00
6		Rewire front portion and refocus n/s headlamp beam		50.00	30.00
7		Remove and refit front cabin interior floor panel garnish and trimmings		200.00	150.00
8		Remove and refit front cabin shock absorber n/s and mtg		200.00	150.00
		Note: Recommended lump sum repair at \$13,500.00nett		19277.90	16865.11
			SUB / GRAND TOTAL		

PRECISION APPRAISAL SERVICES

















