

ASS. REC. BY:

REF:

GAZ/ 210116081K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / 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: _____

days

Res.: Yes or No

Lum Sum: _____

1.21 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: _____

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

Truck / Trailer or _____

Make: _____

Colour: _____

Sp. Reading: _____

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: MII / S/Rim / STD A/Rim or

Tyre Size: _____

F: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

29/10/21

Rear

R/Bal. _____

mm

L/Bal. _____

mm

D.O.I. _____

7/7/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S - RS. SI

Fees

Others

TOTAL

Report Format :

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

金興(興)汽車私人有限公司
K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Not within
Puhmay B4 pan
Ex @ 700
5 days

Your Reference : MOMVC000008008-02-000
Accident Date : 29-Oct-2021

No. : 32082

Date : 14-Nov-2021

Our Ref : 021474 / MH

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GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVE #16-01
CENTENNIAL TOWER
Singapore 039190

ESTIMATED COST OF REPAIR FOR NISSAN NV350 PANEL VAN 2.5 GBJ6754S

1 pc LH front mudflap		105.00	c X
1 pc LH sliding door		850.00	c ✓
1 pc LH sliding door weatherstrip		130.00	c X
1 pc LH rear rim cover		125.00	c X
1 pc rear bumper		310.00	c X
1 pc LH rear bumper side retainer		20.00	c X
10 pcs rear bumper clips	@ S\$ 2.00	20.00	c X
1 pc LH rear mudflap		115.00	c X
		1,675.00	
	Add 10% :	167.50	
		1,842.50	

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

500
750.00

To conduct rear wheel alignment
test.

100.00 X

To putty and respray on affected
portions.

1,000.00 800

Singapore Dollars THREE THOUSAND
NINETY TWO AND CENTS FIFTY Only

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 "Without Prejudice" basis
- No illegal modifications are allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Total :
S\$ 3,692.50

Acknowledged by Repairer
Signature:
Date:

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 15:18 (SGT)
Date of Accident	29/10/2021 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON NORTH AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6754S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STRIVE ENGINEERING PTE LTD
Company Reg No	1XXXXX950G
Email Address	STRIVECSC@GMAIL.COM
Mobile Phone No	(Phone) +65-97348357
Alternative Phone No	(Home) +65-97348357

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	0

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MOMVC000008008-02-000
Cover Note Number	-

DRIVER

Name of Driver	CHUA SOEK CHON
NRIC No	SXXXX627H

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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.



Policyholder's Signature / Date & Time

[Signature]

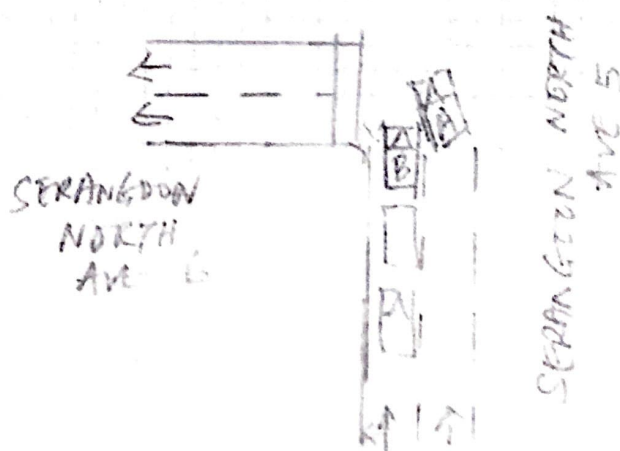
[Signature] 30/10 @ 1245pm

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBT 6754S
B: SLP 111 L