

ASS. REC. BY:

Steve

CS/11121006689/E9f3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

Insured:

Policy No.

D19MFL0005549_01

Claims No.

MFL2021D0002545

Sum Insured:

Excess:

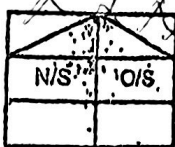
1500

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

C/A / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.:

Yes or No

Cum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GRK 4875J

Yr Regn:

13/8/20

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

Truck / Trailer or

Make:

Nissan

NV 350

C.C.

2488

Colour:

Red

Sp. Reading

27850

Eng/No:

C/No:

JALIM CZE 2670932910

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 R15C

R:

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

TOYO / YOKO or

APLUS

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

10/6/21

D.O.A.

15/6/21

Survey held at

Efficient Motor

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

FRONT

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-75K

15/06/21 @3.59pm revert to Ill via Merimen.

16/06/21 @5.42pm Priya informed C/A at \$2000 via Merimen.

17/06/21 @10.36am Informed wksp C/A not more than LS \$2000 (as agreed with Them)

17/06/21 @12.18pm PRIYA INFORMED EXCESS \$1500 BY EMAIL

17/06/21 @12.21pm INFORMED WKSP EXCESS \$1500 BY EMAIL

23/06/21 confirmed with Ezel LS \$2000, 4 days. (Red \$7241.80, 78%)

Date/Time, File, Pass to:



: Prel. Report

24/06 Typist



: Final Report

Date/Time, File Return to:

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

S + RS \$

Practice

Others

TOTAL

Approved by:

MER-OD

Approved by:

2000

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO : GBK4875J
MAKE & MODEL : NISSAN / NV350 PANEL VAN 5DR 2.5 AT
CHASSIS NO : JN1MC2E26Z0032020

DATE : 14 JUN 2021
CLAIM TYPE : OD CLAIM
D.O.A : 10 JUN 2021

TO : INDIA INTERNATIONAL INSURANCE PTE LTD

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	COST PRICE	TOTAL PRICE
1	1	FRONT BUMPER / BR		\$ 280.00	\$ 280.00
2	2	FRONT BUMPER SIDE RETAINER LH/RH / BR		\$ 75.00	\$ 150.00
3	1	FRONT BUMPER TOWING COVER / CUT		\$ 20.00	\$ 20.00
4	2	FRONT FOG LAMP GARNISH LH/RH / CUT		\$ 65.00	\$ 130.00
5	1	FRONT BUMPER CENTRE BEAM X		\$ 95.00	\$ 95.00
6	1	FRONT BUMPER REINFORCEMENT X		\$ 350.00	\$ 350.00
7	1	FRONT BUMPER LOWER GRILLE / BR		\$ 380.00	\$ 380.00
8	1	FRONT GRILLE / BR		\$ 350.00	\$ 350.00
9	1	FRONT GRILLE EMBLEM / MC		\$ 55.00	\$ 55.00
10	2	HEADLAMP ASSY LH/RH / BR (LH & RH)		\$ 280.00	\$ 560.00
11	1	FRONT PANEL X R		\$ 650.00	\$ 650.00
12	1	FRONT CORNER PANEL RH / OD		\$ 195.00	\$ 195.00
13	1	STEP GARNISH RH / BR		\$ 95.00	\$ 95.00
14	1	AIR GUIDE LOWER X		\$ 48.00	\$ 48.00
15	1	INTERCOOLER / OD		\$ 1,600.00	\$ 1,600.00
16	1	INTERCOOLER AIR GUIDE / BR		\$ 130.00	\$ 130.00
17	1	RADIATOR X		\$ 650.00	\$ 650.00
18	1	RADIATOR FAN BLADE X		\$ 150.00	\$ 150.00
				\$ 5,468.00	\$ 5,888.00

TOTAL PRICE	\$ 5,888.00
PLUS 10%	\$ 588.80
SUB TOTAL PRICE	\$ 6,476.80

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	1	FRONT BUMPER CLIPS SET / MC		\$ 50.00	\$ 50.00
2	1	FRONT GRILLE CLIPS SET / MC		\$ 50.00	\$ 50.00
3	1	FRONT NO. PLATE / CUT		\$ 45.00	\$ 45.00
4	1	RADIATOR COOLANT X		\$ 50.00	\$ 50.00
5	1	TOWING FEE /		\$ 70.00	\$ 70.00

TOTAL S/NETT	\$ 265.00	\$ 265.00
--------------	-----------	-----------

Labour Charges

1	To cut/weld front panel, panel beat inner panels & replace damaged parts.	\$ 1,000.00	400
2	To apply anti rust coat and Tuff Kote affected areas	\$ 150.00	30
3	To check and rectify lighting & wiring harness	\$ 50.00	30
4	To Spray painting Front Portions & other affected areas.	\$ 800.00	/
5	To remove and refit radiator, fan blade other components & top up A/C gas.	\$ 150.00	X
6	To do artwork company sticker.	\$ 350.00	200

TOTAL LABOUR

\$ 2,500.00

Total Cost of Repairs

\$ 9,241.80

(Total parts + Total S/Nett + Total Labour Cost)

Steve CLKK)
15/6/21, 11.00~

OD-M AL
EXCISE-?
P/P

Ry Dil Spj

4 dys

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:

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 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. 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 14/06/2021 09:00 (SGT)
Date of Accident 10/06/2021 17:33 (SGT)
Exact Location of Accident Lor N Telok Kurau & Still Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4875J

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) +65-83740156
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
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 YEO BOON SHIONG
NRIC No SXXXX364E

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

21/06/1978
 Outdoor
 04/10/2010
 10 YEARS AND 8 MONTHS
 Male
 (Phone) +65-83740156
 -
 ppemclaims@gmail.com
 BLK 9 JALAN BATU #05-25
 -
 431009
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Cross Junction
 Clear
 Dry

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?

No
 2
 Yes
 No
 Yes
 2
 No

PASSENGER 1

Name
 Gender

FRIEND
 Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Traffic Police
 (Phone) +65-65470000
 (Fax) +65-65474900
 10 Ubi Avenue 3 Singapore 408865
 No
 -

CIRCUMSTANCES OF ACCIDENT

ON 10.06.2021 AT ABOUT 1733HRS, I WAS DRIVING MY VEHICLE A ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON REACHING JUNCTION, I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTERING YELLOW BOX, THERE WAS VEHICLES WAS STOPPED BEFORE YELLOW BOX AND GIVE WAY TO MY VEHICLE TO MAKE A LEFT TURN. AFTER CONFIRMING NO ONCOMING VEHICLE I SLOWLY ENTERING YELLOW BOX NEARLY CENTRE WHEN VEHICLE B FROM NOWHERE VERY FAST COLLIDED ONTO MY VEHICLE. I AM NOT SURE VEHICLE B FROM WHICH DIRECTION. I FEEL DIZZY AND NECK PAIN DUE TO THE IMPACT.

ATTACHMENT(S)

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

Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY:11

Vehicle Registration Number	SLD8896R
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	ASAPH HENG SING EN
Address	(Phone) +65-96667315
Address complement	21 RAMBAI ROAD
Postcode	-
Insurance Company Name	424346
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO BOON SHIONG
Address	BLK 9 JALAN BATU #05-25
Address Complement	-
Post Code	431009
Approximate Age Years Old	42
Injuries Sustained	DIZZY AND NECK PAIN.
Injured person in which vehicle?	GBK4875J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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:

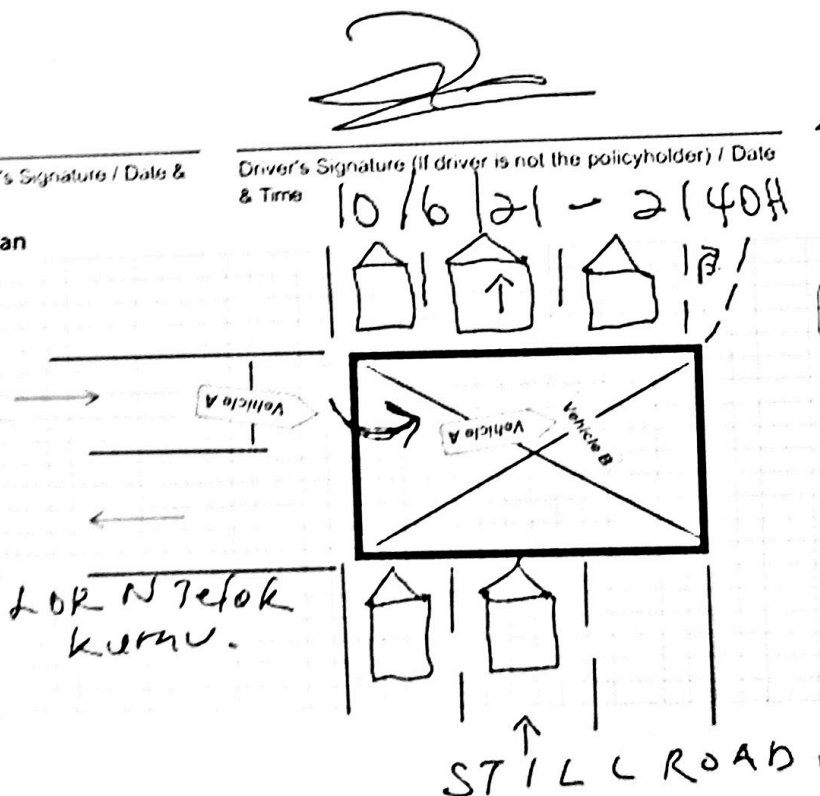
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Witnessed by Reporting Centre Personnel

A GBK 4875J

B SLB 8896R

Describe Circumstances of the Accident

ON 100621 AT ABOUT 1733HRS I WAS DRIVING MY VEHICLE A
ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON
REACHING JUNCTION I STOPPED MY VEHICLE AND LOOKED FOR
ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTERING YELLOW
BOX, THERE WAS VEHICLES WAS STOPPED BEFORE YELLOW BOX
AND GIVE WAY TO MY VEHICLE TO MAKE A LEFT TURN. AFTER
CONFIRMING NO ONCOMING VEHICLE I SLOWLY ENTERING YELLOW
BOX NEARLY CENTRE WHEN VEHICLE B FROM NOWHERE VERY FAST
COLLIDED ONTO MY VEHICLE.. I AM NOT SURE VEHICLE B FROM
WHICH DIRECTION. I FEEL DIZZY AND NECK PAIN DUE TO THE
IMPACT.

Declaration

I/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

10/6/21 - 2140

Witnessed by Reporting Centre
Personnel

Khamsij