



PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers

Blk 779 Yishun Avenue 2

#01-1545 Singapore 760779

Tel: 6293 4822 Fax: 6296 3283

E-mail: admin@priorityservices.sg

Messrs. Sompoo Insurance Pte Ltd
50 Singapore Land Tower
#05-01/06 Raffles Place
Singapore 048623

Bill No : DN/01765/20

Date : 16/10/2020

Dr.

To

Survey Fee (S\$) : 100.00
Photographs (S\$) :
Transport (S\$) :
Resurvey (S\$) :
Miscellaneous (S\$) :

Services rendered including photographs and transport charges

(S\$) : 100.00

Our Reference : TP-0053/10/20
Insured : GBJ 8924 E
Date Of Accident : 08/10/2020
Policy / Cert. No. : Pre-repair Survey
Your Claim No : CMTD2002954/THE
Vehicle : Nissan NV350 - Van (M) - GBG 9907 P

Dollars : One Hundred ONLY

For PRIORITY SERVICES

E & O.E.



PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers
Blk 779 #01-1545 Yishun Ave 2 Singapore 760779
Tel: 62934822 Fax: 62963283
E-mail: admin@priorityservices.sg

Your Ref. : CMTD2002954/THE
Our Ref. : TP-0053/10/20

Date: 16 October 2020

M/s. Sompo Insurance Pte Ltd
50 Singapore Land Tower
#05-01/06
Singapore 048623

Attn.: Ms. Thelma Choo

Madam,

Pre-Repair Survey

Vehicle No.: GBG 9907 P

Date Of Accident: 08-Oct-2020

Date and Time of Request : 08-Oct-2020 / 1.35 pm

Date and Time of Inspection: 1) 09-Oct-2020 / 10.50 am
2) 09-Oct-2020 / 1.48 pm (For dismantled items)
3) 15-Oct-2020 / 12.46 pm (For after repair)
@ M/s. Team Autopro Pte Ltd

Particulars of Vehicle

Registration No.	: GBG 9907 P
Make / Model	: Nissan / NV350 - Van (M)
Year	: 2017
Colour	: Silver
Odometer	: 81243 km
Engine Capacity	: 2488 cc
Carrying Capacity	: 3300 kg
Engine No.	: -
Chassis / Body Frame	: JN1MC2E26Z0008557
Radio / CD Player	: Yes
Air-Con Conditioner	: Yes
Other Apparent Accessories	: No
Spare Tyre	: Intact
Jack / Tools	: Intact

(74) Photographs of vehicle taken.

Documents Available At Time Of Inspection

- 1) Singapore Accident Statement (SAS)

Visual Damages

At the rear portion.

Damages subject to consistency.

Remarks

Despite our request, the repairer would not provide: -

- 1) Repairer estimate

Pre-Accident market value: About \$45,000.00.

COE Rebate: \$28,048.00 (COE expiry on 21 Dec 2027).

Estimated repair cost: About \$5,000.00.

Estimated period of repairs: About 6 working days.

Yours Very Truly
PRIORITY SERVICES



JEFFREY ONG
Motor Appraiser

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/10/2020 (dd/mm/yy) Time of Accident: 07:50 (24-HR-FORMAT)
Vehicle No.: GBG 9907 P Vehicle Make & Model: NISSAN NV350 PANEL VAN 2.5 5A
Exact location of Accident: WOODLANDS AVE 3
Policyholder's Name / IC No.: CHUANG YIN CONSTRUCTION 52823251K
Driver's Name / IC No.: LEONG TOO LAI S7073300E (As Above) ☐
Driver's Contact No.: 9691 2327 Company Contact No.: _____
Driver's Address: 182B WOODLANDS ST.13 #14-743 S732182
Insurance Company: AIG Email address (if any): TAYRUBY@HOTMAIL.COM

Relationship between Owner & Driver: OWNER

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor/ ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 01

Passenger Name : _____

Gender :

Passenger Name : _____

Gender :

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBJ 8924 E

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: YL 7214 U

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

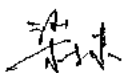
SKETCH PLAN

IMPORTANT NOTICE

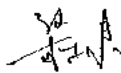
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.
- (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.



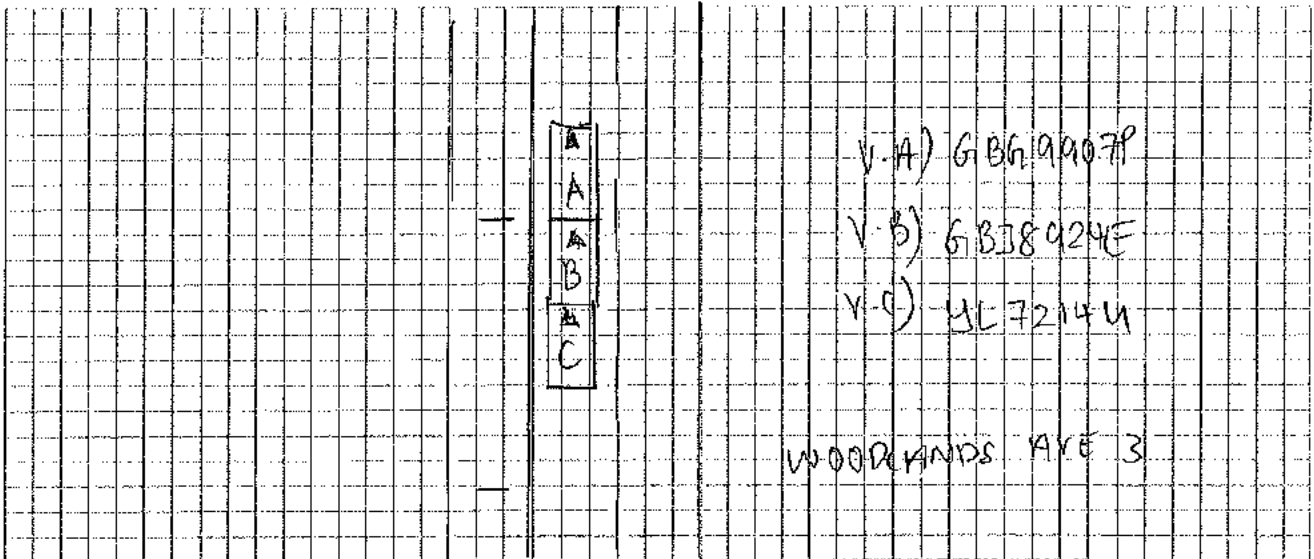
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the started date and time, I vehicle V-A GBG 9907P
 was travelling on the started venue. I was travelling straight
 in my lane. I slowed down my vehicle and came to
 a complete stop as the traffic in front was standstill.
 A few moments I heard a loud bang, the next second
 I felt an impact and bang. shortly I got out to
 realised that I was involved in a 3 car chain collision.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

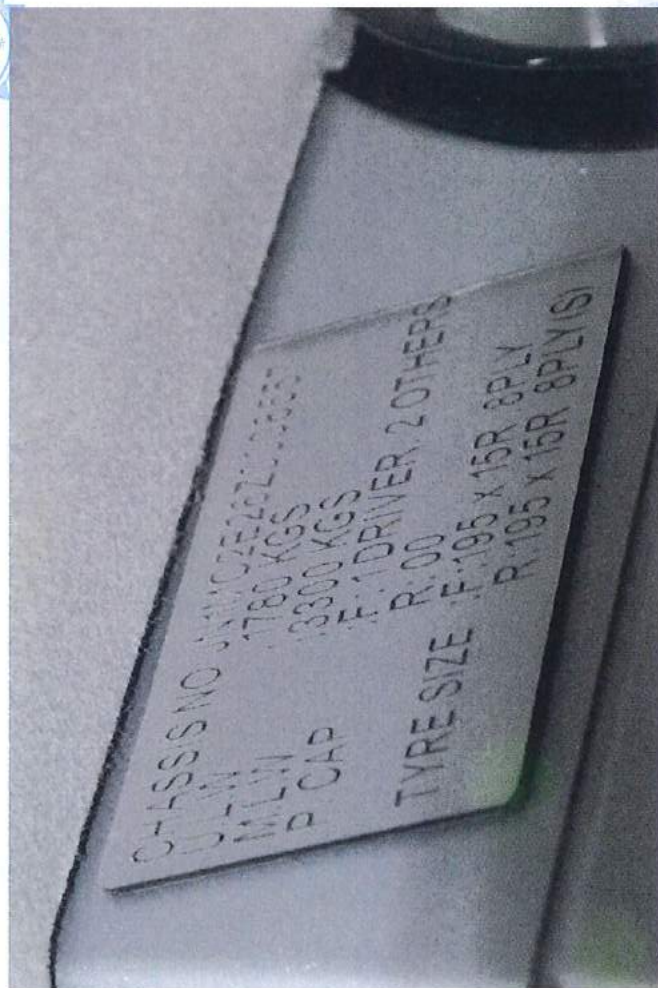
(If driver is not the policyholder)

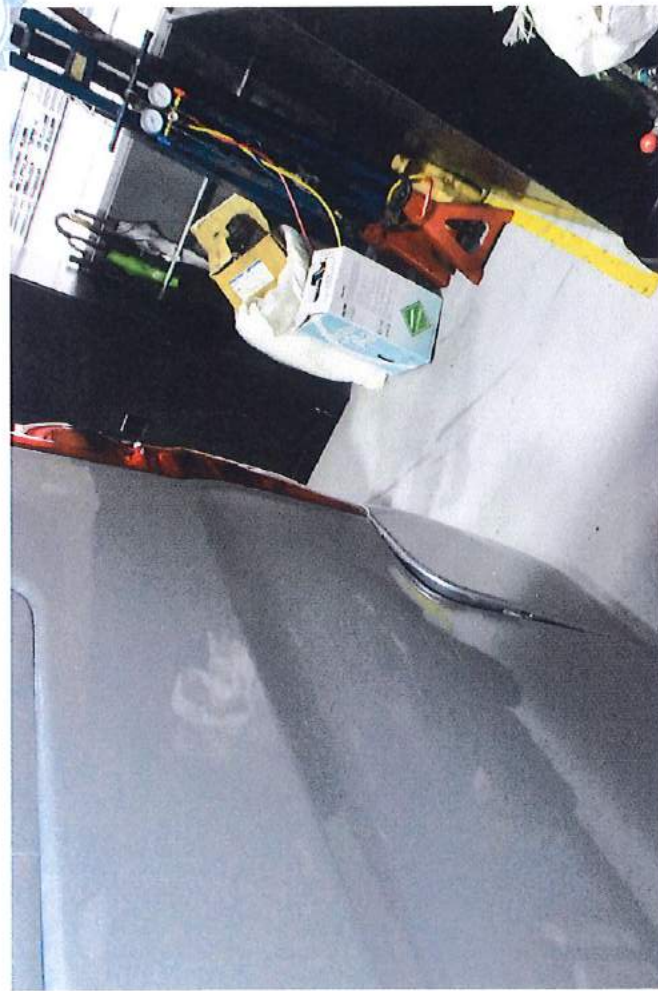
Date & Time:

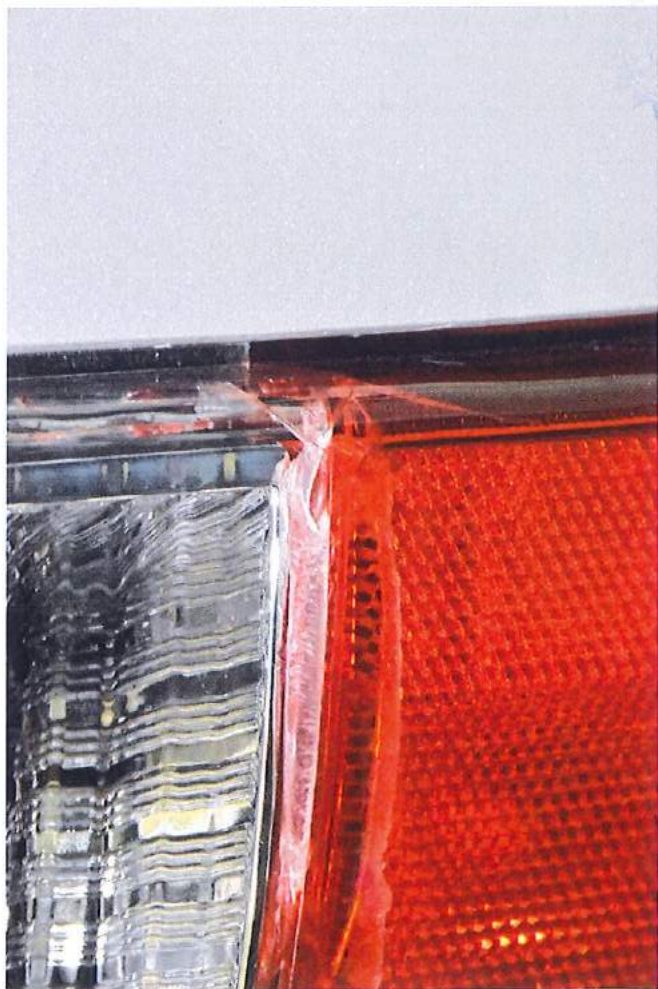
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







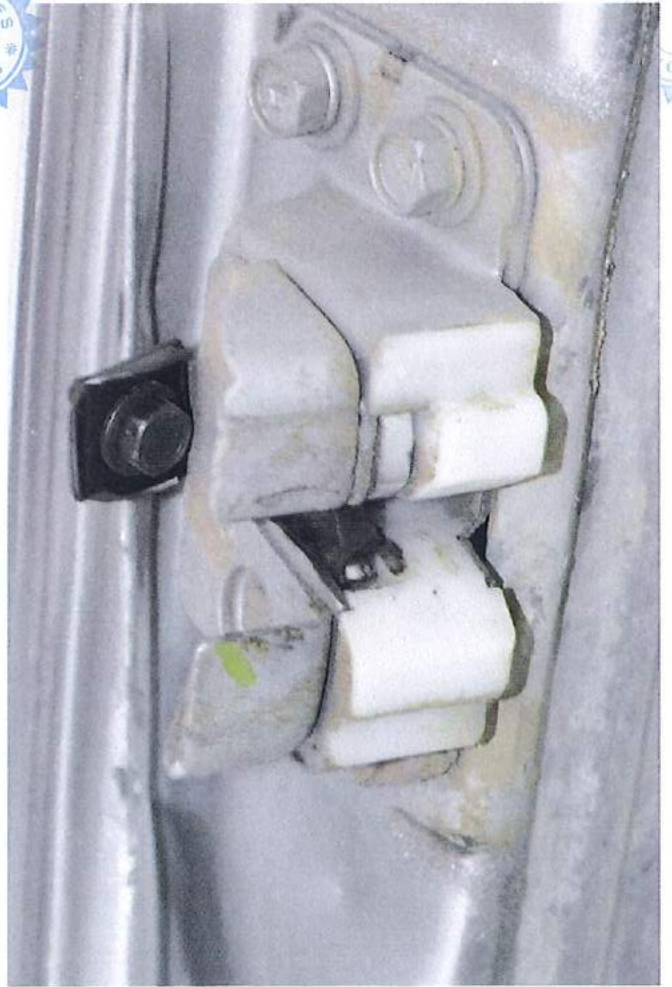
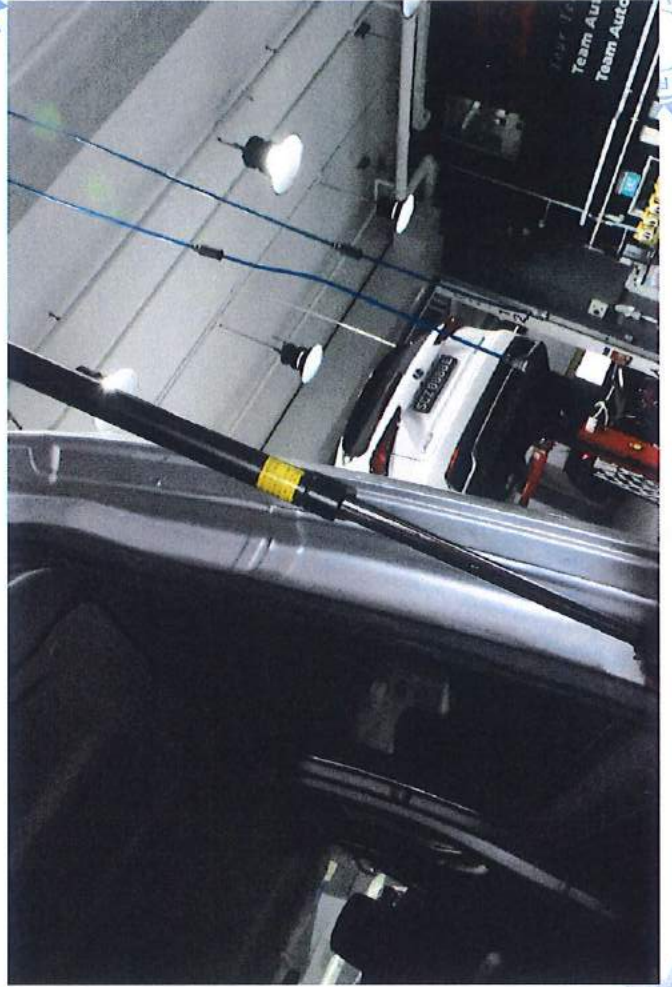
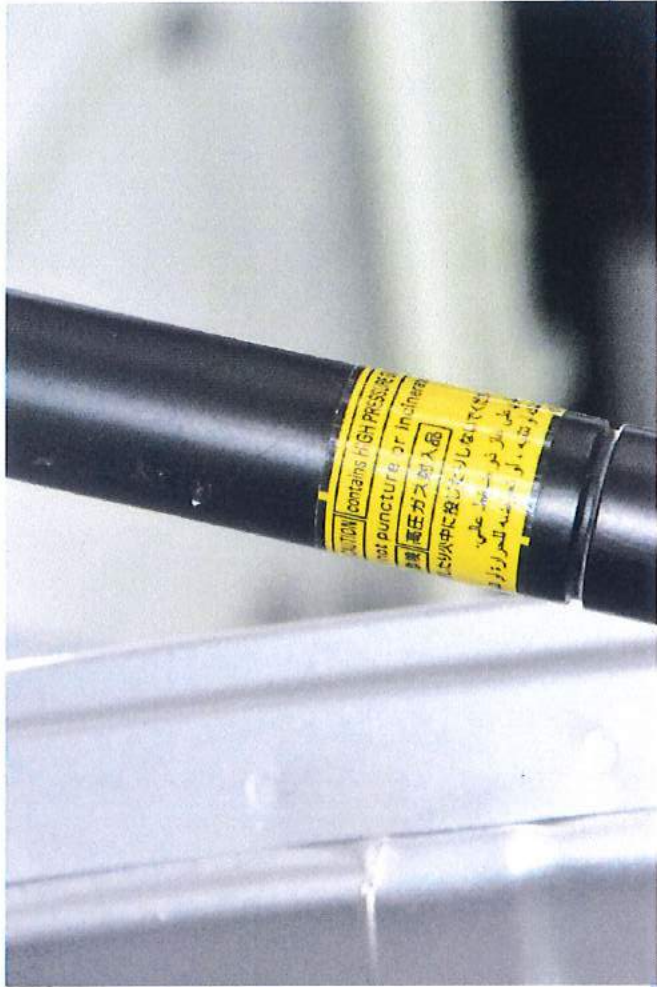














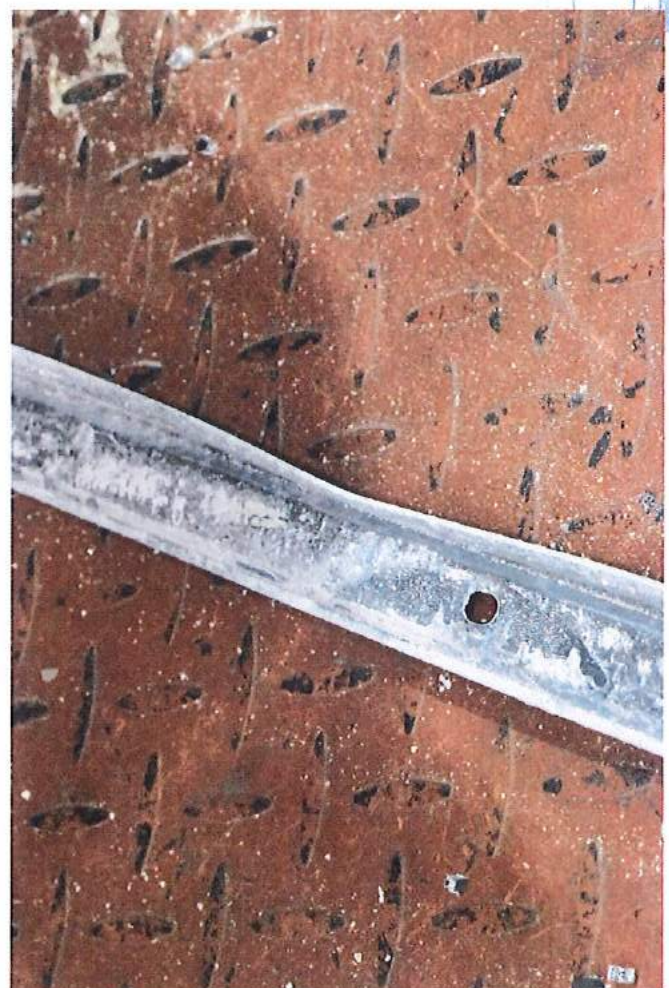




2/10/20







RESURVEYED
AFTER REPAIRS

15/10/20

