

ASS. REC. BY:

REF:

TV / 210120451

Kenneth

## 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. \_\_\_\_\_

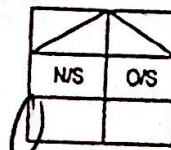
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \$57K

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.0.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GBJ 5180D Yr Regn: 05, 19

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

Truck / Trailer or \_\_\_\_\_

Make: NIS NV350 c.c. 2988Colour: White A/C: Insured / Std / NI / NASp. Reading: 62568 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JN1MC222620030887Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: Puratum 195R15x8R: Dun

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 20/11/21

Survey held at \_\_\_\_\_

Rear

R/Bal. 2 mmL/Bal. 2 mmD.O.I. 14/12/2021

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

N/S Rec

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS - SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format :

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



ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)  
 205 Braddell Road  
 Singapore 579701  
 Tel: 63838115 Fax: 62815767/65462533 Email: choojy@cdge.com.sg

INSURER: India International Insurance Pte Ltd (HQ)

**PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	D20MFL0000790-01	Date of Loss:	20/11/2021
Vehicle Reg. No.:	GBJ5180D	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SETSCO SERVICES PTE LTD		
Make/Model:	NISSAN NV350 CARAVAN, 2.5 SAT (A)	Vehicle Reg. Date:	10/05/2019
Vehicle Colour:	WHITE	Chassis No:	JN1MC2E26Z0030887
Engine No:	YD25042949B		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Duration of Repair (day)	7		

*Not with claim  
 Repairing 3 days*

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

	Amount
<b>COST OF CLAIMS</b>	
Parts	989.10
Miscellaneous Items	11.00
Labour	2,030.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>3,030.10</b>
<b>+ GST 7.00% (S\$)</b>	<b>212.11</b>
<b>Nett Amount (S\$)</b>	<b>3,242.21</b>

This claim is handled by: PATRICK TIA JEE KIANG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**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:



**REPAIR DETAILS****Reference**

**Part Source:** (Last Synchronised: 27 Nov 2021)  
**Parts:** N/A NISSAN NV350 CARAVAN 2.5 SAT (A) (Model not available in database)  
**Labour:** Repairer's (Price-denominated Standard List)  
**Print Code:** (Unsubmitted, no print-code for GBJ5180D)  
**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page  
**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	0.00	0.00	*600.00
2	1		*REAR BUMPER CLIP	0.00	0.00	*14.00
3	1		*REAR END PANEL	0.00	0.00	*211.00
4	1		*LH TAILLAMP	0.00	0.00	*274.00
Sub Total (\$\$)						1,099.00
- Add. Disc. on L,N Items 10.00% (\$\$)						109.90
Total Parts (\$\$)						989.10

F=Franchise part.

Report was unsubmitted during this print-out.  
 Generated using Merimen e-Claims IEAS



## Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00

Sub Total (S\$)

11.00

## Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 TO CUT WELD REAR END PANEL, REPAIR LH REAR SIDE PANEL, REPLACE DAMAGE PARTS AND REALIGN AFFECTED AREAS

New

1,000.00

2 TO PUTTY, RESPRAY ON LH REAR SIDE PANEL, REAR BUMPER END PANEL, TAILGATE AND AFFECTED AREAS.

New

1,000.00

3 CHECK LIGHTING AND WIRING

New

30.00

Gross Labour Cost (S\$)

2,030.00

Report was unsubmitted during this print-out.  
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&lt; END OF ESTIMATES &gt;



## 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	25/11/2021 16:11 (SGT)
Date of Accident	20/11/2021 08:30 (SGT)
Exact Location of Accident	20 Changi N Cres, Singapore 499613
Additional Location Information	-
Entry/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5180D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SETSCO SERVICES PTE LTD
Company Reg No	1XXXXX269D
Email Address	yongll@setsco.com
Mobile Phone No	(Phone) +65-82025223
Alternative Phone No	(Office) +65-68950660

#### 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	Auto
CC	3500

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MFL0000790_01
Cover Note Number	-

#### DRIVER

Name of Driver	THAN KOK LEONG
NRIC No	SXXXX991C



## 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 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  
24/11/21 3:46pm

Driver's Signature (if driver is not the policyholder) / Date & Time  
23 Nov 2021

Witnessed by Reporting Centre Personnel  
25/11/21

Sketch Plan

A. GBT5180D

B. SMH6367G

