

ASSIGNMENT

From _____ Date: _____
 Estimated Cost: _____
 QD ☒ TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **GBC 8724C**
 at Workshop m/s: **N-51 Automotive Pte Ltd**
 of _____
 Insured: **SGK 3252D**
 Policy No. _____
 Claims No. **C10007755/LA**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **5** 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: **GBC8724C** Yr Reg: **2014, Jan**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Nissan NV200** C.C. **1461**
 Colour: **Silver** A/C: Insured / Std / NI / NA
 Sp. Reading: **121949** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **VSKYBAM2040071848**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Inorder** / Jammed / Leaked / Burnt or
 Brake: **Inorder** / Jammed / Leaked / Burnt or
 Modi: **Nil** / S/Rim / STD A/Rim or
 Tyre Size: F: **175/70R14C**
 R: **175/70R14C**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Kenda**
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **29/10/20**
 Survey held at **Twin Car**
 Des. of Damages: Frt / Rear **O/S** / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Budget Direct.
	L/S \$2900, 5 DAYS. (RED \$2413.58, 45%)
	MV: 30K
	PV: 15.6K
	Nett: 14.4K

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) 5/4 TYPIST

Date/Time, File Return to?

Days Of Repair: **5**Resurvey No. of Trip: **2**

Survey Fee:

Transportation

S + PS \$1

Phone

Other

Total

Report Format: **TP**Emp. Sum / Total: **\$2,900.00**Arbit Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp. (\$☐ Meet. (\$

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	26/10/2020 16:05
Date Of Accident	24/10/2020 17:30
Exact Location Of Accident	BLK 545 CHOA CHU KANG ST 52 DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8724C
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Insured/Policyholder

Name Of Registered Owner	AJS AUTO LEASING PTE LTD
Co Reg No	2XXXXX985G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97533381
Alternative Phone No	OFFICE-97533381

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5119167944
Cover Note Number	

Driver

Name of Driver	ROSLI BIN MAD AWI
NRIC No	SXXXX995F
Date Of Birth	06/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93847741
Fax Number	
Contact Number	OFFICE-93847741
EMail Address	NOEMAIL

Address	BLK 12 TECK WHYE LANE #12-216
Postcode	680012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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 STATEMENT.

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	SGK3252D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW LEE CHEE FEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	SUMARNI BTE AHMAT
------	-------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

BODY

GBC8724C

YES

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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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. 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.

X

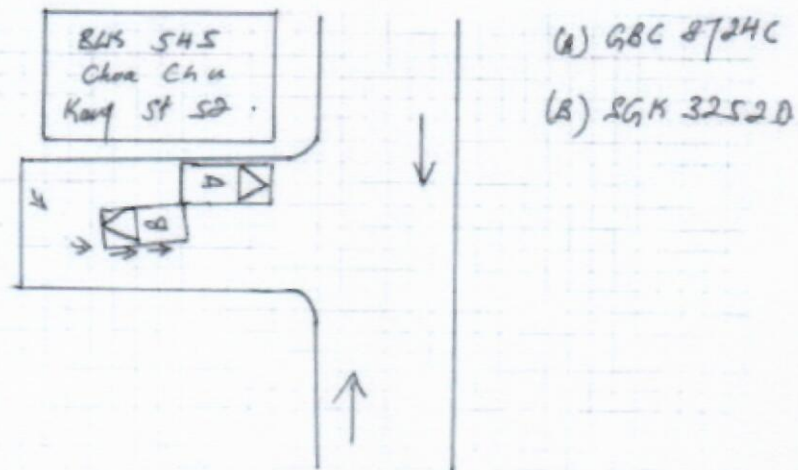

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/2020 at @ 1730hrs, I parked my vehicle (GBC 8724C) beside BLK 545 Chua Chu Kang St 52 near the rubbish chute, and went to do my delivery. My wife was sitting in the passenger seat. Suddenly, a car (SGK 32520) parked behind of me reversed and collided onto the right rear portion of my vehicle.

DECLARATION

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

2

Policyholder's Signature
Date & Time:



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

[Signature]

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

[Signature]

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	985G
Vehicle Details	
Vehicle No.:	GBC8724C
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Oct 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	K9KC400D052629
Chassis No.:	VSKYBAM20U0071848
Maximum Power Output:	-
Open Market Value:	\$19,232.00
Original Registration Date:	28 Jan 2014
First Registration Date:	28 Jan 2014
Transfer Count:	1
Actual ARF Paid:	\$962.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jan 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,001.00
COE Rebate Amount:	\$15,574.00
Total Rebate Amount:	\$15,574.00

The information contained herein is correct as at 29 Oct 2020

OK



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4 vehicles

nv200

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	nv200		Any	Any	2014	Any	Any	Any	Available
	Nissan NV200 1.5M		\$27,800	\$8,490 /yr	07-Feb-2014	1,461 cc	-	Van	Available
	Fuel Type: Diesel Skylink Auto Pte Ltd Posted: 08-Oct-2020 Tags: 2014 Nissan NV200, Nissan NV200, Nissan, NV200								PREMIUM AD
	Nissan NV200 1.5M		\$27,800	\$8,490 /yr	07-Feb-2014	1,461 cc	140,000 km	Van	Available
	Fuel Type: Diesel Skylink Auto Pte Ltd Posted: 08-Oct-2020 Tags: 2014 Nissan NV200, Nissan NV200, Nissan, NV200								PREMIUM AD
	Nissan NV200 1.5M		\$29,800	\$8,840 /yr	14-Mar-2014	1,461 cc	120,000 km	Van	Available
	Fuel Type: Diesel 1 Owner Only! Trade In Are Welcomed! Flexible Loan Are Available! 6 Doors For Loading And Unloading Easier! Grab It Before It Gone! No Further Repair Needed! PM Or Call Us For More! QiFei Auto Pte Ltd Posted: 24-Sep-2020 Tags: 2014 Nissan NV200, Nissan NV200, Nissan, NV200								PREMIUM AD
	Nissan NV200 1.5M		\$31,800	\$7,950 /yr	29-Oct-2014	1,461 cc	-	Van	Available
	Fuel Type: Diesel Loan Available Up To 100%. Class 3. Manual/Diesel/6 Door. Good Condition. Fast Approval & Delivery. Call Now For Viewing ABWIN (1994) Pte Ltd Posted: 14-Oct-2020 Tags: 2014 Nissan NV200, Nissan NV200, Nissan, NV200								

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