

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 01/09/2021
To : LONPAC INSURANCE BHD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : NG HIN PAK
: NTUC INCOME INSURANCE CO-OPERATIVE LTD
Certificate No : 5098326110-03 Accident Date : 02/08/2021
Vehicle No : SLF-9968-A Make & Model : NISSAN QASHQAI 2.0 CVT ABS D/AIRBAG 2V

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
Nett Item			
1	TAILGATE RESTORE		
1	TAILGATE EMBLEM "QASHQAI"	75.50	
1	TAILGATE EMBLEM "X-TRONIC"	68.90	
1	REAR BUMPER	755.90	
10	REAR BUMPER CLIPS	55.00	
1	REAR BUMPER SIDE RETAINER LH	75.20	
1	REAR BUMPER SIDE RETAINER RH	75.20	
1	REAR BUMPER INNER BRACKET LH	45.50	
1	REAR BUMPER INNER BRACKET RH	45.50	

Date : 01/09/2021
To : LONPAC INSURANCE BHD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : NG HIN PAK
: NTUC INCOME INSURANCE CO-OPERATIVE LTD
Certificate No : 5098326110-03 Accident Date : 02/08/2021
Vehicle No : SLF-9968-A Make & Model : NISSAN QASHQAI 2.0 CVT ABS D/AIRBAG 2V

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR BUMPER TOWING COVER	34.30	
1	REAR BUMPER REFLECTOR LH	85.60	
1	REAR BUMPER REFLECTOR RH	85.60	
1	REAR BUMPER FOAM	184.30	
1	REAR END PANEL	643.40	
1	REAR END PANEL TOP GARNISH	253.60	
1	SPARE TYRE PANEL	RESTORE	
	Sub Total	2483.50	
	Discount 10% On Parts	(248.35)	
	<u>Special Nett Item</u>		

Date : 01/09/2021
To : **LONPAC INSURANCE BHD.**

ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : NG HIN PAK
: NTUC INCOME INSURANCE CO-OPERATIVE LTD
Certificate No : 5098326110-03 Accident Date : 02/08/2021
Vehicle No : SLF-9968-A Make & Model : NISSAN QASHQAI 2.0 CVT ABS D/AIRBAG 2V

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REVERSE SENSOR (4PCS)(SET)	350.00	
1	END PANEL SEALANT	40.00	
	Sub Total	390.00	
<u>Labour & Misc</u>			
	LABOUR TO CARRY OUT REAR REPAIR	900.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	
	TO SPRAY PAINTING ON REAR AFFECTED AREA	900.00	
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	
	TO DETACH & RENEW REVERSE SENSOR	60.00	

Date : 01/09/2021
To : LONPAC INSURANCE BHD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : NG HIN PAK
: NTUC INCOME INSURANCE CO-OPERATIVE LTD
Certificate No : 5098326110-03 Accident Date : 02/08/2021
Vehicle No : SLF-9968-A Make & Model : NISSAN QASHQAI 2.0 CVT ABS D/AIRBAG 2V

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1935.00	

Remarks:

4,560.15

SUB TOTAL

GST 7.0 % 319.21

TOTAL 4,879.36

Surveyor's name: _____

Principal's name: NG HIN PAK

Survey Date & Time: _____

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	03/08/2021 16:22 (SGT)
Date of Accident	02/08/2021 18:21 (SGT)
Exact Location of Accident	Dairy Farm Rd, Singapore
Additional Location Information	TOWARD UPPER BUKIT TIMAH ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9968A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG HIN PAK
NRIC No	SXXXX434I
Email Address	PAULNG1434@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96641243
Alternative Phone No	+65-96641243

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5098326110-03
Cover Note Number	-

DRIVER

Name of Driver	NG HIN PAK
NRIC No	SXXXX434I



Date Of Birth	02/02/1960
Occupation	Indoor
Date Of Driving Pass	08/01/1979
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96641243
Alt. Phone Number	+65-96641243
Email Address	PAULNG1434@YAHOO.COM.SG
Address	50 toh tuck road #09-08
Address complement	-
Postcode	596741
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
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

AS PER SKETCH PLAN

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 1

Vehicle Registration Number	SGS2574P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALFRED KOH HOCK CHUAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
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	SJH4191U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I slowed down my vehicle (I was travelling along Daisy Farm Rd toward Upper Bukit Timah) as the traffic light turned red at the junction. Suddenly vehicle SG S2574 P collided on to the rear of my vehicle.

Upon alighting from my vehicle I noticed that vehicle SJH 4191U had collided on to the rear of vehicle SG S2574 P.

Declaration

We declare the foregoing particulars are true in every respect.

(Signature) 03/08/21
2:30 PM

Policyholder's Signature / Date & Time

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

(Signature)

Witnessed by Reporting Centre Personnel

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 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/are 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

*Ching 02/08/21
2:30pm*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Dairy Farm Rd (forward) Upper Bukit Timah Rd junction



A: SLF 9968 A

B: SGS 2574 P

C: SJH 4191 U