

ASS. REQ. BY: Steve

CS/III21011486/Euf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OR TYP/WS/TPR/RR/OD/RES/EVA/INV/MV

To inspect Vehicle No: GBE 7405U

at Workshop m/s

Insured:

Policy No. D19MFL0005549_02

Claims No. MFL2021D0004841

Sum Insured:

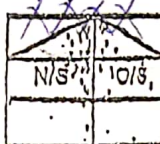
Excess: \$1500

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IOAO Accident Report Consistent? Yes or No

GA / PR Seen Consistent? Yes or No

Est. Repair: 5 days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date: Person Contacted:

Veh No:

GBE 7405U

Yr Regn: 14/3/16

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

Truck / Tractor or

Make: Nissan NV200

CB 1461

Colour: White

A/O: Insured / St / NI / N

Sp. Reading

N/A

T/Radio: Insured / St / NI / N

Eng/No:

Ch/No: VSKYBAM 102012/10/13

Gen. Cond: Good / Fair / Poor / Bught

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / 3/Rim / 3/20 A/Rim or

Tyre Size:

P:

R:

185/60R15

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

TOYO / YOKO or

Front

Rear

R/Bal: 5 mm

R/Bal: 5 mm

L/Bal: 5 mm

L/Bal: 5 mm

D.O.A. 3/11/21

O/O: 9/11/21

Survey held at

Efficient motor

Des. of Damages: FR Rear / O/S / H/S / UIC / Roof/ or

The V/O of chassis frame / Body structure affected due to collision

Date / Time Action / Instruction

MV-3JK

11512

Confirmed L/S \$8000, 5 repair days

(RED \$3512; 34%)

Meeting, File, Receipts

☐

Final Report

14/12 TYPIST

☐

Final Report

Meeting, File, Receipts

Days Of Repair: 5

Resurvey No. of Trips: 1

Survey Fee

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Vehicle Insp (\$

Survey Fee

Transportation

Site Insp

Interview

Tech. Insp

Vehicle Insp

TOTAL

Workshop:

MER-OD

Workshop:

\$8000

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

37 LOYANG WAY, SINGAPORE 508734

VEHICLE NO : GBE7405U
MAKE & MODEL : NISSAN NV200
CHASSIS NO : VSKYBAM20Z0122023

DATE: 9 Nov 2021
CLAIM TYPE : OD CLAIM
D.O.A: 3 Nov 2021

TO : INDIA INTERNATIONAL INSURANCE

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT LIST PRICE	TOTAL LIST PRICE
1	1	FRONT BUMPER / GR		\$ 280.00	\$ 280.00
2	2	FRONT BUMPER LH / RH / GR		\$ 150.00	\$ 300.00
3	1	FRONT BUMPER SPONGE / GR		\$ 135.00	\$ 135.00
4	1	FRONT REINFORCEMENT / GR		\$ 350.00	\$ 350.00
5	2	FRONT BUMPER SIDE RETAINER LH / RH / GR		\$ 20.00	\$ 40.00
6	1	FRONT TOW COVER / MIS		\$ 20.00	\$ 20.00
7	1	BONNET / GR		\$ 450.00	\$ 450.00
8	1	BONNET LOCK / BT		\$ 45.00	\$ 45.00
9	2	BONNET HINGES LH / RH / X		\$ 35.00	\$ 70.00
10	1	FRONT GRILLE / GR		\$ 210.00	\$ 210.00
11	1	FRONT GRILLE LOWER MOULDING / GR		\$ 100.00	\$ 100.00
12	2	HEADLAMP ASSY LH / RH / GR		\$ 230.00	\$ 460.00
13	1	FRONT SUPPORT PANEL UPPER / GR		\$ 400.00	\$ 400.00
14	2	FRONT SUPPORT PANEL UPPER LH / RH / OP		\$ 60.00	\$ 120.00
15	2	RADIATOR AIR GUIDE UPPER LH / RH / CRU		\$ 45.00	\$ 90.00
16	2	RADIATOR AIR GUIDE LOWER LH / RH / CRU		\$ 45.00	\$ 90.00
17	1	RADIATOR / GR		\$ 430.00	\$ 430.00
18	1	CONDENSER / DO		\$ 430.00	\$ 430.00
19	1	RADIATOR FAN ASSY / GR		\$ 450.00	\$ 450.00
20	1	RADIATOR FAN COWLING / GR		\$ 130.00	\$ 130.00
21	1	RADIATOR SPARE TANK / CRU		\$ 85.00	\$ 85.00
22	1	INTERCOOLER / GR		\$ 1,100.00	\$ 1,100.00
23	1	AIR CON LIQUID PIPE / BT		\$ 250.00	\$ 250.00
24	1	AIR CON DISCHARGE PIPE / BT		\$ 350.00	\$ 350.00
25	1	AIR CON SUCTION PIPE / X		\$ 200.00	\$ 200.00
26	1	AIR INTAKE AIR DUCT / GR		\$ 115.00	\$ 115.00
27	1	AIR DUCT / X		\$ 75.00	\$ 75.00
28	1	INTERCOOLER AIR INLET HOSE LH / CRU		\$ 140.00	\$ 140.00
29	1	INTERCOOLER AIR INLET HOSE RH / CRU		\$ 140.00	\$ 140.00
				\$ 6,470.00	\$ 7,055.00

TOTAL PRICE	\$ 7,055.00
COST PLUS 10%	\$ 705.50
SUB TOTAL PRICE	\$ 7,760.50

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	1	FRONT BUMPER CLIPS / MK		\$ 50.00	\$ 50 50.00
2	1	FRONT GRILLE CLIPS / MK		\$ 50.00	\$ 50 50.00
3	1	FRONT NUMBER PLATE / MK		\$ 45.00	\$ 45 45.00
4	1	COOLANT / MK		\$ 50.00	\$ 50 50.00
5	1	TOWING FEE / MK		\$ 70.00	\$ 70 70.00

TOTAL S/NETT	\$	265.00	\$	265.00
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Labour Charges

1	To cut & weld on support panel. To panel beat and straighten damaged panels	\$ 1,500.00	900
2	To putty and spray paint front damaged parts	\$ 1,000.00	600
3	To check and rectify wiring	\$ 50.00	30
4	To remove and replace radiator, condenser and to vacuum and top up air con gas	\$ 150.00	50

TOTAL LABOUR	\$	2,700.00
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Total Cost of Repairs

\$	10,725.50
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(Total parts + Total S/Nett + Total Labour Cost)

Steve (LKK)
9/11/21, 11.00am

00-121 1L
Excar - ?
PIP
by BL by
5 1/2

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 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. 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	04/11/2021 00:07 (SGT)
Date of Accident	03/11/2021 17:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7405U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No	2XXXXX635R
Email Address	ppemclaims@gmail.com
Mobile Phone No	(Phone) +65-80372102
Alternative Phone No	(Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200
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?	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	D19MFL0005549_02
Cover Note Number	-

DRIVER

Name of Driver	MIAH MOHAMMAD PERVEZ
Work Permit No	GXXXX240X

Date Of Birth 02/02/1989
 Occupation Outdoor
 Date Of Driving Pass 11/06/2019
 Driving experience 2 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-80372102
 Alt. Phone Number -
 Email Address ppemclaims@gmail.com
 Address 28 TOH GUAN ROAD EAST
 Address complement #04-07
 Postcode 608596
 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 Raining
 Road Surface Wet

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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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 PASSENGER
 Gender Male

PASSENGER 2

Name PASSENGER
 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

ON 03/11/2021 AT AROUND 1730HRS I WAS DRIVING MY VEHICLE A GBE7405U ALONG PIE TOWARDS TUAS BEFORE ENG NEO EXIT. VEHICLE B SDM97E MADE AN EMERGENCY BRAKE AND I WAS UNABLE TO STOP MY VEHICLE ON TIME AND REAR ENDED VEHICLE B. THERE WAS DAMAGES TO THE FRONTAL PORTION OF MY VEHICLE.

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	SDM97E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MS NG
Contact Number	(Phone) +65-83238368
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MS NG
Gender	Female
Phone No	(Phone) +65-83238368
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDM97E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.
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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/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.

[Signature]

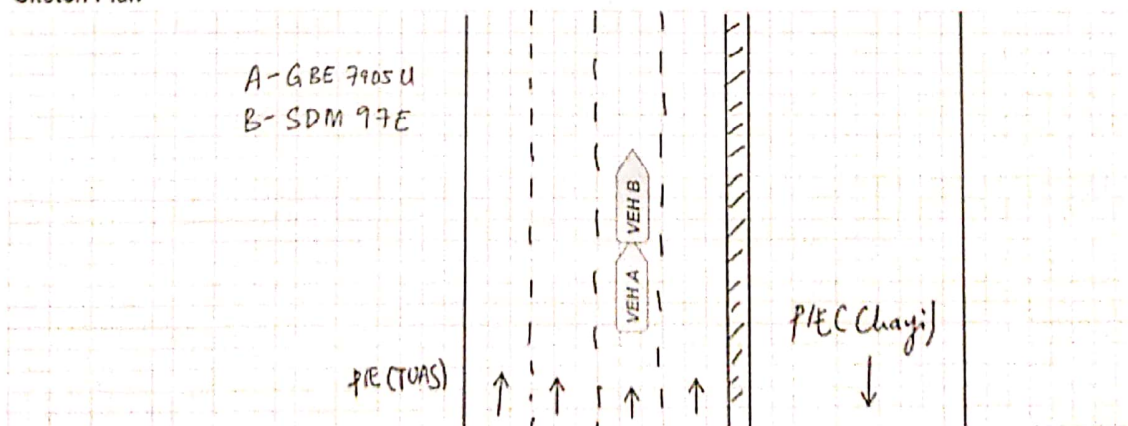
[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 3/11/21 1905

Witnessed by Reporting Centre Personnel KHAIRUL

Sketch Plan



Describe Circumstances of the Accident

ON 03/11/2021 AT AROUND 1730HRS I WAS DRIVING MY VEHICLE A GBE7405U ALONG PIE TOWARDS TUAS BEFORE ENG NEO EXIT. VEHICLE B SDM97E MADE AN EMERGENCY BRAKE AND I WAS UNABLE TO STOP MY VEHICLE ON TIME AND REAR ENDED VEHICLE B. THERE WAS DAMAGES TO THE FRONTAL PORTION OF MY VEHICLE.

Declaration

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

pm

Be

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 3/11/21 1905

Witnessed by Reporting Centre Personnel Kiplan