

ASS. REC. BY: 2000REF: CC4/11120014611/R1pa3

800X

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBD 1879Eat Workshop m/s CL Autoof 48,70H Luma RS EST #02-127Insured: 111

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: 31K

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD 1879EYr Regn: 2014 / July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: NISSAN NV200 1.5 LMT c.c. 1461Colour: GREY A/C: Insured / Std / NI / NASp. Reading: 164532 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ISKYBAN 2020085086

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim orTyre Size: F: 175/70R14R: 175/70R14

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 25/11/2020D.O.I. 22/12/2020Survey held at CL Auto

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

N/S Rear

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

Date / Time Action / Instruction

Repair limit - 15K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / U.C. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

C L Auto Pte Ltd

48 TOH GUAN ROAD EAST #02-125 ENTERPRISE HUB SINGAPORE 608586
TEL: 6795 6125 FAX: 6795 0920 Email: vincent@clauto.com.sg
RCB NO:198800292M

M/S : INSTRUMAC INSTRUMENTATION
51 BUKIT BATOK CRESENT
#06-01 UNITY CENTRE
SINGAPORE 658077

TEL: +65 6742 4840 FAX: +65 6741 3991
ATTN: MR. MICHAEL W.P. LIM

Estimate No: EST1900520

Date: 01 Dec 2020

Policy No:

Veh Reg No: GBD1879E

Make/Model: NISSAN NV200 1.5L MT
ABS AIRBAG 2WD 6DR
EURO 5

Your Ref No: GBD1879E

Claim Type: Third Party

Accident Date:

Chassis No: VSKYBAM20Z0085086

Engine No: K9KC400D053665

Reg. Date: 21/07/2014

Payment Term: COD

Estimate Repair Cost to Vehicle No :GBD1879E

Item No	Description	Quantity	List Price	Amount
			S\$	S\$
	CHASIS NO. - VSKYBAM20Z0085086			
	Net Price:			
1	PART REAR LH TAIL LAMP ASSY X	1 PC	297.00	
2	PART REAR LH TAIL LAMP SEAL X	1 PC	432.00	
3	PART REAR LH FENDER ASSY X	1 PC	1,854.30	
4	PART REAR BUMPER X	1 PC	624.80	
5	PART REAR BUMPER BEAM X	1 PC	120.00	
6	PART REAR BUMPER RETAINER X	1 PC	58.00	
7	PART REAR LOWER PANEL X	1 PC	217.12	
			3,603.22	
		Less 10%	360.32	3,242.90
	Special Net:			
8	PART REAR BUMPER RETAINER CLIP X	1 SET	50.00	50.00
	Labour Charges:			
9	LABOUR TO UNDERCOATING REAR LH FENDER ASSY & BUMPER	1 PCS	280.00	
10	LABOUR TO CUT & WELDING REAR LH FENDER, LOWER PANEL, TAIL LAMP PANEL, , REAR BUMPER BEAM & REAR TAIL LAMP ASSY AND BACK LH DOOR	1 JOB	1,400.00	
			1,680.00	1,680.00
			Total	S\$ 4,972.90

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND NINE HUNDRED SEVENTY TWO AND CENTS NINETY ONLY

- 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:

For C L Auto Pte Ltd

AUTHORISED SIGNATURE

Days Of Repair:

Resurvey No



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 Submission 04/12/2020 17:15 (SGT)
Date of Accident 25/11/2020 09:30 (SGT)
Exact Location of Accident Choa Chu Kang Street 51, Singapore
Additional Location Information Junction of Choa Chu Kang st 51 Ang Choa Chu Kang north 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1879E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner INSTRUMAC INSTRUMENTATION
Company Reg No 4XXXX800X
Email Address vincent@clauto.com.sg
Mobile Phone No (Phone) +65-90627876
Alternative Phone No (Home) +65-90627876

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company ERGO
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCG20007473
Cover Note Number NA

DRIVER

Name of Driver LIM WAH GUAN JOHNNY
NRIC No SXXXX956F
Date Of Birth 09/02/1955
Occupation Outdoor



Date Of Driving Pass	13/09/1977
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90627876
Alt. Phone Number	-
Email Address	vincent@clauto.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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

Vehicle Registration Number	SHA4011S
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NA
Contact Number	-

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 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:

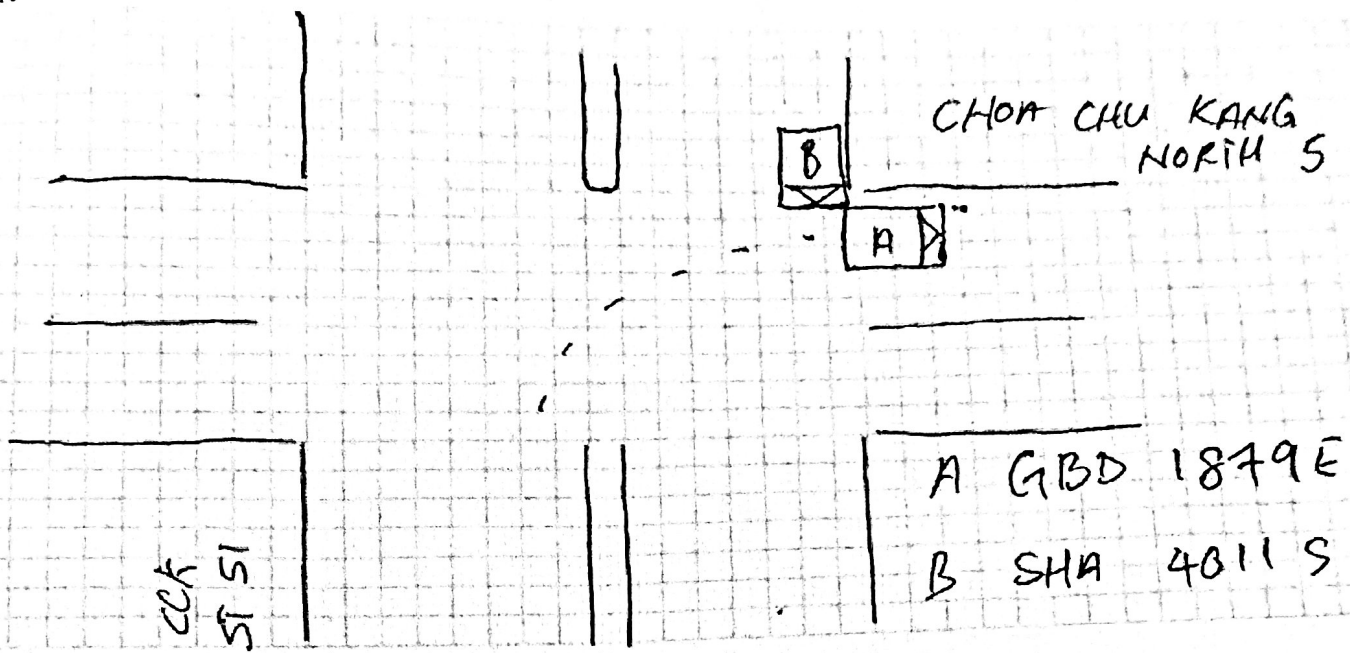
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature
Date & Time:

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

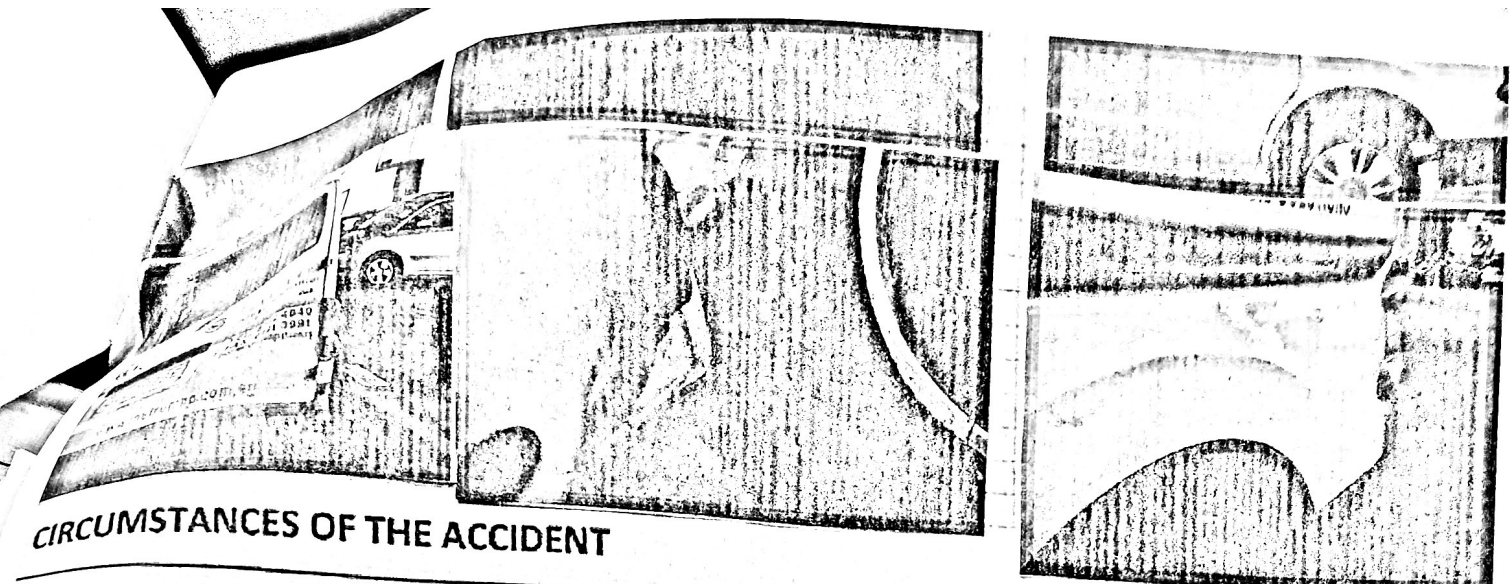
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.



CIRCUMSTANCES OF THE ACCIDENT

1/2020 at about 0930 Hours, I was driving my Company Veh Reg No: GBD1879E Choa Chu Kang Street 51 intending to turn right into Choa Chu Kang North 5. I was in the right lane and the traffic light was green in my favour. I stopped to look out for oncoming traffic from the opposite direction (Choa Chu Kang Street 52). As there was no oncoming traffic from Choa Chu Kang Street 52, I proceeded to turn right into Choa Chu Kang North 5. I turned right and as I was completing my right turn into Choa Chu Kang North 5, I suddenly heard a loud sound coming from the rear of my vehicle. I stopped and alighted to check the source of the loud sound. I discovered a M/Taxi SHA4011S travelling on the extreme left lane of Choa Chu Kang Street 52 had collided onto the rear of my vehicle GBD1879E damaging the left rear lights, bumper and mud guard. I was injured in the accident. There was no Ambulance or Police Officer at the scene at the time of the accident, weather was fine and road surface dry. I wish to reiterate that this was a road traffic accident.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	800X
Vehicle No.:	GBD1879E
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Dec 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	K9KC400D053665
Chassis No.:	VSKYBAM20Z0085086
Maximum Power Output:	-
Open Market Value:	\$19,611.00
Original Registration Date:	21 Jul 2014
First Registration Date:	21 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$981.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	20 Jul 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,001.00
COE Rebate Amount:	\$15,007.00
Total Rebate Amount:	\$15,007.00

The information contained herein is correct as at 23 Dec 2020

OK

mart.com/used_cars/info.php?ID=946187&DL=2976

► Nissan NV200 1.5M

Overview

Financial

Accessories

Similar

Research

Photos

Map



Price	\$31,800	Lifespan	31-Jul-2034
Depreciation ?	\$8,820 /yr View models with similar depre	Reg Date	01-Aug-2014 (3yrs 7mths 8days COE left)
Mileage	N.A.	Manufactured ?	2014
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$15,644 as of today (change)	OMV ?	\$19,611
COE ?	\$43,390	ARF ?	\$981
Engine Cap	1,461 cc	No. of Owners ?	1
Curb Weight ?	1,320 kg		
Type of Vehicle	Van		

Features

View specs of the Nissan NV200 (2011)

