

ASS. REC. BY:

REF:

Smo / 20014423/kg

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. CMTD2003780/RUC

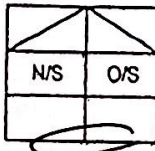
Sum Insured: _____

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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GR 687RYr Regn: 04, 14

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

Truck / Traller or

Make: NISNU350c.c. 2488Colour: Pilver

A/C: Insured / Std / NI / NA

Sp. Reading: 192727

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIMC28267 0001874Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: MT / S/Rim / STD A/Rim orTyre Size: F: 195R 15X8

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 21/12/20D.O.I. 24/12/2020

Survey held at _____

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

30/12/20 @ 3.08pm revised to Ruth Chua by email.

Kenneth confirmed LS \$5600 (Red \$3125.59, 36%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 29/07 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS - SI

F - RS

Others

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

Report Format : TP

Lump Sum / ~~L.B.H.~~ (\$ 5600

TOTAL

源摩哆廠 GUAN MOTOR WORKS

Business Regn. No: 08102600L

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Not Authorised
L1 Supp &
Return After Paint
6 days

REPAIR ESTIMATE FOR GR687R

No.	Qty	List Items				
1	1	Rear bumper	\$	B1 660.50	✓	
2	2	Rear bumper side repainer	\$	011 60.00	✓	
3	1	Rear bumper inner step/reinforcement	\$	289.50	?	
4	1 set	Rear bumper clips	\$	M 40.00	✓	
5	2	Taillamp	\$	417.80	?	
6	1	Rear tailgate	\$	B1 1,742.00	✓	
7	1	Rear tailgate outer chrome handle	\$	Sm 221.40	X	
8	1	Rear tailgate centre "NISSAN" logo	\$	M 89.30	✓	
9	1	Rear tailgate LH "NV350" emblem	\$	M 101.30	✓	
10	1	Rear tailgate LH "URVAN" emblem	\$	M 59.70	✓	
11	1	Rear tailgate windscreen glass	\$	Shott 937.00	✓	
12	1	Rear tailgate top lock	\$	M 261.00	✓	
13	1	Rear tailgate lower lock catch	\$	M 48.80	X	
14	1	Rear tailgate central lock	\$	Sm 292.30	✓	
15	1	Rear tailgate weatherstrip	\$	Sm 127.50	✓	
16	1	Rear tailgate inner trim board	\$	Sm 237.80	X	
17	1 set	Rear tailgate inner board clips	\$	M 60.00	✓	
18	1	Rear end panel inner	\$	B1 461.60	✓	
19	1	Rear end panel outer	\$	B1 247.60	✓	
<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none">• To resurvey before/after spray painting• To display damaged part(s) during less 10%• Parts prices are subject to confirmation• Third party survey is on a "Without Prejudice" basis• No illegal modification(s) is allowedSupplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</div>			\$	6,295.10		
			\$	629.51		
			Total :	\$	5,665.59	
20	1 set	Reverse sensors	\$	Shott 250.00	2001	
21	1	Rear number plate	\$	Sm 50.00	X	
22	1 set	Rear windscreen sealant	\$	M 80.00	401	
23	1 set	Rear end panel sealant	\$	M 80.00	301	
24	1	Rear tailgate RH "8pax" sticker	\$	M 15.00	12 Sn	
25	1	Rear tailgate LH "70km/h" sticker	\$	M 15.00	12 Sn	
Total :			\$	490.00		

Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,000.00	6001
2	To putty and spray Spray Paintings charges.	\$	1,000.00	7001
3	To remove, refit rear windscreen glass.	\$	140.00	1201
4	To check wirings and lightings.	\$	40.00	201
5	To remove, refit reverses sensors.	\$	80.00	501
6	To remove, refit rear tailgate fittings.	\$	80.00	601
7	To remove, refit rear upholstery and attachments.	\$	150.00	801
8	To supply and apply anti rust treatment	\$	80.00	801
Total :		\$	2,570.00	

Total Parts and Labour : \$ 8,725.59

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 22/12/2020 11:45 (SGT)
Date of Accident 21/12/2020 17:28 (SGT)
Exact Location of Accident Ang Mo Kio Ave 5, Singapore
Additional Location Information TOWARDS CITY (NOVENA)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GR687R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NEW PLUMBING SERVICES PTE. LTD.
Company Reg No 2XXXX003D
Email Address NPSP7797@GMAIL.COM
Mobile Phone No (Phone) +65-64547797
Alternative Phone No (Office) +65-64547797

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V03029 /VCV /R00
Cover Note Number -

DRIVER

Name of Driver ANKUSAMY BALUSAMY
Passport No/FIN GXXXX351P
Date Of Birth 15/03/1988
Occupation Outdoor

Date Of Driving Pass 21/08/2017
 Driving experience 3 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90454760
 Alt. Phone Number -
 Email Address NPSPL7797@GMAIL.COM
 Address 7030 ANG MO KIO AVENUE 5 #05-07 NORTHSTAR @ AMK
 Address complement -
 Postcode 569880
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 - Head to Rear
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name RASU MARIMUTHU
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND 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 1

Vehicle Registration Number YP1564C
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver KOLANJII PRAKASH
 Passport No/FIN 0XXXX7277

SKETCH PLAN

Ang mo kio Ave - 5



- A - GR 687R
- B - YP 1564C

Ang mo kio
ind park - 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

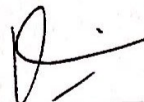
21/12/2020 5:28 PM I go Ang mo kio Ave - 5
to novena square my van (A) GR 687R my front
Taxi stop my van (A) GR 687R all so slow down
my van behind Lorr (B) YP 1564 C hit to my van
GR 687R behind damage.

DECLARATION

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


Policyholder's Signature
Date & Time:

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


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