ASSIGNMENT

om: _____ Date: _____

timated Cost: _____

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

Inspect Vehicle No: _____

Workshop m/s Think One (Cuscus centre)

ured: _____

icy No. ML000183

ms No. M2100440

n Insured: _____ Excess: _____

lient's Record)

e of Veh: _____

olicy Condition)

ark: The veh had commenced its repair at the time of Inspection.

N/S	O/S

or Market Value: _____

Accident Rport: _____ Consistent? : Yes or No

/ PR Seen: _____ Consistent? : Yes or No

Repairs: _____ days Res.: Yes or No

Sum: _____ % 3 Val.: Yes or No

/ REV / REP. / 24 HRS

Vehicle: IN / OUT

_____ Person Contacted: _____

Veh No: GBD8221G Yr Regn: May 2015

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

Truck / Trailer or _____

Make: Nissan NV200 c.c 1461

Colour White A/C: Insured / Std / NI / NA

Sp.Reading NIL T/Radio: Insured / Std / NI / NA

Eng/No: K9KC400D054441

C/No: VSKYBAM20Z0096837

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: NIL (Burnt)

R: NIL

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

TOYO / YOKO or NIL

Front		Rear	
R/Bal.	mm	R/Bal.	mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 21/1/2021 D.O.I. 1/2/2021

Survey held at Think One (Cuscus centre)

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

The Whole vehicle totally Burnt.

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

/ Time	Action / Instruction
	MV - $35,800
	PARF - $16,585
	NL - $19,215

Pre-Accident Value :S$ 35,800.00
COE / PARF Rebate :S$ 16,585.00
Margin for Repair :S$ 19,215.00

SUBMIT EXTENTSIVE TOTAL LOSS REPORT

e, File Pass to? ☐ : Preli. Report ☐ : Final Report

Days Of Repair: -

Resurvey No. of Trip: _____ Survey Fee: _____

e, File Return to? _____ Transportation: _____

Add Fee: ☐ : Site Insp ($ _____) __S + RS __SI

☐ : Interview ($ _____) Photos

t Format : _____ ☐ : Tech. Invs ($ _____) Others

Sum / I.B.I: ($ _____) ☐ : Weekend ($ _____)

TOTAL _____

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 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 arc 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 afo

ACCIDENT STATEMENT

Date of Submission	22/01/2021 11:42 (SGT)
Date of Accident	21/01/2021 17:40 (SGT)
Exact Location of Accident	1 Ubi Ave 1, Singapore
Additional Location Information	block unit 311 Ubi ave1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8221G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THINKONE LEASING PTE LTD
Company Reg No	2XXXXX609M
Email Address	raj@tol.com.sg
Mobile Phone No	(Phone) +65-96788288
Alternative Phone No	(Office) +65-65553300

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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?	Yes
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	20-ML000183-R00
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED IRMAN BIN MOHAMED MISRAN
NRIC No	SXXXX508B
Date Of Birth	09/01/1988
Occupation	Outdoor

Date Of Driving Pass	07/05/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97910669
Alt. Phone Number	-
Email Address	raj@tol.com.sg
Address	BLK 988A BUANGKOK CRESCENT
Address complement	#05-703
Postcode	531998
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	Fire, explosion or lightning
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	Police Headquarters
Police Station Phone No	(Phone) +65-18002520000
Police Station Address	New Phoenix Park 28 Irrawaddy Road Singapore 329560
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 21.1.2021 AT ABOUT 17:40HRS I REACHED AT BLOCK 311 UBI AVENUE 1 AND PARK MY VEHICLE BEARING NUMBER GBD8221G WHILE WAITING FOR MY DELIVERY TIMING AS IT WAS SUPPOSED TO DELIVER TO CUSTOMER AT 7 PM TO 10 PM
WHILE WAITING FOR THE CUSTOMER WENT OUT OF THEE VAN TO MAKE A PHONE CALL TO THE CUSTOMER AND A SUDDEN FIRE BREAK OUT UNDER THE CLUSTH AREA. BEFORETHE FIRE BREAK OUT THE AIR-CON SUDDEN SHUT OFF AND I SAW SMOKE FROM THE VAN BELOW THEN WHER THE FIRE STARTED AND CALL THE POLICE

ATTACHMENT(S)

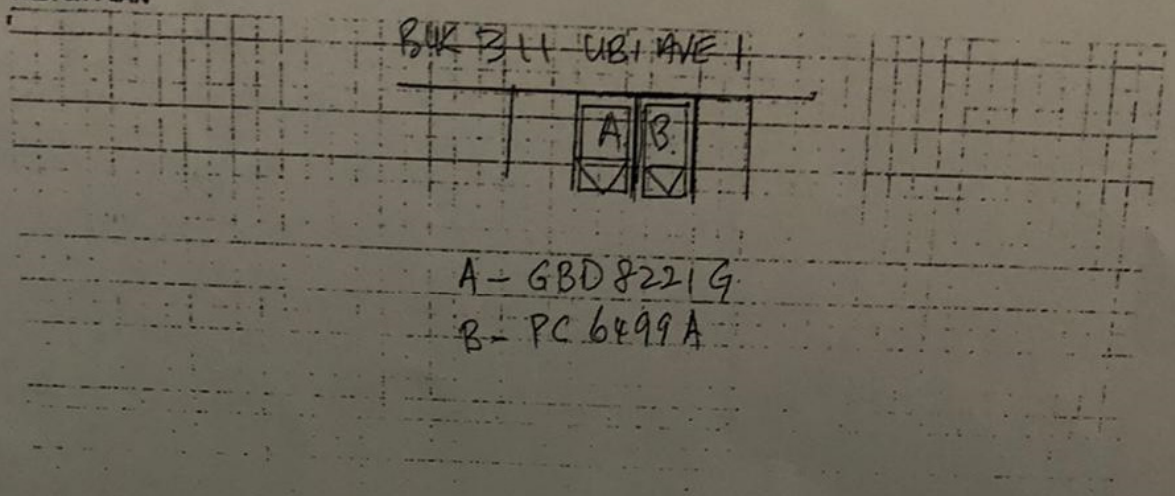
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6499A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

THAK ONE LEASING PTE. LTD.

Policyholder's Signature
Date & Time:

X Max

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

Think One Autocare Pte Ltd
60 Jalan Lam Huat
#02-32 Carros Centre
Singapore 737869
Tel: 6844 3300 Fax: 6842 4988

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

GARMC Sketch Plan Form_V3

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Accident report ST0L211M0001