# REF: CC6/CT12100977714693

4		ASSIC	GNMENT	2			. /
rom:	Date:		Veh No:	6362	109x	Yr Regn: 0	7/104/21
Estimated Cost:	Date.		Type: M.Car	/ M.Cycle / Bus	Van Lori	ry / Taxi / Prime M	
DD / (P) WS / TP RES / OL	DES / EVA / INV / MV			/ Trailer or	(11		
To Inspect Vehicle No:				Vissen	V4/	120,2 0.0	15-98
at Workshop m/s	GBC 2/09X		Colour	white	700	A/C: Insured	Std / NI / NA
	11-550					T/Radio: Insured	
of	64 600274		Sp.Reading	72/2			
Insured:	GBC 9827H		Eng/No:	4411	11111	20200	01370
Policy No.			C/No:	ر 1 <i>IV</i> 6 d / Fair / Po	YMMIN	LUZUU	0.710
Claims No.			(	<b>'</b> .		lumb or	
Sum Insured:	Excess:		1	raler / Jammed			
(Client's Record)				der / Jammed		surnt or	
Make of Veh:			Modi : Nir	/ S/Rim / STD	A/Rim or	10 -	
			Tyre Size:	F: /	65/	FUNIY	,
(Policy Condition)	$\angle$			R:			
Remark: The veh had com		IS O/S			FS / LIZA / N	AIC / OHTSU / PIR	/ SUMI /
repair at the time			royouro	KO or			
Bal. or Market Value:	BSOK.		Front	0		Rear	2
IDAC Accident Rport:	Consistent?: Yes or No	)	R/Bal.	9	mm	R/Bal.	mm
GIA / PR Seen:	Consistent?: Yes or No	)	L/Bal.	P. 1	mm	L/Bal.	mm
Est. Repairs:	days Res.: Yes or N	0	D.O.A. /S	78/21		D.O.I. 20/	19/21
Lum Sum:	% 3 Val.: Yes or N		Survey held	at			
CA / REV / REP. /	24 HRS	196N	Des. of Dam	ages: Frt / Re	ear I OIS I	N/S / U/C / Roof	top or
Date: Per	rson Contacted: L7A#7	cle: IN/OUT	The U/C	/ Chassis fran	me / Body S	Structure affected	due to collision.
Date / Time Action /	Instruction	20110					
	e Video at folder						
1000	) 1120 1(1000						`
Date/Time, File Pass to?	: Preli. Report	1	Days Of Re	pair:			
1)	: Final Report	1	Resurvey N	lo. of Trip:		Survey Fee:	
Date/Time, File Return to?						Transportation:	
2)		Add Fee	: Site	Insp (\$		)S+RS,SI	
			: Inte	rview (\$		) Photos	
Report Format :			: Tec	h. Invs (\$		) Others	
Lump Sum / I.B.I: (\$	)		: We	ekend (\$		)	
*						TOTAL	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
   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

16/09/2021 11:05 (SGT) 15/09/2021 14:50 (SGT) AYE, Singapore **TOWARDS TUAS** Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBL2109X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No Alternative Phone No

GOLDBELL LEASING PTE LTD

1XXXXX196N

isaacngcl@gbl.com.sg (Phone) +65-86863151

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 Transmission

CC

(Office) +65-64942897

Employment

Nissan

Nv200

No - Claiming third party Commercial vehicle

Manual 1598

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

MS First Capital Insurance Ltd

ThirdParty Yes

D-21097582MFCV

DRIVER

Name of Driver Passport No/FIN NARAYANASAMY SENTHIL KUMAR GXXXX127L

Accident report SA0G219G0001

Page 1 of 16

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

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 vehicle 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

ON THE 15/09/2021 AT AROUND 1450HRS, I VEHICLE A(GBL2109X) WAS TRAVELLING ALONG AYE TOWARDS TUAS AT AROUND 15KM/HR AS TRAFFIC WAS CONGESTED AND I WAS COMING TO A STOP. SUDDENLY I FELT A LIGHT THUD ON MY REAR AND REALIZED VEHICLE B(GBC9827H) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

28/05/1983

09/01/2012

9 YEARS AND 8 MONTHS

(Phone) +65-86863151

isaacngcl@gbl.com.sq

Collision - Head to Rear

509 WOODLANDS DRIVE 14 #10-11

Outdoor

730509

No

No

Hirer

Clear

Dry

No

2

No

Yes

No

No

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 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver NRIC No

GBC9827H

Commercial vehicle

WONG KWONG WENG PATRICK

SXXXX004I

Describe Circumstances of the Accident

ON THE 15/09/2021 AT AROUND 1450HRS, I VEHICLE A(GBL2109X) WAS TRAVELLING ALONG AYE TOWARDS TUAS AT AROUND 15KM/HR AS TRAFFIC WAS CONGESTED AND I WAS COMING TO A STOP. SUDDENLY I FELT A LIGHT THUD ON MY REAR AND REALISED VEHICLE B(GBC9827H) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME

## Declaration

Δ.

Policyholder's Signature / Date &

Witnessed by Reporting Centre Personnel Dahman

## > Back to OneMotoring

quire PARF/COE Rebate for Registered Vehicle	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
- There owner Particulars						
Owner ID T <b>ype:</b> Owner <b>ID</b> :	Company					
Vehicle Details	196N					
Vehicle No.:						
	GBL2109X No					
Vehicle to be Exported:						
ntended Deregistration Date:	17 Sep 2021					
Vehicle Make:	NISSAN NV200 1.6 (A) PETROL					
Vehicle Model:						
Primary Colour:	White					
Manufacturing Year:	2020					
Engine No.:	HR16177873D					
Chassis No.:	JN1YAAM20Z0001370					
Maximum Power Output:	JN17AAM2020001370					
Open Market Value:	\$18,459,00					
Original Registration Date:						
First Registration Date:	07 Apr 2021					
Transfer Count:	07 Apr 2021					
Actual ARF Paid:	0					
Intended PARF Rebate Details	\$923.00					
PARF Eligibility:	No					
PARF Eligibility Expiry Date:	INC					
PARF Rebate Amount:	\$0.00					
Intended COE Rebate Details	<b>\$0.00</b>					
COE Expiry Date:	06 Apr 2031					
COE Category:	C - Goods Vehicle & Bus					
COE Period(Years):	10					

The information contained herein is correct as at 17 Sep 2021

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

ОК

\$27,329.00

\$26,110.00

\$26,110.00

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

GBC9827H

Date of Accident

15/09/2021

Reset

## % RESULT & RECEIPT

## **TP Insurer Enquiry**

Payment details
Request Amount: \$\$1.87
GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association Records Management Centre

GST Registration No: M400017735

Login Sign up

SGCARMART.COM

