

ASS. REC. BY: Kenneth REF: LPC1 22000130/KY

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / QD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s: Cheng Hoe
 of: Woodlands
 Insured: _____
 Policy No. 0192
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBC 9913S Yr Regn: 03, 14
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NIS Cabstar c.c. 2953
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 413082 T/Radio: Insured / Std / NI / NA
 Eng/No: 24
 C/No: JNISC2F2E0855522
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: MIP / S/Rim / STD A/Rim or _____
 Tyre Size: F: Yoko 195R15XB
 R: Pmi 165R12X80D

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 822k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 24 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NIS	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 7 mm
 L/Bal. 7 mm
 D.O.A. 2/1/22
 Rear
 R/Bal. 11 mm
 L/Bal. 11 mm
 D.O.I. 5/1/2022
 Survey held at _____

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
Rear O/S & O/S Rear
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Est not ready</u>

Our surveyor's recommended total loss due to chassis affected.
 Therefore is not safe to repair
SUBMIT EXTENSIVE TOTAL LOSS REPORT
 Market Value : S\$ 22,000.00
 LTA : S\$ 10,445.00
 Nett Value : S\$ 11,555.00

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)
 TOTAL _____

SC1G2213000F / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 03/01/2022 18:28 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 1 (03/01/2022 18:28 (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 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 03/01/2022 18:28 (SGT)
Date of Accident 02/01/2022 22:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9913S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JSM CONSTRUCTION GROUP PTE LTD
Company Reg No 2XXXXX019N
Email Address jianfengli1972@icloud.com
Mobile Phone No (Phone) +65-86922188
Alternative Phone No (Office) +65-65657095

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 3000

INSURANCE COMPANY

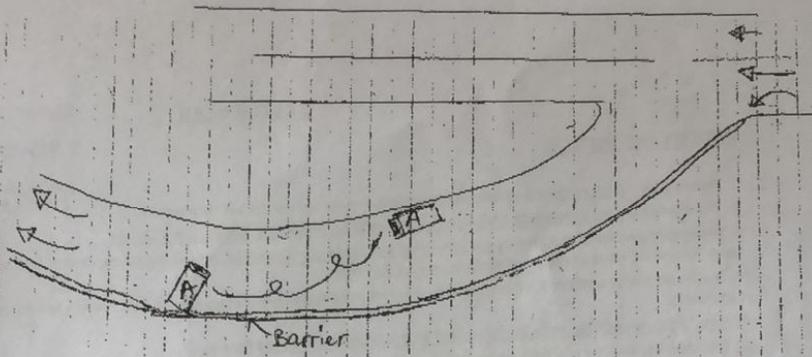
Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC00/110429
Cover Note Number EXP 27.3.2022

DRIVER

Name of Driver LI JIANFENG
Passport No/FIN GXXXX926P

A: GRC 9913 S

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

- Claim Own Policy
- Claim Third Party
- Reporting Only
- Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20220103/2014

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20220103/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 09:46	Vide Report No.: E/20220102/0178	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: LI JIANFENG		Address: APT BLK 252 CHOA CHU KANG AVENUE 2 #04-306 SINGAPORE 680252	
ID Type / ID No.: FIN NO / G7250926P		Contact No.:	Mobile: 86922188
Nationality: CHINESE		Email:	
Sex: Male	Age: 49	Date of Birth: 03/07/1972	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2022 22:45	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	Notes
GBC9913S	Lorry				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved:	No
No. of Pedestrians Injured:	NIL
Use of Pedestrian Crossing:	NA

GBC 99135
OD/laypac

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 019N

Vehicle Details

Vehicle No.: GBC99135
Vehicle to be Exported: Yes
Intended Deregistration Date: 03 Jan 2022
Vehicle Make: NISSAN
Vehicle Model: CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour: Silver
Manufacturing Year: 2013

Engine No.: ZD30335303K
Chassis No.: JN15C2F24Z0855522

Maximum Power Output: -
Open Market Value: \$25,592.00
Original Registration Date: 28 Mar 2014
First Registration Date: 28 Mar 2014
Transfer Count: 0

Actual ARF Paid: \$1,280.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 27 Mar 2024

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$46,862.00

COE Rebate Amount: \$10,455.00

Total Rebate Amount: \$10,455.00

The information contained herein is correct as at 03 Jan 2022

OK