

ASS. REC. BY:

Ster

REF:

CC4/A16 21004797/ra3

## 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.

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:

IDAC Accident Rpt:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GBG 9218U

Yr Regn:

30/11/17

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

Truck / Trailer or

Make:

Nissan NV350

c.c

2488

Colour:

White

A/C:

Insured / Std / NI / N

Sp. Reading

149516

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JN11M CZE 262 000 8558

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195R15C

R:

11

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

TOYO / YOKO or

DOUBLE Star

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

8/4/21

D.O.A.

19/4/21

Survey held at

EFFICIENT Mtl-

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

F-L L4.

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

Date / Time

Action / Instruction

MV-S6K

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Pop. Form:

Lump Sum / L.B. / C

# EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO : GBG9218U  
MAKE & MODEL : NISSAN/NV350 PANEL VAN 2.5MT 5DR  
CHASSIS NO : JN1MC2E26Z0008558

DATE : 14 APR 2021  
CLAIM TYPE : TP CLAIM  
D.O.A : 08 APR 2021

TO : AIG

## ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	LIST PRICE	TOTAL PRICE
1	1	FRONT BUMPER <i>OR</i>		\$ 514.70	\$ 514.70
2	2	FRONT BUMPER SIDE RETAINER LH		\$ 147.00	\$ 294.00
3	1	FRONT FOG LAMP LH <i>X</i>		\$ 343.00	\$ 343.00
4	1	FRONT FOG LAMP GARNISH LH <i>?</i>		\$ 117.90	\$ 117.90
5	1	FRONT BUMPER REINFORCEMENT <i>X</i>		\$ 630.00	\$ 630.00
6	1	HEADLAMP ASSY LH <i>cut</i>		\$ 403.00	\$ 403.00
7	1	FRONT GRILLE <i>X</i>		\$ 495.00	\$ 495.00
8	1	FRONT GRILLE LOGO <i>X</i>		\$ 115.20	\$ 115.20
9	1	FRONT STEP PANEL GARNISH LH <i>?</i>		\$ 125.00	\$ 125.00
10	1	FRT DOOR LH <i>X R</i>		\$ 1,015.00	\$ 1,015.00
				\$ 3,905.80	\$ 4,052.80

TOTAL PRICE	\$ 4,052.80
DISCOUNT: 10%	\$ 405.28
SUB TOTAL PRICE	\$ 3,647.52

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	1	FRONT BUMPER CLIPS SET <i>ML</i>		\$ 50.00	\$ <i>30</i> 50.00
2	1	COMPANY REGISTRATION STICKER <i>ML</i>		\$ 30.00	\$ 30.00
3	1	FRONT GRILLE CLIPS <i>X ML</i>		\$ 30.00	\$ 30.00

TOTAL S/NETT	\$ 110.00	\$ 110.00
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### Labour Charges

1	To panel beat & starighten damaged panels. To remove & replace parts.	\$ 800.00	<i>300</i>
2	To apply anti rust coat and Tuff Kote affected areas	\$ 100.00	<i>30</i>
3	To check and rectify lighting & wiring harness	\$ 50.00	<i>30</i>
4	To Spray painting Front Bumper & front left door & affected parts	\$ 800.00	<i>400</i>
5	To transfer new door components to new door.	\$ 150.00	<i>X</i>

TOTAL LABOUR	\$ 1,900.00
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### Total Cost of Repairs

\$ 5,657.52
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(Total parts + Total S/Nett + Total Labour Cost)

*Steve (CLKK) ML ML*

*L/S*

*19/4/21, 2.00 PM*

*3 days*

*My ML sy*

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:

## 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	09/04/2021 15:50 (SGT)
Date of Accident	08/04/2021 16:45 (SGT)
Exact Location of Accident	546A Woodlands Drive 16, Singapore 731546
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9218U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No	2XXXXX635R
Email Address	ppemclaims@gmail.com
Mobile Phone No	(Phone) +65-88407938
Alternative Phone No	(Office) +65-62840827

#### 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
Transmission	Auto
CC	2488

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D19MFL0005549_01
Cover Note Number	-

#### DRIVER

Name of Driver	NAZIRUL MUZAKIR BIN MOHD YUSOF
NRIC No	SXXXX125H

Date Of Birth .....  
 Occupation .....  
 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 .....

07/08/1989  
 Outdoor  
 05/06/2009  
 11 YEARS AND 10 MONTHS  
 Male  
 (Phone) +65-88407938  
 -  
 NADDOUBLEZWY@GMAIL.COM  
 BLK 312 BUKIT BATOK STREET 32 #08-77  
 -  
 650312  
 No  
 Hirer  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Major/Minor Rd  
 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) ..... 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... DRIVER'S WIFE  
 Gender ..... Female

#### PASSENGER 2

Name ..... DRIVER'S CHILD  
 Gender ..... Female

#### 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

ON 08/04/2021 @ 1645HRS, I WAS DRIVING MY VEHICLE GBG9218U ALONG BLOCK 546A WOODLANDS DRIVE 16 ( SERVICE RD ). WHILE DRIVING STRAIGHT, VEHICLE SKW8818D DASHED OUT SUDDENLY AND HIT ONTO MY VEHICLE. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE POINT OF ACCIDENT.

#### 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 11

Vehicle Registration Number	SKW8818D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO YEOW ZEN DEREK
NRIC No	SXXXX930E
Contact Number	(Phone) +65-90306919
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# SKETCH PLAN

## IMPORTANT NOTICE

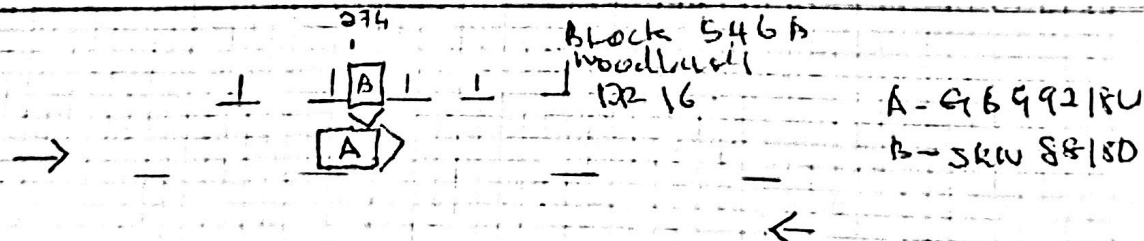
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
3. Information provided must be as truthful and accurate as possible. Any willful 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)**  
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 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  
(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

On 8/14/2011 at 1645hrs, I was driving my vehicle along 9218 W along black when westbound 0216 (service rd). while driving straight, suddenly vehicle skid out and suddenly and hit into my vehicle. Exchanged position. Nobody was injured at the point of accident.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*[Signature]*

9/4/21 - 1520H

*[Signature]*

Checking



# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:

Owner ID:

Company

635R

## Vehicle Details

Vehicle No.:

GBG9218U

Vehicle to be Exported:

No

Intended Deregistration Date:

14 Apr 2021

Vehicle Make:

NISSAN

Vehicle Model:

NV350 PANEL VAN 2.5 SMT 5DR

Primary Colour:

White

Manufacturing Year:

2017

Engine No.:

YD25422517A

Chassis No.:

JN1MC2E26Z0008558

Maximum Power Output:

\$25,062.00

Open Market Value:

30 Nov 2017

Original Registration Date:

30 Nov 2017

First Registration Date:

1

Transfer Count:

\$1,254.00

Actual ARF Paid:

No

## Intended PARF Rebate Details

PARF Eligibility:

-

PARF Eligibility Expiry Date:

\$0.00

PARF Rebate Amount:

## Intended COE Rebate Details

COE Expiry Date:

29 Nov 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$36,161.00

COE Rebate Amount:

\$23,956.00

Total Rebate Amount:

\$23,956.00

The information contained herein is correct as at 14 Apr 2021

OK