

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD /  TP /  WS /  TP RES /  OD RES /  EVA /  INV /  MV

To Inspect Vehicle No: GBD 9660R

at Workshop m/s WAT HONK

of 38, JOH HUNTER RD EAST #1157

Insured: LPC

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: 500

(Client's Record)

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

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 29K

IDAC Accident Rport: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA /  REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: GBD 9660R Yr Regn: 2015 / AUS

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

Truck / Trailer or

Make: NISSAN NV 200 1.5L MT c.c 1461

Colour: WHITE A/C: Insured / Std / NI / NA

Sp. Reading: 235004 T/Radio: Insured / Std / NI / NA

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

C/No: USKYBAM2020101287

Gen. Cond: Good /  Fail / Poor / Burnt

Steering:  Order / Jammed / Leaked / Burnt or

Brake:  Order / Jammed / Leaked / Burnt or

Modi:  Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/70R14

R: \_\_\_\_\_

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

TOYO / YOKO or CONOOL

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 28/01/22 D.O.I. 08/02/22

Survey held at WAT HONK

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

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

Date / Time \_\_\_\_\_ Action / Instruction \_\_\_\_\_

REPAIR LIMIT - 20K

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

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

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

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

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

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

) : S + RS, SI

) : Photos

) : Others

Report Format : \_\_\_\_\_

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



# Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. **GBD9660R NISSAN NV200**

Page No. **1**

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
<b><u>PARTS (LIST ITEMS)</u></b>				
1	Headlamp RH <i>cm</i> ✓		275.00	
1	Center grille assy <i>cm</i> ✓		280.00	
1	Center grille logo badge <i>m</i> ✓		65.00	
1	Front bumper <i>cut</i> ✓		380.00	
2	Headlamp lower panel garnish LH/RH @2*\$195 <i>LH-cut/RH-?</i>		390.00	
Part Items Total:			1390.00	
			10%	
			139.00	
			1529.00	
<b><u>SPECIAL NETT ITEMS</u></b>				
1	Front bumper clips <i>m</i> ✓		<del>35.00</del>	<i>30</i>
1	Center grille clips <i>m</i> ✓		<del>30.00</del>	<i>20</i>
1	Front carplate with holder <i>h</i> ✓		35.00 ✓	
SN Items Total:			100.00	
Total Parts			1629.00	



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Page No. 2

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
1	<b>LABOUR</b> To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	<del>600.00</del>	300
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	<del>400.00</del>	200
3	To remove and repair/refit wiring system at accident damaged area and check for all electrical proper function	30.00	
Labour Total :		1030.00	
TOTAL (PARTS & LABOUR):		2659.00	

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:

RASUL  
Hp 90010068  
2 days  
43  
08/02/22 @ 1145  
EXCESS: 500  
REVERT  
Resurvey after repair

# 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 ..... 04/02/2022 16:25 (SGT)  
Date of Accident ..... 28/01/2022 23:25 (SGT)  
Exact Location of Accident ..... Near 222 Loyang Ave, Singapore 509068  
Additional Location Information ..... LOYANG AVENUE T-TRAFFIC JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD9660R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... I2R CONSULTING & ENGINEERING SERVICES PTE LTD  
Company Reg No ..... 2XXXXX022D  
Email Address ..... ADMIN@I2RCONSULT.COM.SG  
Mobile Phone No ..... (Phone) +65-98770522  
Alternative Phone No ..... +65-98770522

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VC05007962  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RAJENDRAN RAJA  
Passport No/FIN ..... GXXXX206T

Date Of Birth ..... 03/06/1995  
Occupation ..... Outdoor  
Date Of Driving Pass ..... 05/07/2019  
Driving experience ..... 2 YEARS AND 6 MONTHS  
Gender ..... Male  
Mobile Number .....  
Alt. Phone Number .....  
Email Address ..... ADMIN@I2RCONSULT.COM.SG  
Address ..... 28 TOH GUAN ROAD EAST  
Address complement ..... #06-01  
Postcode ..... S608596  
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 ..... Clear  
Road Surface ..... Dry

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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLP1470T  
Vehicle Manufacturer ..... Mazda  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... Black  
Vehicle Category ..... Private car  
Name of Driver ..... SEAN WAN LONG  
Contact Number ..... (Phone) +65-90104053  
Address ..... -  
Address complement .....

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

**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 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**.
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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;

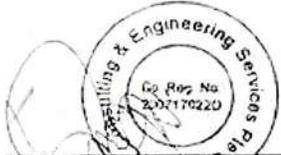
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

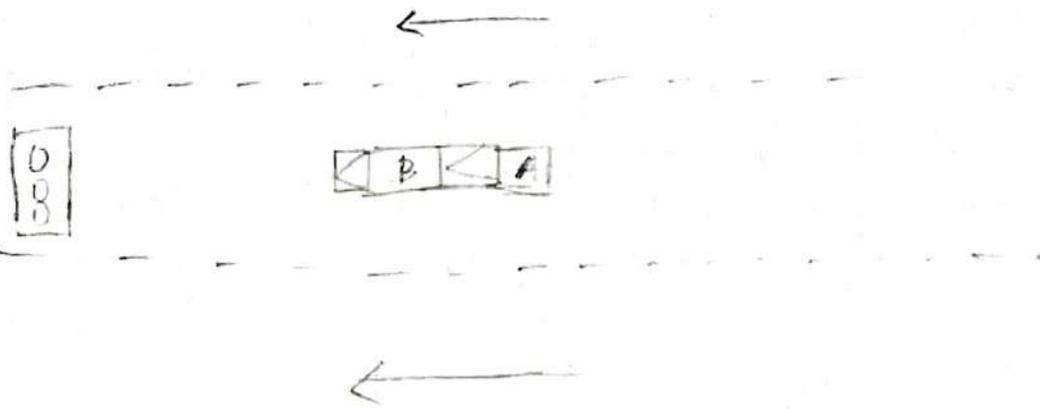
R. B. J.

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



A - Own Vehicle  
B - Third Party Vehicle

**Describe Circumstances of the Accident**

ON 28/01/2022 23:25 hours, I'm driving the vehicle, GBD9610A along Luyang Avenue towards Chengyi Village. The traffic light changed to yellow and the vehicle suddenly stop (SLP14705) stop his car start I also try to stop my car but it's too late so I hit the car in front of me.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time

*R P j*  
 Driver's Signature (If driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel

Back to OneMotoring

## Inquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 022D

### Vehicle Details

Vehicle No.: GBD9660R  
Vehicle to be Exported: No  
Intended Deregistration Date: 05 Feb 2022  
Vehicle Make: NISSAN  
Vehicle Model: NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5  
Primary Colour: White  
Manufacturing Year: 2015  
Engine No.: K9KC400D054609  
Chassis No.: VSKYBAM20Z0101287  
Maximum Power Output: -  
Open Market Value: \$20,122.00  
Original Registration Date: 04 Aug 2015  
First Registration Date: 04 Aug 2015  
Transfer Count: 1  
Actual ARF Paid: \$1,007.00

### Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 03 Aug 2025  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
PQP Paid: \$23,166.00  
COE Rebate Amount: \$8,095.00  
**Total Rebate Amount: \$8,095.00**

The information contained herein is correct as at 05 Feb 2022

OK