

ASS. REC. BY: PKM

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBG 52342
at Workshop m/s MILLION AUTO
of NO. 1, PENANGKAP PLATE #01-12
Insured: 111

Policy No. _____

Claims No. _____

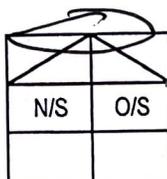
Sum Insured: _____ Excess: 2000

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 45K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBG 52342 Yr Regn: 2017 / AUG

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

Truck / Trailer or _____

Make: NISSAN NV200 1.5MT c.c 1461

Colour: GREY A/C: Insured / Std / NI / NA

Sp. Reading: 133789 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM2020146420

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: NT / S/Rim / STD A/Rim or _____

Tyre Size: F: 175/70R14

R: _____

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

TOYO / YOKO or TRIANLE

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 29/10/21 D.O.I. 02/11/21

Survey held at MILLION AUTO

Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
Repair limit - 20K

LUMP SUM \$4400, 5DAYS

RED:8115.1;64%

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Date/Time, File Return to? _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

) S + RS, SI

) Photos

) Others

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

TOTAL

Empty box for additional notes or calculations.

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 01/11/2021 18:38 (SGT)
Date of Accident 29/10/2021 14:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information Junction of Yishun Ave 7 & Yishun Ave 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG5234Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Million Auto Service
Company Reg No 31741300K
Email Address grace@millionauto.com
Mobile Phone No (Phone) +65-92479568
Alternative Phone No +65-92479568

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 1461

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D20MFL0002382_01
Cover Note Number -

DRIVER

Name of Driver Rengasamy Sivasankar
NRIC No S7762147D

Date Of Birth	30/06/1977
Occupation	Outdoor
Date Of Driving Pass	28/08/2004
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92479568
Alt. Phone Number	-
Email Address	grace@millionauto.com
Address	Blk 626 Yishun Street 61, #03-101
Address complement	-
Postcode	760626
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

Refer to attached 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	SLZ4962T
Vehicle Manufacturer	Mercedes
Vehicle Model	E250
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Phua Ming Hong
NRIC No	S9018113J
Contact Number	(Phone) +65-91129916
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.



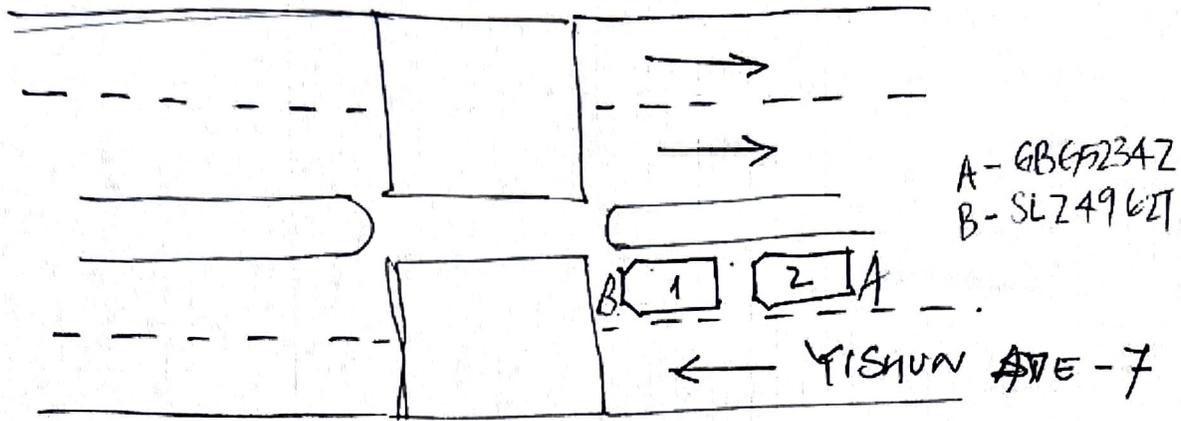
Policyholder's Signature
Date & Time:

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

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

please note that you might be able to submit an EP claim under your own policy within 4 days
 claim @ MAM (EP) claim @ MAM (TP)
 claim @ TP at other workshop claim @ MAM (TP) claim @ MAM (TP)
 million Auto Service

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

→ YISHUN AVE 6

CAR-1 SLZ 4962T OTHER PARTY
 CAR-2 GBG5234Z MY VEHICLE

WHEN I AM DRIVING ALONG YISHUN AVE-7
 JUNCTION OF YISHUN AVE 6 CAR-1 (SLZ4962T)
 SUDDENLY STOP, BY THE TIME AM BREAK
 MY VAN, BUT ITS UNABLE TO STOP ON TIME

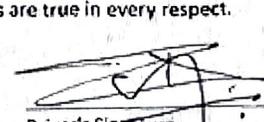
DECLARATION

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

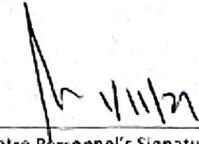
Policyholder's Signature
 Date & Time:



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

 01/11/21

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

 1/11/21

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	300K
Vehicle No.:	GBG5234Z
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Nov 2021
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	K9KC400D057445
Chassis No.:	VSKYBAM20Z0146420
Maximum Power Output:	-
Open Market Value:	\$20,119.00
Original Registration Date:	29 Aug 2017
First Registration Date:	29 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$1,006.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	28 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,809.00
COE Rebate Amount:	\$24,902.00
Total Rebate Amount:	\$24,902.00

The information contained herein is correct as at 03 Nov 2021.

OK

Nissan NV200 1.5M

[Overview](#)

[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)

ABWIN 論煙

YOUR FIRST CHOICE AUTOMOTIVE SERVICE PROVIDER



Price	\$45,800	Lifespan	17-Aug-2037
Depreciation	\$7,910 /yr View models with similar depre	Reg Date	18-Aug-2017 (5yrs 9mths 14days COE left)
Mileage	N.A.	Manufactured	2017
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$23,279 as of today (change)	Fuel Type	Diesel
COE	\$40,212	OMV	\$20,115
Engine Cap	1,461 cc	ARF	\$1,006
Curb Weight	1,260 kg	No. of Owners	1