

ASS. REC. BY:

REF:

MSG / 22002005/KgY3

C

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:

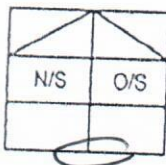
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1. B. 1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBL 0137M

Yr Regn:

11, 21

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

Truck / Traller or

(A)

Make:

NIS NV330 CARAVAN c.c

1988

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

13922

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VR 2 E 28 136529

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/80R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

d 4 mm

Rear

R/Bal.

d 4 mm

L/Bal.

p 4 mm

L/Bal.

p 4 mm

D.O.A.

22/2/22

D.O.I.

17/5/2021

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.

Date / Time

Action / Instruction

13/7 @ 1280.31 Cukh (Red 8892.16, 41%)

Date/Time, File Pass to?

1) 16/11/2021

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - RS. SI

F. R. S.

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

MER-TP

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

1280.31

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
 GST:201001158E RCB NO:201001158E

M/S : MSIG INSURANCE (S) PTE LTD (SGX)
 16 RAFFLES QUAY
 #24-01 HONG LEONG BUILDING
 SINGAPORE 048581

TEL: 68277660 FAX: 62257402

ATTN: Motor Claim Department

WS Ref: TP/MSIG/AMK

Claim Type: Third Party

Accident Date: 22/02/2022

TP Veh Reg No: FBH6825G

Estimate No: ES2290484/AMK

Date: 13 May 2022

Policy No: 5124527050 PREFERRED

Veh Reg No: GBL6137M

Make/Model: NISSAN NV350

Chassis No: VR2E26136529

Engine No: QR20020160R

Reg. Date: 15/11/2021

Estimate Repair Cost to Vehicle No :GBL6137M

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
Net Price				
1 REAR BUMPER	733.90	1 PC	733.90	✓
2 REAR BUMPER CLIP	4.40	5 PC	22.00	✓
3 TAILGATE LOGO	71.40	1 PC	71.40	X
4 TAILGATE EMBLEM 'CARAVAN'	110.00	1 PC	110.00	X
5 TAILGATE EMBLEM 'NV350'	121.00	1 PC	121.00	X
			1,058.30	
	Less 10%		105.83	952.47
Special Net				
6 REVERSE SENSOR	200.00	1 PC	200.00	✓
7 TAILGATE STICKER '70KM/HR'	10.00	1 PC	10.00	X
8 TAILGATE STICKER '8 PAX'	10.00	1 PC	10.00	X
			220.00	220.00
Labour				
9 REMOVE & REFIX REAR BUMPER & ATTACHMENTS:KNOCKING & REPAIR REAR END PANEL & REALIGN TAILGATE THE SAME	400.00	1 LA	400.00	200
10 PUTTY & RESPRAY REAR BUMPER & PARKING SENSORS, TAILGATE, REAR END PANEL & ALL AFFECTED AREAS	600.00	1 LA	600.00	200
			1,000.00	1,000.00
			Total	SS 2,172.47
			Add GST @ 7%	152.07
			Total Amount Payable	SS 2,324.54

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

Let 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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 187M

Vehicle Details

Vehicle No.: GBL6137M

Vehicle to be Exported: No

Intended Deregistration Date: 02 Mar 2022

Vehicle Make: NISSAN

Vehicle Model: NV350 CARAVAN DX AUTO

Primary Colour: Grey

Manufacturing Year: 2021

Engine No.: QR20020160R

Chassis No.: VR2E26136529

Maximum Power Output:

-

Open Market Value: \$23,942.00

Original Registration Date: 15 Nov 2021

First Registration Date: 15 Nov 2021

Transfer Count: 0

Actual ARF Paid: \$1,198.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 14 Nov 2031

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$22,962.00

COE Rebate Amount: \$22,273.00

Total Rebate Amount: \$22,273.00

The information contained herein is correct as at 02 Mar 2022

OK

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	23/02/2022 17:16 (SGT)
Date of Accident	22/02/2022 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6137M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UTOPIA PRESIDUM PTE LTD
Company Reg No	2XXXXX187M
Email Address	andy.ng@utopiasg.com
Mobile Phone No	(Phone) +65-98530053
Alternative Phone No	+65-98530053

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Caravan
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124527050 PREFERRED WSHOP PLAN
Cover Note Number	15/11/2021 - 14/11/2022

DRIVER

Name of Driver	CHUA TZE HWA (XIE ZHIHUA)
NRIC No	SXXXX507H

Date Of Birth	15/07/1981
Occupation	Outdoor
Date Of Driving Pass	18/07/2012
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90050981
Alt. Phone Number	-
Email Address	tzehwa.chia@utopiasg.com
Address	BLK 658A PUNGGOL EAST #07-711
Address complement	-
Postcode	821658
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

REFER TO STATEMENT

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	FBH6825G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SELAM S/O IAMPERUMAL
NRIC No	SXXXX407E
Contact Number	-
Address	-

[illegible]

A: GBL 6137M
(alone)

B: FBH 68256
Selam S10 lampiran
S1582407E

Vehicle No: GBL 6137M (NTAC)
Date & Time: 22/02/2022 @ 1630 (clear day)

I was driving on the extreme right lane of ~~the~~ Serangoon Rd when I felt a sudden impact on my rear and realised Motor bike FBH 68256 had hit into the back of my van & thereafter fell down to the ground. I alight from my vehicle, check on ~~the~~ the rider, rider informed that he felt pain on his leg but still movable. As such, we exchanged particulars & left the scene. That's all.

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.

I/We declare the foregoing particulars are true in every respect.

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

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

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

MT11162831-001

SKETCH PLAN

1. VEHICLE NO.: 9BL6137M
2. INSURER CO.: NTUC
3. ACCIDENT DATE & TIME: 22/02/22 @ 1630

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE TURN OVER