| REC. BY: Tay JUM   REF: (S/CT12  | GNMENT   |
|--|--|
| nated Cost:  | Veh No: GK 9787M. Yr Regn: 2051 Sep.  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or   |
| ITP I WS   TP RES   OD RES   EVA   INV   MV  Inspect Vehicle No:  Vorkshop m/s  Irred: Icy No.  SNM21D200782C02  Im Insured:  Excess:  | Make: Nissan NV350 c.c 2488  Colour Guy A/C: Insured / Std / NI / NA  Sp.Reading /06645 T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: TN/MC 2E 26 2 0000/8  Gen. Cond: Good / Fair / Poor / Burnt  Steering: Inotder / Jammed / Leaked / Burnt or |
| Client's Record) ske of Veh:  (Policy Condition) emark: The veh had commenced its repair at the time of inspection.  | Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STD A/Rim or  Tyre Size: F:   |
| Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted: | Front R/Bal, Bal, Bal, Bal, Bal, Bal, Bal, Bal,  |
| 17/03/21 Taufikh finalised LS \$1250, 4 day 23/03/21@9.15am revised to Gecilia Low   |  |
| Date/Time, File Pass to?  1) 23/03 Typist  Dete/Time, File Return to?  : Preli. Report : Final Report  | Days Of Repair: 4  Resurvey No. of Trip: 1 Survey Fee: Transportation:   |

:Interview (\$

:Tech. Invs (\$

Weel end (\$

MER-TP

1250

ReperFormat :

Lump Sum ( 1.8.1: (%

Photos

Others

TOTAL

| RIVERVIEW AUTO SERVICES PTE LTD Lunp Sun repair  |
|--|
| 10 AMK INDUSTRIAL PARK 2A, AMK AUTOPOINT #04-07/16 SINGAPORE 568047 Tel: 6481 2025/ 6481 5797 Fax No: 6481 8715 Email: service@riverviewauto.com.sg Website: www.riverviewauto.com.sg Co. Reg.:200800062E GST Reg. No::200800062E  |
| GK9787M Mssan Nv350 List Ince \$   |
| 1013Scul CVS   |
| Rear fender top parel LH Rr 2 91893.40. Rear fender Lower parel LH Pr.   |
| Rear wheel are protector IH at \$165   |
| Rlav Bumper & \$600.50.  LKK Auto Consultants hence notify the Repairer of the following:  To recurrent before/after spray painting  |
| 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:  The accident area. |
| O the accident area.   |
| 2) 76 spray paint Rear fender top panel 14, 500<br>Rear fender Lower panel 14, \$1000<br>Rear wheel are partector 2 Rear Bumper  |
| Rea fender Lower paner   |
| Rear wheel are protecter I recent surper   |
| 3) To carry out anti rust treatment 30.  at the accident area. \$100 123.  Taythir 9749 5749 Hdays 350.82  Wp, 26/2/21 e 1030 Hdays 1230.  Personny after upon. 1580.82.   |
| tenflui à l'hhants an 11581250, 4 days   |

SG0F21280005 / GOLDBELL ENGINEERING PTE LTD ENTRY DATE & TIME: 08/02/2021 14:16 (SGT) SUBMITTED BY: Chong Kai Ling VERSION: 1 (08/02/2021 14:16 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/02/2021 14:16 (SGT) 07/02/2021 16:32 (SGT) Bukit Timah Rd, Singapore TOWARDS BEAUTY WORLDS Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GK9787M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes LUXAIRE AIRCON SERVICES 3XXXX800W JODYKWON9457@GMAIL.COM (Phone) +65-62535062 +65-62535062

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Nissan Nv350

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? Vehicle Category Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

China Taiping Insurance Comprehensive DMCVSNW00086082000

DRIVER

Policy Number Cover Note Number

Name of Driver NRIC No Date Of Birth Occupation

JODY KWON BOON LIANG SXXXX329C 12/05/1976 Outdoor

24/01/1998 Date Of Driving Pass 23 YEARS AND 1 MONTH Driving experience Male Gender (Phone) +65-96345482 Mobile Number Alt. Phone Number JODYKWON9457@GMAIL.COM **Email Address** APT BLK 54 GEYLANG BAHRU #22-3591 Address Address complement 330054 Postcode 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 Collision - Change/cross lane Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes 1 Number of Passengers (Including Driver) 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING ALONG BUKIT TIMAH ROAD TOWARDS BEAUTY WORLD ON THE MOST RIGHT LANE, WHILE I WAS TRAVELLING AT MY OWN LANE, VEHICLE B SUDDENLY SWERVE OUT AND COLLIDED ONTO MY VEHICLE REAR LEFT PORTION. WHILE VEHICLE B SWERVE OUT HE ALSO COLLIDED ONTO HIS FRONT CAR. TOTAL 4 CARS INVOLVED. ATTACHMENT(S)

### DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No



Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

| Postcode                                | - |
|---|---|
| Insurance Company Name                  | - |
| Nature Of Damage                        | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver)     | - |

# DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number             | SMV6310X            |
|---|---------------------|
| Vehicle Manufacturer                    | a <del>e</del> .    |
| Vehicle Model                           | 15.                 |
| Vehicle Variant                         | -                   |
| Vehicle Colour                          | -                   |
| Vehicle Category                        | Private car         |
| Name of Driver                          | QUEK JIAN NAN, PAUL |
| Contact Number                          | 2 ·                 |
| Address                                 | X=                  |
| Address complement                      | ( <del>-</del>      |
| Postcode                                | -                   |
| Insurance Company Name                  | -                   |
| Nature Of Damage                        | =                   |
| Details of property damaged in accident | -                   |
| No. Of Passenger (Including Driver)     | <u>=</u>            |

### DETAILS OF OTHER VEHICLE PROPERTY 3

| Vehicle Registration Number             | SHB513G  |
|---|--|
| Vehicle Manufacturer                    | -  |
| Vehicle Model                           |  |
| Vehicle Variant                         | -  |
| Vehicle Colour                          | The state of the s |
| Vehicle Category                        | Taxi   |
| Name of Driver                          | OOI KWOK PHENG   |
| Contact Number                          | -  |
| Address                                 |  |
| Address complement                      | -  |
| Postcode                                | W  |
| Insurance Company Name                  | <del>1</del>   |
| Nature Of Damage                        |  |
| Details of property damaged in accident | 2  |
| No. Of Passenger (Including Driver)     | -  |

# **Enquire Vehicle Transfer Fee**

### **Vehicle Details**

Vehicle No. **GK9787M** 

Make / Model

NISSAN / NV350 PANEL VAN 2.5 5AT 5DR EURO V

Vehicle Type:

A50 - Goods (Closed) Van/Van Panel (Delivery)

Vehicle Scheme:

Normal

Propellant:

Diesel

Motor No.:

Power Rating:

Maximum Laden Weight:

3300 kg

Year Of Manufacture:

Lifespan Expiry Date:

17 Sep 2035

PQP Paid:

\$41,741.00

Road Tax Expiry Date:

17 Sep 2021

Inspection Due Date:

17 Sep 2021

CO2 Emission:

219.00 (g/km)

CO Emission:

NOx Emission:

Vehicle Attachment 1:

No Attachment

JN1MC2E26Z0005018

Engine No.:

YD25379455A

Engine Capacity:

2488 cc

Maximum Power Output:

Unladen Weight:

1800 kg

Original Registration Date:

18 Sep 2015

COE Category:

C - Goods Vehicle & Bus

COE Expiry Date:

17 Sep 2025

PARF Eligibility Expiry Date:

Intended Transfer Date:

26 Feb 2021

CEV/VES Rebate Utilised Amount:

HC Emission :

PM Emission:

## Fees To Be Paid For Transfer

Transfer Fees

Print

Save as PDF

Copy as Text

\$25.00

OK >

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 condens in this addition (all insurer(s) who have insured condens in this addition shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Sing pore, for one or more of the above Purposes.

LUXAIRE AIRCO

IVICES

106 Jalan Rajah #09-95 Tel: 2535062 Fax: 2514

, fe 321106

96345482

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

& Time

Sketch Plan

Personnel

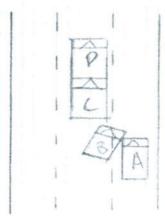
GK9787M

Witnessed by Reporting Centre

B: 63E2284J C. SMV 6310X

SHB 5136

Bukit Timah Roul



Describe Circumstances of the Accident Timah BUKit Road towards travelling along Was right the lare while was Beauty world mort vehicle B suddenly surive lare travelling 41 own onto wehich 1ett poction. and collide à Mar 001 unto while vehicle 0 SWITTE out 0150 collide & he involveb. h.s front 75/41 (915 car H andy Kwan boon Lang ST6.14329C OK 9787M

### Declaration

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

LUXAIRE AIRC TVICES 106 Jatan Rajah #09-91 pre 321106 Tet: 2535062 Fax: 2514 96345482

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

