

(08/11/13) wef

ASS. REC. BY: JS

REF:

CS/EH121011529/R19f3

4132

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

REPAIR LIMIT - 159K

23/11/21 @ 10.23am revised to ERGO via Merimen.

Rasul finalised LS \$4200, 3 days. (Red \$5652, 57%)

Veh No:

GBH 6966

Yr Regn:

2011 / MAY

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

Truck / Trailer or

LAND ROVER

Make:

LAND ROVER / DEFENDER 90 2.2m c.c 2198

Colour

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

25863

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SALLDWNP76A 489094

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

235/85R16

R:

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

TOYO / YOKO or

CONTINENTAL

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

08/11/21

D.O.I.

15/11/21

Survey held at

KIAN TEONG

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, File Pass to?

☐

: Preli. Report

1) 26/05 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

TP

Lump Sum

4200

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	09/11/2021 20:36 (SGT)
Date of Accident	08/11/2021 21:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 9 SLIP RD TO TAMPINES AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG696G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	INTEGRATED SIGN TECHNOLOGY PTE LTD
Company Reg No	2XXXXXX413Z
Email Address	nicholas-ly@hotmail.com
Mobile Phone No	(Phone) +65-90696092
Alternative Phone No	(Office) +65-63830990

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Defender
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	Goods vehicle
Transmission	Manual
CC	2200

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MCV0002264_02
Cover Note Number	-

DRIVER

Name of Driver	LIM LI YANG NICHOLAS
NRIC No	SXXXX306D

Date Of Birth	02/05/1994
Occupation	Indoor
Date Of Driving Pass	18/12/2012
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90696092
Alt. Phone Number	-
Email Address	nicholas-ily@hotmail.com
Address	APT BLK 114B ALKAFF CRESCENT #09-34
Address complement	-
Postcode	342114
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG SHU YEN, REGGINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON MENTIONED DATE AND TIME, I WAS DRIVING ALONG TAMPINES AVE 9 HEADING TO TAMPINES AVE 6. I STOPPED MY VEHICLE TO GIVE WAY TO VEHICLE FROM THE RH HAND SIDE. WHILE WAITING, VEHICLE 'B' CRASHED AGAINST MY VEHICLE. THE IMPACT WAS SO GREAT AND MY VEHICLE REAR SECTION BADLY DAMAGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3321T
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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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM LI YANG NICHOLAS
Gender	Male
Phone No	(Phone) +65-90696092
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG SHU YEN, REGGINA
Gender	Female
Phone No	(Phone) +65-84849386
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
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.
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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.

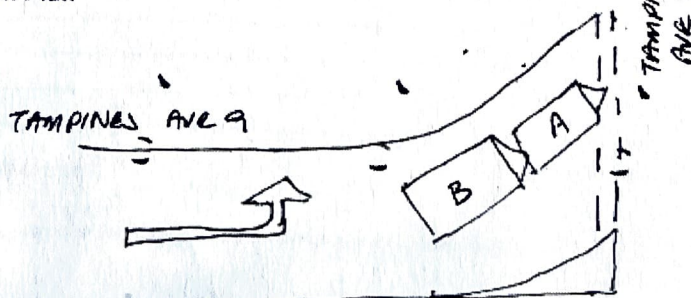
Nickolas

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: QBG 696 G.

B: YQ 3321 T.

Describe Circumstances of the Accident

ON mentioned date and time, I was driving along
 TAMPINES AVE 9 HEADING TO TAMPINES AVE 6.
 I STOPPED MY VEHICLE TO GIVE WAY TO VEHICLES FROM THE RH
 HAND SIDE.
 WHILE WAITING, VEHICLE 'B' CRASHED AGAINST MY VEHICLE.
 THE IMPACT WAS SO GREAT AND MY VEHICLE'S REAR SECTION
 BADLY DAMAGED.

Declaration

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

Nicholas
 Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	413Z
Vehicle No.:	GBG696G
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2021
Vehicle Make:	LAND ROVER
Vehicle Model:	DEFENDER 90 2.2 M
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	151011073750DT224
Chassis No.:	SALLDWNP7GA489094
Maximum Power Output:	-
Open Market Value:	\$48,242.00
Original Registration Date:	26 May 2017
First Registration Date:	26 May 2017
Transfer Count:	0
Actual ARF Paid:	\$2,413.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	25 May 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$30,600.00
COE Rebate Amount:	\$16,904.00
Total Rebate Amount:	\$16,904.00

The information contained herein is correct as at 16 Nov 2021

OK

Land Rover Defender 90 Hardtop

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$165,800	Lifespan ?	05-Jan-2037
Depreciation ?	\$32,260 /yr View models with similar depre	Reg Date	06-Jan-2017 (5yrs 1mth 20days COE left)
Mileage	55,000 km (11.3k /yr)	Manufactured ?	2015
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$24,363 as of today (change)	Fuel Type	Diesel
COE ?	\$47,401	OMV ?	\$61,684
Engine Cap	2,198 cc	ARF ?	\$3,085
Curb Weight ?	1,700 kg	No. of Owners ?	2
Type of Vehicle	Truck		