

ASS. REG. BY:

Steve

03/11/2011/929/UF3

ASSIGNMENT

From:

Date:

Estimated Cost:

On TP/WR/TPR/OD-RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop no:

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Rel. or Material Values:

IOAC Accident Report

Consistent? : Yes or No

RIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

days

Rep.: Yes or No

Sum Sum:

%

3 Vol.: Yes or No

GA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date: Person Contacted:

Date / Time Action / Instruction

MV-205

Surveyor, FDR, Resurvey

☐ Prelim. Report  
☐ Final Report

Surveyor, FDR, Resurvey

Surveyor, FDR, Resurvey

Surveyor, FDR, Resurvey

Veh No:

GRK 3085D

Yr Regn:

30/3/20

Type: M. Car / M. Cycle / BUS (Van / Lorry / H. Taxi / Prime Mover)

Truck / Trailer or

Make:

Nissan NV350

CR

24.88

Colour:

White

AVC: Insured / Std / NI / N

Sp. Reading

60385

Y/R. Acc: Insured / Std / NI / N

Eng. No:

JNIMCZEE620036087

Chassis

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop. / Jammed / Locked / Burnt or

Brakes: Inop. / Jammed / Locked / Burnt or

Mod: H / S / Rim / STD / Air / or

Tyre Size:

195R15C

RI

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

TOYO / YOKO or

TRIANGLE

Front

R/Rat.

4 mm

Rat.

4

U/Rat.

4 mm

U/Rat.

4

D.O.A.

20/11/21

D.O.A.

25/11/21

Survey held at

Efficient Motor

Dist. of Damages: Pri

Rear / C/S / H/S / VIC / Reg. Rep. or

The R/C / CHASSIS frame / Body structure affected due to collision

Days Of Repair:

Resurvey No. of Trips

Survey Fee

Transportation

3.00

Breaks

Others

total

Add Fee:

☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Inve (\$

☐ Weekend (\$

# EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

37 LOYANG WAY, SINGAPORE 508734

VEHICLE NO : GBK3085D

MAKE & MODEL : NISSAN NV350 PANEL VAN 5DR 2.5 5AT

CHASSIS NO : JN1MC2E26Z0032087

DATE:

25 Nov 2021

CLAIM TYPE :

OD CLAIM

D.O.A:

20 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 / BR		\$ 280.00	\$ 280.00
2	2	FRONT BUMPER SIDE RETAINER LH/RH / BR		\$ 75.00	\$ 150.00
3	1	FRONT BUMPER CENTER GRILLE / BR		\$ 380.00	\$ 380.00
4	1	FRONT BUMPER REINFORCEMENT ?		\$ 350.00	\$ 350.00
5	1	FRONT BUMPER CENTRE BEAM ?		\$ 95.00	\$ 95.00
6	2	FRONT REINFORCEMENT BRKT LH/RH ?		\$ 50.00	\$ 100.00
7	1	AIR GUIDE LOWER ?		\$ 48.00	\$ 48.00
8	1	FRONT GRILLE / BR		\$ 400.00	\$ 400.00
9	1	FRONT GRILLE LOGO / MIS		\$ 50.00	\$ 50.00
10	2	HEADLAMP UNIT (LH/RH) / BR		\$ 195.00	\$ 390.00
11	1	FRONT PANEL / DO		\$ 650.00	\$ 650.00
12	1	FRONT PANEL LOWER CENTER / DO		\$ 75.00	\$ 75.00
13	1	AUTO TRANSMISSION COOLER PIPE ?		\$ 560.00	\$ 560.00
14	1	AIR BAG SENSOR CENTRE ?		\$ 380.00	\$ 380.00
15	1	OIL COOLER / DO		\$ 580.00	\$ 580.00
16	1	OIL COOLER GARNISH / BR		\$ 135.00	\$ 135.00
17	1	WIPER MOTOR ?		\$ 165.00	\$ 165.00
18	1	WIPER LINK ASSY ?		\$ 220.00	\$ 220.00
19	1	AIR CON BLOWER MOTOR ASSY ?		\$ 600.00	\$ 600.00
20	1	HEATER UNIT ASSY ?		\$ 1,800.00	\$ 1,800.00
21	1	RADIATOR ?		\$ 650.00	\$ 650.00
22	1	RADIATOR FAN BLADE ?		\$ 250.00	\$ 250.00
23	1	RADIATOR FAN COWLING ?		\$ 150.00	\$ 150.00
24	1	CONDENSER & FAN ASSY ?		\$ 1,000.00	\$ 1,000.00
25	1	AIR CON LIQUID PIPE / CR4		\$ 320.00	\$ 320.00
26	1	FRONT WINDSCREEN GLASS MOULDING / MC		\$ 50.00	\$ 50.00
27	1	WIPER PANEL COVER / CR4		\$ 180.00	\$ 180.00
28	1	DASHBOARD ?		\$ 700.00	\$ 700.00
29	1	DASHBOARD REINFORCEMENT ?		\$ 400.00	\$ 400.00
30	1	TOWING COVER / CR4		\$ 20.00	\$ 20.00
31	1	ABS PUMP ?		\$ 1,800.00	\$ 1,800.00
32	4	ABS PUMP PIPE ?		\$ 95.00	\$ 380.00
33	1	HEATER HOSE INLET ?		\$ 70.00	\$ 70.00
34	1	HEATER HOSE OUTLET ?		\$ 70.00	\$ 70.00
35	1	AIR CON SUCTION HOSE ?		\$ 220.00	\$ 220.00
36	1	AIR CON DISCHARGE HOSE ?		\$ 250.00	\$ 250.00
37	2	FRONT FOG LAMP GARNISH (LH/RH) / CR4		\$ 65.00	\$ 130.00
38	1	DRIER RECEIVER ?		\$ 250.00	\$ 250.00
39	0	FRONT RH Corner panel / DO		\$ 200	\$ 200
40	0			\$ -	\$ -
				\$ 13,628.00	\$ 14,103.00

TOTAL PRICE	\$ 14,103.00
PLUS 10%	\$ 1,410.30
SUB TOTAL PRICE	\$ 15,513.30



S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	1	FRONT BUMPER CLIPS SET ✓ <i>nee</i>		\$ 50.00	\$ 30 50.00
2	1	FRONT GRILLE CLIPS SET ✓ <i>nee</i>		\$ 50.00	\$ 15 50.00
3	1	TOWING FEE ✓ <i>nee</i>		\$ 70.00	\$ 60 70.00
4	2	BRAKE FLUID ✓ <i>nee</i>		\$ 50.00	\$ 70 100.00
5	1	WINDSCREEN SEALANT ✓ <i>nee</i>		\$ 80.00	\$ 40 80.00
6	1	WINDSCREEN INNER SEAL ✓ <i>nee</i>		\$ 30.00	\$ 30.00
7	1	WINDSCREEN IU BRACKET ✓ <i>nee</i>		\$ 20.00	\$ 20.00
8	1	TRANSMISSION FLUID ✓ <i>nee</i>		\$ 80.00	\$ 30 80.00
9	1	COOLANT ✓ <i>nee</i>		\$ 50.00	\$ 70 50.00
TOTAL S/NETT				\$ 480.00	\$ 530.00

#### Labour Charges

1	To cut & weld on damaged front panels and to replace front damaged parts	\$ 2,000.00	1000
2	To remove and refit front windscreen to facilitate repairs	\$ 150.00	120
3	To remove and refit front dashboard to facilitate repairs <i>(photo)</i>	\$ 250.00	200
4	To check and rectify lightng and wire harness	\$ 80.00	30
5	To spray paint front panel, front bumper, front corner panel and affected areas	\$ 2,000.00	900
6	To conduct diagnostic scan and reset fault code	\$ 150.00	7
7			
8			
9			
9			
10			

TOTAL LABOUR

\$ 4,630.00

Total Cost of Repairs

\$ 20,673.30

(Total parts + Total S/Nett + Total Labour Cost)

*Stene (LKK)*  
*25/11/21, 10:30am*

*ON-MAL*  
*Excess - ?*

*L/S*

*My AL sy*  
*8 djs*

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
- The third party survey is for reference only

\* The third party survey is for reference only and is subject to the surveyor's discretion and the survey company

Acknowledged by Repairer

Signature:

## 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	20/11/2021 11:53 (SGT)
Date of Accident	20/11/2021 08:00 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3085D
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#### 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) +65-82201341
Alternative Phone No	(Office) +65-62840827

#### 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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

#### 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	SATHIYANATHAN S/O SEGARAN
NRIC No	SXXXX140Z

Date Of Birth	30/08/1977
Occupation	Outdoor
Date Of Driving Pass	07/09/2001
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82201341
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 233C SUMANG LANE #02-309
Address complement	-
Postcode	823233
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?	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

ON THE 20/11/2021 AT ABOUT 0800 HOURS, I WAS DRIVING VEHICLE A (GBK3085D) TURNING ON A SLIP ROAD FROM TOH GUAN ROAD INTO TOH GUAN ROAD EAST WHEN VEHICLE B (GBB9670Y) STOPPED SUDDENLY CROSSING THE STOP LINE AND I WAS CHECKING MY RIGHT BLIND SPOT. I WAS UNABLE TO BRAKE IN TIME WHEN I LOOKED TO THE FRONT AFTER CHECKING AND REAR ENDED VEHICLE B. NOBODY WAS INJURED.

#### 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	GBB9670Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-82620592

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



SKETCH PLANIMPORTANT NOTICE

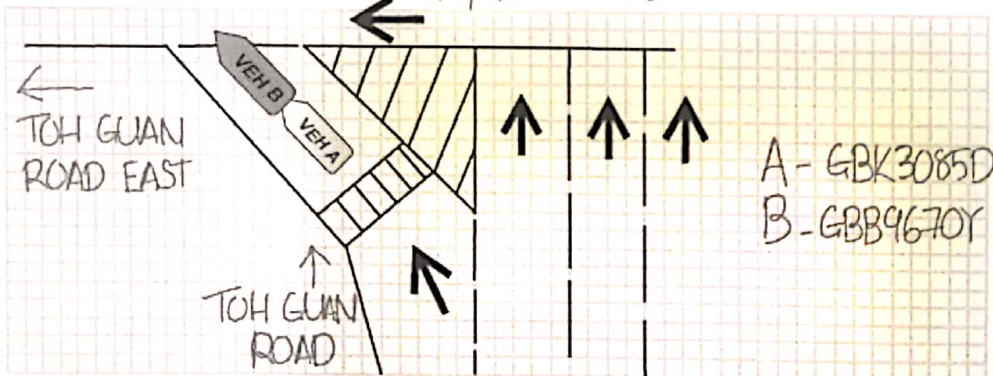
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

ON THE 20/11/2021 AT ABOUT 0800 HOURS, I WAS DRIVING VEHICLE A (GBK3085D) TURNING ON A SLIP ROAD FROM TOH GUAN ROAD INTO TOH GUAN ROAD EAST WHEN VEHICLE B (GBB9670Y) STOPPED SUDDENLY CROSSING THE STOP LINE AND I WAS CHECKING MY RIGHT BLIND SPOT. I WAS UNABLE TO BRAKE IN TIME WHEN I LOOKED TO THE FRONT AFTER CHECKING AND REAR ENDED VEHICLE B. NOBODY WAS INJURED.

## 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

20/11/21 0936

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel