

ASS. REC. BY: Tau J MREF: CTI

CS/CTI21003110/T1tf3

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. DMHCSNA00001942000Claims No. SNM21D20119

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: 925K

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GJB38014 Z Yr Regn: 2010, Feb

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

Truck / Trailer or _____

Make: Nissan Urvan 3.0 c.c. 2953Colour: white A/C: Insured / Std / NI / NASp. Reading: 277991 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1M6 ZE25207 60203

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NH / S/Rim / STD A/Rim or _____Tyre Size: F: 195/R15R: 2BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 10/3/21Survey held at EM-1 Auto

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

, lump sum \$5650, 6days
red: 4335.75;43%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.P. (\$) _____

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : GBB 8014Z

Vehicle Model : NISSAN URVAN

Accident Date : 01.03.2021

Original Reg Date : 27.02.2010 (26.02.2025)

Date : 08.03.2021

Chassis : JN1MG2E25Z0760203

TP Ins. **CHINA**

ESTIMATE

1	1 pc	Tailgate		2,101.40	N b/-
2	1 pc	Tailgate Outer Garnish		463.50	N X
3	1 pc	Tailgate Outer Garnish Clips		30.00	N X
4	1 pc	Tailgate Badge		56.60	N ney -
5	1 pc	Tailgate Sticker Urvan		73.20	N ney -
6	1 pc	Tailgate Sticker 3.0 DTi		73.20	N ney -
7	1 pc	Tailgate Inner Lock		321.20	N ?
8	1 pc	Tailgate Lock Catch		69.20	N Rv
9	1 pc	Tailgate Auto Lock Actuator		175.00	N ?
10	1 pc	Tailgate Lock Mechanism		329.50	N ?
11	1 pc	Tailgate Weatherstrip - photo		189.60	N ?
12	2 pcs	Tailgate Stopper (Male)	42.00	84.00	N X
13	2 pcs	Tailgate Stopper (Female)	49.00	98.00	N X
14	1 pc	Tailgate Inner Trim Board		182.80	N de
15	1 set	Tailgate Inner Trim Board Clips		40.00	N ney -
16	1 pc	Tailgate Inner Cover Plate		85.30	N X
17	2 pcs	Tailgate Hinges	68.20	136.40	N X
18	2 pcs	Tailgate Absorber	262.80	525.60	N X
19	1 pc	Tailgate Windscreen Inner Seal		50.00	N ney -
20	1 pc	Rear Bumper		695.50	N de
21	2 pcs	Rear Bumper Side Retainers	39.00	78.00	N Rv de
22	1 set	Rear Bumper Clips		50.00	N ney -
23	1 pc	Rear Bumper Step Panel		226.30	N Rv de
24	2 pcs	Taillamps	241.50	483.00	N Rv de
25	1 pc	End Panel (Outer) - photo		487.20	N Rv
26	1 pc	End Panel (Inner)		536.50	N Rv
27	1 pc	End Panel Top Trim		126.50	N Rv

7,767.50

Less 10% 776.75

6,990.75

C/F

6,990.75

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#01-68 SINGAPORE 575643

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Email Address: em1autoteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle No : GBB 8014Z

B/F

6,990.75

Special Nett

1	1 pc	Rear Windscreen Sealant	60.00	nei
2	1 pc	Tailgate Sticker 70km/h	15.00	nei
3	1 pc	Tailgate Airport Sticker	60.00	nei
4	1 set	Reverse Sensor	250.00	200nm
5	1 set	Body Panel Joint Sealant	120.00	40nm
6	1 pc	Rear Number Plate	50.00	delv 30

8 Pax' sticker

nei

915

Labour charge

Panel Beating	1,000.00	700.
Spray painting	1,000.00	800.
Check Wiring	30.00	✓
Anti rust	90.00	30
Remove and install rear winscreen.	140.00	120-
Remove and install tailgate parts.	90.00	60.
Remove and install reverse sensor	90.00	30

9,985.75

Less 20% 1,997.15

Lump sum 7,988.60

Toughie 97495749
WP 10/3/21 @ 1/4m
- 6 days
L/S Repair after repair
Toughie @ 1/4m continue

LKK Auto Consultants hence notify 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:

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	643R

Vehicle Details

Vehicle No.:	GBB8014Z
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Mar 2021
Vehicle Make:	NISSAN
Vehicle Model:	URVAN PANEL SWB 3.0 5DR 5MT AIRBAG 2WD
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	ZD30245651K
Chassis No.:	JN1MG2E25Z0760203
Maximum Power Output:	-
Open Market Value:	\$27,426.00
Original Registration Date:	27 Feb 2010
First Registration Date:	27 Feb 2010
Transfer Count:	0
Actual ARF Paid:	\$1,372.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	26 Feb 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$12,184.00
COE Rebate Amount:	\$9,718.00
Total Rebate Amount:	\$9,718.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 02 Mar 2021

OK

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	02/03/2021 14:21 (SGT)
Date of Accident	01/03/2021 15:25 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8014Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TASK COMM ENGINEERING PTE LTD
Company Reg No	1XXXXX643R
Email Address	mun1845choon@hotmail.com
Mobile Phone No	(Phone) +65-92371876
Alternative Phone No	+65-92371876

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
Variant	-
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?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MV001684-R05
Cover Note Number	-

DRIVER

Name of Driver	CHAN MUN CHOON
NRIC No	SXXXX980H
Date Of Birth	30/09/1968
Occupation	Outdoor

Date Of Driving Pass	23/03/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-92371876
Alt. Phone Number	-
Email Address	mun1845choon@hotmail.com
Address	APT BLK 288 YISHUN AVENUE 6 #05-54
Address complement	-
Postcode	760288
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	ERIC KIM
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW4166R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SATHIKIN BIN AWI
NRIC No	SXXXX648J

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:

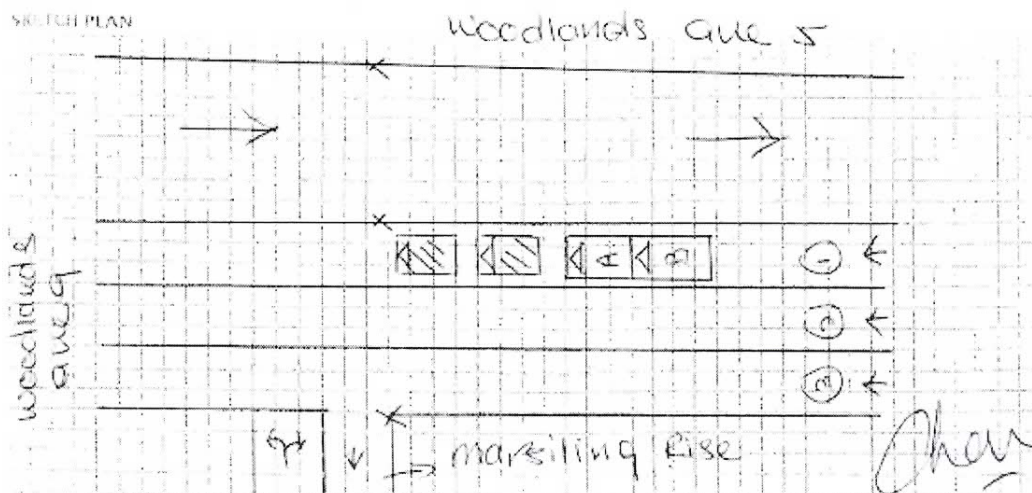
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 5643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodlands Ave 5 towards Woodlands Ave 9 on lane 1. Traffic light was "Red", front vehicles stopped. I slow down to stop (stationary). Suddenly vehicle B hit onto my rear portion. I felt my back pain and neck.

Vehicle A : GBB 8014 Z

Vehicle B : SLW 4166 R

DECLARATION

I/We declare the above information is true in every respect.

Reporting Person's Signature
Date & Time

Driver's Signature
[If driver is not his/her policy owner]
Date & Time

Reporting Person's Signature
Name
NIC / FIN No.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 75643
Tel: 6453 1265 Fax: 6453 7944
(Claims Section)