



Date	29/9/2021
Vehicle	GBJ 4708Z
Make/Model	NISSAN NV350
Chassis No.	JN1MC2E26Z0030947

S/Nett Items				
1	FRONT WIPER PANEL GARNISH CLIPS	1	120	\$ 120.00
2	FRONT PANEL SEALANT / MGC	1	120	\$ 120.00

3	FRONT GRILLE CLIPS	1	120	\$	120.00
4	FRONT BUMPER CLIP	1	120	\$	120.00
5	FRONT AIR CON GAS	1	120	\$	120.00
Total					\$ 600.00

22
22

LABOUR					
1	PANEL BEATING ON AFFECTED AREAS	1	1200	\$	1,200.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1000	\$	1,000.00
3	TO RNR FRONT WINDSCREEN	1	400	\$	400.00
4	TO CHECK WIRING AND HEADLAMP FOCUS	1	120	\$	120.00
5	TO RNR FRONT AIR CON CONDENSOR AND TOP UP GAS	1	120	\$	120.00
6	TO RNR FRONT RADIATOR	1	120	\$	120.00
7	TO PERFORM RUST PROOFING	1	120	\$	120.00
8	TO RNR HORN AND TEST FUNCTION	1	80	\$	80.00
Total Labour					\$ 3,160.00
Parts Replacement Amount					\$ 10,911.30
Total Amount					\$ 14,071.30

600
400
200/20
30
?
?
60
X NV

5 Days.

4/9

After repair photos.

Came @ 10p

30/9/21

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 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	29/09/2021 11:50 (SGT)
Date of Accident	28/09/2021 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4078Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLIMATEC CORP PTE LTD
Company Reg No	201108302D
Email Address	ELISAONG@CLIMATECSYS.COM
Mobile Phone No	(Phone) +65-96857694
Alternative Phone No	(Office) +65-66388913

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	2500

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	HOSAN MOHAMMAD ANWAR
Passport No/FIN	G2207746K

Date Of Birth	01/01/1991
Occupation	Outdoor
Date Of Driving Pass	29/11/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86709012
Alt. Phone Number	-
Email Address	ELISAONG@CLIMATECSYS.COM
Address	15 SIMON ROAD #02-00
Address complement	-
Postcode	545900
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MANNAN ABDUL
Gender	Male

PASSENGER 2

Name	RAHMAN MAHBUBUR
Gender	Male

PASSENGER 3

Name	RAHMAN MAHBUBUR
Gender	Male

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

VEHICLE (B) SUDDENLY REVERSED COLLIDED ONTO VEHICLE (A) AND REFER TO 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	XD2269Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GA 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

Amwar

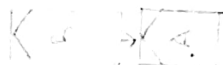
Driver's Signature (If driver is not the policyholder) / Date & Time

CONFIDENTIAL INFORMATION
EXTERNAL DISCLOSURE
NAME & SIGNATURE
DESIGNATION
Witnessed by Reporting Centre Personnel

Tuas South Ave 1d

(A) 6814078Z

(B) XD2269Z/IRAA311A



Describe Circumstances of the Accident

On 23.09.2021 at about 10.35hrs I was travelling along
 Tins South Ave 12. The vehicle x022692/TRA9311A in front of me
 stop & I follow it. Suddenly x022692/TRA9311A reversed &
 collided into my vehicle front portion. My vehicle was dropped
 by vehicle B approximately from 0.9m - 1km

Declaration

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



Policyholder's Signature, Date & Time

Anwar

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

CONFORTBELGAS - BEL 2020
 EXTERNAL BUSINESS UNIT
 NAME & SIGNATURE
 DESIGNATION: Date

Witnessed by Reporting Centre
 Person(s)