ASSIGNMENT

From: Date:	Veh No: 6BD43809, Yr Regn: 2014, Oct.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Vany Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Nissan NV200 c.c 1461
at Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA
of	Sp.Reading 335043 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: VSKYBAM20Z0090/05
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
Oleota Permitana 5.1 fisty on	Tyre Size: F: 185/63 R14.
(Policy Condition)	R: 185/65 R14
Remark: The veh had commenced its N/S O/	
repair at the time of inspection.	TOYO/YOKO or MAXXIS
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 23/03/21
Lum Sum: % 3 Val.: Yes or No	Survey held at Kai Motor
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / C	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	,
11 11316	
at make here	
MV: 33K	
PV: 11.7K	
Nett: 21.31c	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
	Fee: : Site Insp (\$)s + PSSI
EMMIN SURSINGE BA	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / LB J: (3	:Weetend (\$)
Fittely & south of the state of	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 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

12/03/2021 15:52 (SGT) 11/03/2021 17:00 (SGT) Singapore Eunos Link Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GRD4380G

INSURED/POLICYHOLDER

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

Yes
WEI ZHONG FOODSTUFF MANUFACTURER
34635000W
charlieafc@gmail.com
(Phone) +65-67435117
+65-67435117

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Nissan Nv200

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number NTUC

Comprehensive

No

5084362993-04

-

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Chng Kee Meng S1195557F 07/11/1956 Indoor Date Of Driving Pass Driving experience

Gender Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

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

Was there any audio recorded?

21 YEARS AND 9 MONTHS

Male

(Phone) +65-82617356

charlieafc@gmail.com Blk 206A #07-2024 Punggol Place

821206 No

Employee

No

Chain Collision

Clear Dry

No

3 Yes

No Yes

No

No

No

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver NRIC No

Contact Number

Address

Address complement

Postcode

GBK85Z

Commercial vehicle Toh Cheng Hock S1307017B

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 SGX5849B

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Private car

Name of Driver Chandrasekaran Ramkumar

Passport No/FIN G6327604P

Contact Number
Address
Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

-

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Chng Kee Meng

Address Complement -

Post Code

Approximate Age Years Old
Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

rati

80 % H.03/2021 lim. 17,60 hrs Venicle No GBD OS0G Reporting Type

SKETCH PLAN

IMPORTANT NOTICE

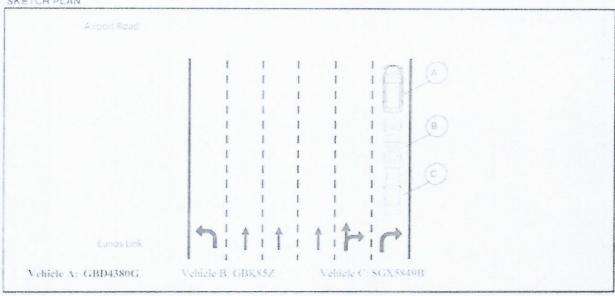
- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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
- 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.
- 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 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)
 - (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
- 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
 - (ir) for complying with requirements under any regulations, laws or court orders.

Alan Tang (S098825) Motor Service Centre

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along lane I as the traffic light was red. Moments after, vehicle B hit into the rear of my vehicle A. After collision, I alighted from my vehicle A and realised that vehicle C hit into the rear of vehicle B.

Declaration

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

12/03/21 15:33

10

12 03-21 15.33

Alan Tang (8098825) Customer Care Executive Motor Service Centre

KY

Witnessed by Reporting Centre Personne

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	000W
Vehicle No.:	GBD4380G
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Mar 2021
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	K9KC400D053930
Chassis No.:	VSKYBAM20Z0090105
Maximum Power Output:	
Open Market Value:	\$20,286.00
Original Registration Date:	21 Oct 2014
First Registration Date:	21 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$1,015.00
Intemped PARE Repairs Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
COE Expiry Date:	20 Oct 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$32,542.00
COE Rebate Amount:	\$11,627.00
Total Rebate Amount:	\$11,627.00

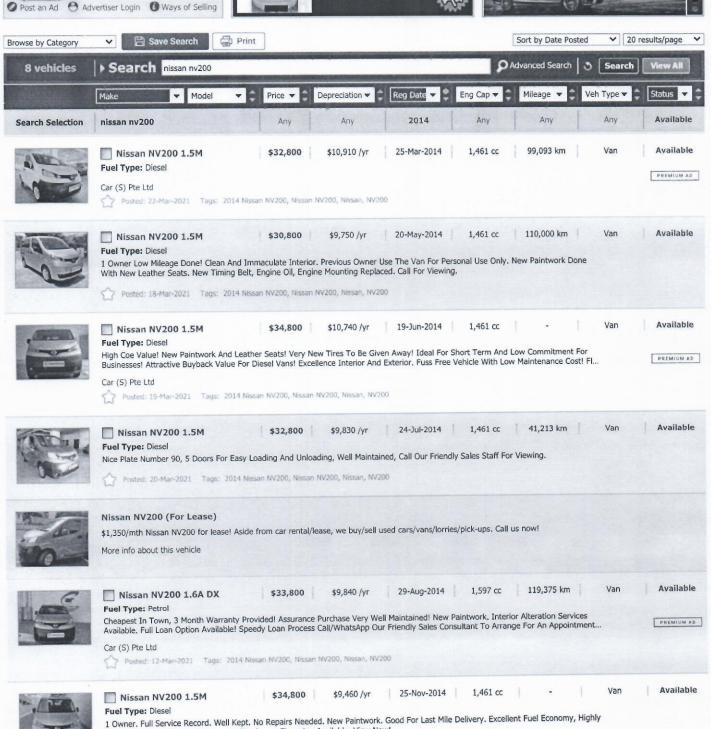
The information contained herein is correct as at 23 Mar 2021





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Nissan NV200 1.5M

\$34.800

Available

PREMIUM AD

109,972 km

1,461 cc

26-Nov-2014