| ASSIGNMENT  From: Date:   | ASS. REC. BY:  | REF: TY  | / 21012045/kvf3   |
|---|--|--|---|
| From:  Date: Estimated Cost  GS_1F2 INS_ITP RES_IOD RES_IEVALINVIMV  To inspect Vehicle No:  at Workshop m/s  com  Color  Color  Mark:  NIS NV350  Co 29  Color  Mark:  NIS NV350  Color  Mark:  N  | nneth  | de la par  |   |
| To Inspect Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  Attentive No D20MFL0000790_01  Chains No.  MFL2021D0005154  Sum insured:  Conc.  Cond:  C  | From:  |  |   |
| To Inspect Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  at Workshop m/s  Com De/  of Stage Vehicle No:  Attentive No D20MFL0000790_01  Chains No.  MFL2021D0005154  Sum insured:  Conc.  Cond:  C  | Estimated Cost   | Date:  | Veh No: 487 51800 Yr Regn: 05, (  |
| To larged Vehicle No:  at Workshop mis  of Insured:  Poicy No.  D20MFL0000790_01  Chains No.  MFL2021D0005154  Some stard:  Chore Experies:  Gan. Cond. Cod. Golf Flat i Poor i Burnt  Steering larged I Jammed I Leaked i Burnt or  Notice of Vehicle in the web had commenced its propling it the time of inspection.  But or Market Value:  GRA / PR Searc:  Consistent?: Yes or No.  GRA / PR Searc:  Consistent?: Yes or No.  Consistent Jura Reset Jura R  |  |  | -   Taxi / Prime Mover /  |
| at Workshop m/s  Cover De/ of Insured:   | To large Mobile II   | ES / EVA / INV / MV  | Truck / Traffer or  |
| Colour   MATE   No.   Insured   State   No.   |  | andre a  | Make: NIS NV350 cc 28   |
| Insured:    Sort  |  | Com Del  |   |
| Pocicy No. D20MFL0000790_01  Claims No. MFL2021D0005154  Som incurred: Excess: 500  (Clent's Record)  MSke of Vet: Excess: 500  (Clent's Record)  MSke of Vet: Excess: 500  (Clent's Record)  MSke of Vet: Excess: 500  (Petcy Condition)  Permark: The veh had commenced its repair at the time of Inspection.  But or Market Value: SFM: Excess: Fund I 85 / IDM / EXROVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / TOYO / YOKO or  Ext. Repair: O3 days Res: Yes or No  Long Sum Sum: J. B. / J. & Ask: Yes or No  Land Set / REP. / 24 RRS  Vehicle: IN / OUT  The UC / Chassis frame / Body Structure affected due to collision.  Time, File Pieser: President: Survey Fee: Imagerable: Site Insp. (5  |  | 1948   | Sp.Reading 625/8 T/Radio: Insured / Std / NI / N  |
| Clains No. MFL2021D0005154  Sum insured: Excess: 500  (Clear's Record)  Mistra of Ven:  (Poday Condition)  Permank: The veh had commenced its repair at the time of inspection.  Ball or Marhail Value: BFHC  DIAC Accident Root: Consistent?: Yea or No  GRA! / P. Sean: Consistent?: Yea or No  Ac. 1 (RE) 1 REP. 1 24 HRS  Action / Instruction  The UC 1 Chassis frame / Body Structure affected due to collision.  MISTRIM: 1 STD A/Rim or  Tyre Size: Puratur   | The state of the s |  | Eng/No:   |
| Sum insured:  Excess: 500  Storm insured:  (Clent's Record)  Make of Veh:  Storm in Sumed: I summed / Leaked / Burnt or Storm; Inorgal / Jammed / Leaked / Burnt or Modi: MI SRIm / STD ARIm or Tyre Size: Further / PSR / SSK / Street / Str  |  |  | CNO: JNIMC 25 217-003088.   |
| Client's Record    Maske of Veh:   State   S  |  | D0005154   | Gen. Cond: Good / Fair / Poor / Burnt   |
| Brake:   Incoder   Jammed   Leaked   Burnt or   |  | Excess: 500  | Steering: Inorder / Jammed / Leaked / Burnt or  |
| Modi  |  |  |   |
| Person Contacted:   Pers  | make of year:  |  | Mod : MI I SIRIM / STD AIRIM or   |
| Pamark: The veh had commenced its repair at the time of Inspection.  But or Markel Value: ## STAC    IDAC Accident Root:   Consistent? : Yea or No  |  |  | Tyre Stee: Puraturn 185 RIEV D  |
| repair at the time of inspection.  But or Marker Value: \$5#\(Consistent?: Yes or No)   Read   |  |  |   |
| Bat or Markell Value: \$\instruction \text{Consistent?} : Yes or No   |  |  | OS BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/   |
| IDAC Accident Roort Consistent?: Yea or No GIA / PR Seen: Consistent?: Yea or No USal. 9 mm USal. 2 mm USal. 9 mm UBal. 2 mm USal. 9 mm UBal. 2 mm USal. 9 mm UBal. 2 mm USal. 9  |  | 111  | TOYO/YOKO or  |
| GGA / PR Seen: Consistent? : Yes or No GGA / PR Seen: Consistent? : Yes or No Surrey held at  Do.O.A.   Do  | White Miles Table .  | Company of the Compan | Eroni Rear  |
| Size Repairs: 03 days Res.: Yes or No  J. B. J. X. 3 Val.: Yes or No  J. B. J. X. 3 Val.: Yes or No  Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.  The U/C   Chassis frame   Body Structure affected due to collision.  The Pass No  Prell. Report Days Of Repair: 3  Final Report Resurvey No. of Trip: Survey Fee:  17/22-typist Add Fee: Stite Insp (\$ ) Site Insp |  |  | R/Bal. 9 mm R/Bal 2   |
| Jays Ress.: Yes or No J. B. J. & 3 Val.: Yes or No  Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chasais frame   Body Structure affected due to collision.  The U/C   Chasais frame   Body Structure affected due to collision.  Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chasais frame   Body Structure affected due to collision.  Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chasais frame   Body Structure affected due to collision.  Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chasais frame   Body Structure affected due to collision.  Survey Person    Tree, Fig Pass 107   : Prell. Report   Days Of Repair: 3  Resurvey No. of Trip:   Survey Fee:    Tree, Fig Return 107  Tree, Fig Pass 107   : Street   Survey Fee:    Tree, Fig Pass 107   : Street   Survey Fee:    Tree, Fig Pass 107   : Street   Survey Fee:    Tree, Fig Pass 107   : Survey Fee:    Tree  | GIA / PR Seen:   | Consistent?: Yes or No   | I Pel   |
| Survey held at  Date / Time   Action / Instruction   Survey held at    Date / Time   Action / Instruction   The U/C / Chassis frame / Body Structure affected due to collision.    Submit preli report   | SHARE SERVICE AND ADDRESS OF THE SERVICE AND ADD |  |   |
| Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision.   The U/C / Chassis frame / Body Structure affected due to collision.   Structure af  | est. Repairs: 03 days  | s Res.: Yes or No  | mm UBal.  |
| Time, Fig Pies 107  Time, Fig Pies 107  Time, Fig Return 107  Time  | est. Repairs: 03 days  | at at it.  | D.O.A. 20/11/21 D.O.I. 14/12/20   |
| Date / Time   Action / Instruction  | Est. Repairs: 03 days: um Sum: 1-8,1%  | 3 Val.: Yes or No  | D.O.A. 10/11/2/ D.O.I. 19/12/20 Survey held at  Des of Damanes: 5-t 1 Page 1 CP 1 US  |
| Submit preli report- revised fig \$1810.20  Time, File Pass to?  Prell. Report  Survey Fee:  Final Report  Add Fee:  Site Insp  | Est. Repairs: 03 days  um Sum: 1.8,1%  (A 1 REV 1 REP. 1 24 HRS  | 3 Val.: Yes or No  | D.O.A. 10/11/2/ D.O.I. 19/12/20 Survey held at  Des of Damanes: 5-t 1 Page 1 CP 1 US  |
| Tame, File Pisse 107    Prelii. Report   Days Of Repair: 3  | Est. Repairs: 03 days um Sum: 1-8,1 %  (A 1 REV 1 REP. 1 24 HRS  ate: Person Cont.   | 3 Val.: Yes or No Vehicle: IN / Cacted:  | D.O.A. VO/11/2/ D.O.I. 14/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  OUT  |
| Tang, File Pass 107 : Prell. Report Days Of Repair: 3 : Final Report Resurvey No. of Trip: Survey Fee:    Trine, File Return 107   Iransportety:   Iransportety:   Iransportety:   Iransportety:   Iransportety:   Iransportety:   Interview (\$ )   S - RS _ SI  | Est. Repairs: 03 days  .um Sum: /-8,/ %  CA / REV / REP. / 24 HRS  late: Person Cont.  | 3 Val.: Yes or No Vehicle: IN / Cacted:  | D.O.A. VO/11/2/ D.O.I. 14/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  OUT  |
| Time, File Pass 107  : Preil. Report  : Final Report  Resurvey No. of Trip:  Survey Fee:  7/22-typist  Add Fee:  : Site Insp (\$ ) _ \$ - Ri\$ _ \$I  ort Format:  Days Of Repair: 3  Resurvey No. of Trip:  Interview (\$ ) _ \$ - Ri\$ _ \$I  Tech Invs (\$ ) Orten   | La I REV   REP.   24 HRS  ata: Person Cont.  Date   Time   Action / Instruction  | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  The U/C / Chasals frame / Body Structure affected due to collision.  |
| Time, File Pass to?  : Prell. Report : Final Report : Final Report  Resurvey No. of Trip:    Survey Fee:  | Est Repairs: 03 days  Lum Sum: /-8,1 %  CA 1 REV   REP.   24 HRS  lata: Person Cont.  Date / Time Action / Instruction   | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  The U/C / Chasals frame / Body Structure affected due to collision.  |
| Time, File Pass to?  : Prell. Report : Final Report : Resurvey No. of Trip:    Survey Fee:  | Est. Repairs: 03 days  Lum Sum: 1-8,1 %  CA 1 REV 1 REP. 1 24 HRS  late: Person Cont.  Date / Time Action / Instruction  | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  The U/C / Chasals frame / Body Structure affected due to collision.  |
| Time, File Pass 107  : Preil. Report  : Final Report  Resurvey No. of Trip:  Survey Fee:  7/22-typist  Add Fee:  : Site Insp (\$ ) _ \$ - Ri\$ _ \$I  ort Format:  Days Of Repair: 3  Resurvey No. of Trip:  Interview (\$ ) _ \$ - Ri\$ _ \$I  Tech Invs (\$ ) Orten   | La I REV   REP.   24 HRS  ata: Person Cont.  Date   Time   Action / Instruction  | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  The U/C / Chasals frame / Body Structure affected due to collision.  |
| Time, File Pass 107  : Prell. Report : Final Report : Final Report  Resurvey No. of Trip:  Survey Fee:  Transportative:  Add Fee: : Site Insp (\$ ) _ \$ - Fis _ \$I  out Format:  Days Of Repair: 3  Resurvey No. of Trip:  Interview (\$ ) _ \$ - Fis _ \$I  Tech Invs (\$ ) Fire >s  Tech Invs (\$ ) Others  | Est. Repairs: 03 days  um Sum: /-8,1 %  CA 1 REV 1 REP. 1 24 HRS  late: Person Cont.  Date / Time Action / Instruction   | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  The U/C / Chasals frame / Body Structure affected due to collision.  |
| Prell. Report   Days Of Repair: 3   | um Sum: /-8./ %  (A 1 REV   REP.   24 HRS  ata: Person Cont.  Date / Time   Action / Instruction   | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  The U/C / Chasals frame / Body Structure affected due to collision.  |
| Final Report  Resurvey No. of Trip:  Survey Fee:  Transported Tran  | Est Repairs: 03 days  J.B./ %  A / REV / REP. / 24 HRS  ata: Person Cont.  Date / Time Action / Instruction  5/7/22 Submit preli   | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  OUT  The U/C / Chasals frame / Body Structure affected due to collision.  |
| Add Fee: Site Insp (\$ ) _ S - RS _ SI  Ort Format: Tech Invs (\$ ) _ Fee's  Tech Invs (\$ ) Orters   | Est Repairs: 03 days  um Sum: /-8// %  (A 1 REV   REP.   24 HRS  ate: Person Cont.  Date / Time Action / Instruction  5/7/22 Submit preli  | 3 Val.: Yes or No Vehicle: IN / o  | D.O.A. VO/II/2/ D.O.I. VO/II/2/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chasals frame / Body Structure affected due to collision.  \$1810.20  |
| ort Format:    Site Insp (\$ )  | Sat. Repairs: 03 days  J.B. J. K.  A. J. K. J. REP. J. 24 HRS  ata: Person Cont.  Date / Time Action / Instruction   | 3 Val.: Yes or No  Vehicle: IN / or No  I report- revised fig  | D.O.A. VO/II/2/ D.O.I. VO/II/2/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  \$1810.20  Days Of Repair: 3   |
| ort Format : : Interview (\$ ) Facts  Sum / I.B.I: (\$ Tech Invs (\$ ) Otens  | Sat. Repairs: 03 days  J.B. J. K.  A J. K. J. REP. J. 24 HRS  ata: Parson Cont.  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time Pass 107 : Preli.  Final  | 3 Val.: Yes or No  Vehicle: IN / or No  I report- revised fig  | D.O.A. VO/II/2/ D.O.I. VO/II/2/20 Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to colfision.  \$1810.20  Days Of Repair: 3   |
| Sum / I.B.I: (5   | Sat. Repairs: 03 days  Um Sum: 1.8,1 %  (A 1 REV   REP.   24 HRS  ata: Person Cont.  Date   Time   Action / Instruction    Action / Instruction   Action / Instruction   Action / Instruction   Action / Instruction   Action / Instruction   Action / Instruction   Action / Instruction   Inno, File Pass 107   Preliment    | 3 Val.: Yes or No  Vehicle: IN / or no  ireport- revised fig   | D.O.A. 70/11/2/ D.O.I. 19/12/20 Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chasais frame / Body Structure affected due to collision.  \$1810.20  Days Of Repair: 3  Resurvey No. of Trip: Survey Fee: Iransportator:   |
| Sum / I.B.I: (5   | Land File Pass 107  Land File Return 107  Land Capter 1 Rep. 1 24 HRS  Late: Person Cont.  Date 1 Time Action / Instruction  Land File Pass 107  Land File Pass 107  Land File Return 107  Land Capter 1 Rep. 1 24 HRS  Lan | 3 Val.: Yes or No  Vehicle: IN / or no  ireport- revised fig   | D.O.A. VO/II/2/ Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  \$1810.20  Days Of Repair: 3  Resurvey No. of Trip:  Survey Fee:  Iransportative:  See: Steel Insp. (\$  |
|   | Est. Repairs: 03 days  J.B. J. K.  CA J. KEV J. REP. J. 24 HRS  Tata: Person Cont.  Date / Time Action / Instruction  Date / Time Pass 107 : Prefit.  Time, File Return to?  ////22-typist   | 3 Val.: Yes or No  Vehicle: IN / or no  ireport- revised fig   | D.O.A. VO/II/2/ Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  \$1810.20  Days Of Repair: 3  Resurvey No. of Trip: Survey Fee: Iransportative of the collision of th |
|   | Est Repairs: 03 days  Lum Sum: 1-8,1 %  CA 1 REV 1 REP. 1 24 HRS  Fate: Person Cont.  Date / Time Action / Instruction  Di/7/22 Submit preli  Time, File Pass 107 : Preli : Final  Time, File Return 107  /7/22-typist   | 3 Val.: Yes or No  Vehicle: IN / or no  ireport- revised fig   | Dough Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.  \$1810.20  Days Of Repair: 3  Resurvey No. of Trip: Survey Fee: Iransporator:  Site Insp (\$ ) \$ -R\$ \$ \$ \$ Interview (\$ ] Fre's  |

Ref. No:

Date of Loss:

Party At Fault:

Third Party Involved?

Vehicle Reg. Date:

Chassis No:

Driveable?

# ComfortDelGro Engineering Pte Ltd (Co. Reg. No: 199506048W)

205 Braddell Road

Singapore 579701
Tel: 63838115 Fax: 62815767/65462533 Email: choofy@cdge.com.sg

INSURER:

India International Insurance Pte Ltd (HQ)

PARTICULARS OF CLAIM

Claim Type:

Policy No: Vehicle Reg. No.: Driver Age/Info:

TP Injury Involved? Insured/Claimant:

Make/Model:

Vehicle Colour: Engine No: Odometer:

Paint Type: Total Loss?

Present Location:

Duration of Repair (day)

OD (OWN DAMAGE) D20MFL0000790-01 GBJ5180D

NO

SETSCO SERVICES PTE LTD

NISSAN NV350 CARAVAN, 2.5 5AT (A)

WHITE YD25042949B 0 KM

COMFORTDELGRO ENGINEERING PTE LTD (BRADDELL)

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

This claim is handled by: PATRICK TIA JEE KIANG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Not Withailes
Renny Bypain 3clays

20/11/2021

UNKNOWN

10/05/2019

JN1MCZE26Z0030887

YES.

# 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:

Merimen e-Claims

# REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 27 Nov 2021)

Parts: 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   |
|--------------------------|---|-----------------------------|-------|-------|----|----------|
| i 1<br>2 i<br>3 i        | *REAR BUMPER  *REAR BUMPER CLIP  *REAR END PANEL                              | 001/ Oup                    | 0.00  | 0.00  | m  | *600.00  |
| 4 1<br>F=Franchise part. | *LH TAILLAMP  |                             | 0.00  | 0.00  | Br | *211.00  |
|                          | Sub<br>- Add. Disc. on L,N Items 10.  | Total (\$\$)<br>.00% (\$\$) | 1.    | - 2-  | 1  | 1,099.00 |
|                          | Total   | Parts (S\$)                 |       |       |    | 989.10   |
|                          | Report was unsubmitted during this prin<br>Generated using Merimen e-Claims I | it-out.                     |       |       |    |          |

| Estimates on Miscellaneous Items No, Qty Particulars |
|--|
|  |

|  |    | A Comment of the |       |
|--|----|------------------|-------|
|  | Bu |                  |       |
|  |    | 153              | 11.00 |

| Mis | cell | aneous Items         |  |  | Marin Marin     | 11.00 |
|-----|------|----------------------|--|--|-----------------|-------|
| 1   | 1    | OD/TP Case (Insurer) |  |  |                 | 11.00 |
|     |      |                      |  |  | Sub Total (S\$) | 11.00 |

|   | timates on Labour  Particulars                | Lab.Type        | Amount   |
|---|---|-----------------|----------|
|   | our Trams                                     | GN New          | 1,000.00 |
| 1 TO CUT WELD REAR END PANEL, REPAIR LH REAR SIDE PANEL, REPLACE DAMAGE PARTS AND REALIGN AFFECTED AREAS 2 TO PUTTY, RESPRAY ON LH REAR SIDE PANEL, REAR BUMPER END PANEL, TAILGATE AND AFFECTED AREAS. |   |                 | 1,000.00 |
| 3   | CHECK LIGHTING AND WIRING                     | New             | 30.00    |
| -   | Gross La                                      | bour Cost (S\$) | 2,030.00 |
|   | Report was unsubmitted during this print-out. |                 | 0.00     |

k21BN0002 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 25/11/2021 16:11 (SGT) SUBMITTED BY: Rohani VERSION: 1 (25/11/2021 16:11 (SGT))

# 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 witholding of material facts may allow insurance companies

policy Bability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy fiability 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) 20/11/2021 08:30 (SGT) Date of Accident 20 Changi N Cres, Singapore 499613 **Exact Location of Accident** Additional Location Information ntry/State of Loss .... Singapore

## DETAILS OF OWN VEHICLE

**GBJ5180D** Vehicle Registration Number

#### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

nufacturer Nissan del Nv350 Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Commercial vehicle Transmission Auto 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 NRIC No

THAN KOK LEONG SXXXX991C

## IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. It's Formmust be completed by the Policyholder and/or the Authorised Drivet.
- 3. Information provided must be as fruithful and accurate as nossible. Any wilful misrepresentation or withholding of material facis may allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Formby 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 GA Records Management Centre established by the General Insurance Association of Singapore (CIA) for each line and that content this content this content that content this content this
- 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 independent of this report to the inverse of the interested parties.
- 7. By the ledgement 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 at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurers) who have insured vehicle(s) involved in this accident (at insurers), the housers law yers/law (irms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the posce), 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) hivestigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquries by me;

& Time

- (iv) administering my claims (including the making 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/making packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) as 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 law year/law #4500 flat may be sited outside of Singapore, for one or more of the above Purposes.

Polcyholder's Signature / Date &

Oriver's Signature (E driver is not the policyholder) / Date

ne 3.46pm

Sketch Plan

A. GBJ 5180D

B. SMH 63679

Witnessed by Reporting Centre Personnel

20 Change North Crescent Vicom Ispection Bilding