

ASS. REC. BY: Form

REF:

CS3 / CT1 2200 2389 / Rity 3

6ISA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBJ 1614X

at Workshop m/s Kuan E Heng

of 160, SIK MING DR #05-08

Insured: CTI

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.

N/S	O/S

Bal. or Market Value: 60k

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBJ 1614X Yr Regn: 2019 / Jan

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

Truck / Trailer or _____

Make: NISSAN NV 200 1.5MT c.c 1461

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

Sp. Reading: 103656 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: USKYBAM 2020175170

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In 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 TRIANGLE

Front R/Bal. 6 mm Rear R/Bal. 6 mm

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

D.O.A. 11/03/22 D.O.I. 23/03/22

Survey held at Kuan E Heng

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

O/S FRONT

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

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 43K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (2k-3k) / 3 days</u>
	<u>SUBMIT PRS REPORT</u>

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 3

: Final Report

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

Survey Fee:

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation: _____

: Interview (\$ _____)

S + RS. \$ _____

: Tech. Invs (\$ _____)

Photos _____

: Weekend (\$ _____)

Others _____

Rep. Format: _____

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

TOTAL

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 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.**
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 11/03/2022 17:43 (SGT)
Date of Accident 11/03/2022 06:50 (SGT)
Exact Location of Accident 8 Seletar North Link, Singapore 797455
Additional Location Information PPT Lodge 1A Dormitory
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1614X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ACEPAC RENTAL
Company Reg No 52916615A
Email Address kumchew1@singnet.com.sg
Mobile Phone No (Phone) +65-64563715
Alternative Phone No (Office) +65-64563715

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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 1461

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7990000040/1210000915
Cover Note Number -

DRIVER

Name of Driver Kubendiran Aravind
Passport No/FIN G2209513M

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

30/01/1992
Outdoor
28/04/2014
7 YEARS AND 11 MONTHS
Male
(Phone) +65-80414607
-
kumchew1@singnet.com.sg
PPT Lodge 1A No. 2 Seletar North Link D2-76
-
-
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Side Swipe
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
No
-
Yes
2
No

PASSENGER 1

Name
Gender

Ahmad Shakil
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

YN6809A
-
-
-
-
Commercial vehicle

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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

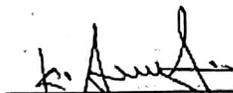
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

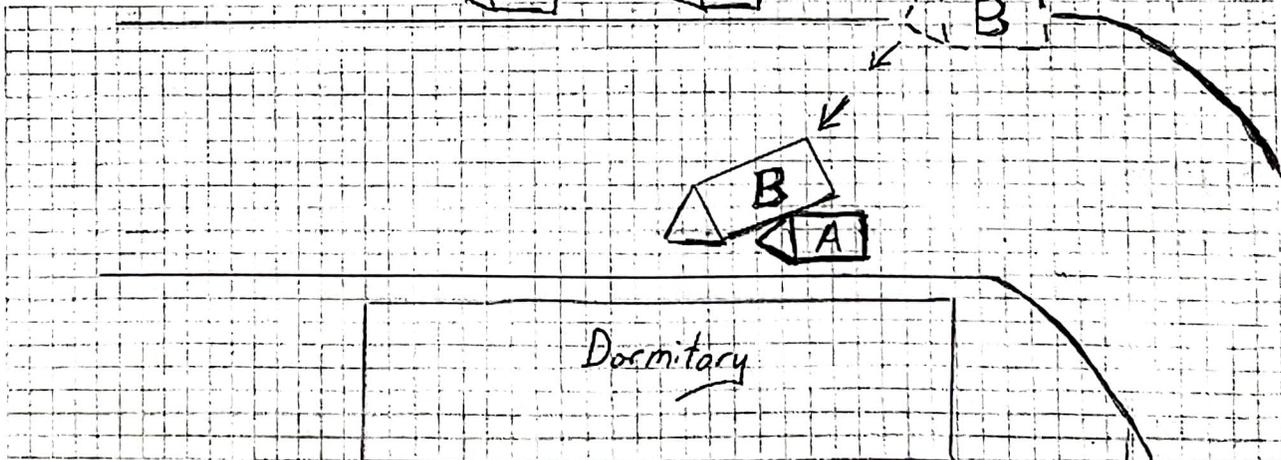
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
11 MAR 2022


Driver's Signature (if driver is not the policyholder) / Date & Time
11 MAR 2022


Witnessed by Reporting Centre Personnel
Angie Soh

Sketch Plan



Name of Driver
Passport No/FIN
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Oppilamani Gobi
G7444775P
(Phone) +65-91221154

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SKETCH PLAN

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Describe Circumstances of the Accident

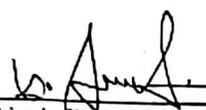
On the above date & time, I was driving my vehicle (6BJ 1614X) at PPT Lodge 1A dormitory. When all the sudden, vehicle B YN 6809 A swerved to my lane. Upon seeing this I quickly apply E-brake & horn at him & manage to stop. However, vehicle B (YN 6809A) did not stop and collided onto front right portion of my vehicle. After the accident, we exchange particulars. Vehicle B driver told me he from opposite cut into my lane.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 11 MAR 2022




 Driver's Signature (if driver is not the policyholder) / Date & Time
 11 MAR 2022


 Witnessed by Reporting Centre Personnel
 Angie Soh

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	615A
Vehicle No.:	GBJ1614X
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Mar 2022
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5 MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	K9KE628D642184
Chassis No.:	VSKYBAM20Z0175170
Maximum Power Output:	-
Open Market Value:	\$20,833.00
Original Registration Date:	24 Jan 2019
First Registration Date:	24 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$1,042.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	23 Jan 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$24,841.00
COE Rebate Amount:	\$16,968.00
Total Rebate Amount:	\$16,968.00

The information contained herein is correct as at 24 Mar 2022

OK

Nissan NV200 1.5M

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[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)

ABWIN 論輝

YOUR FIRST CHOICE AUTOMOTIVE SERVICE PROVIDER

5
★★★★★
SMART
PREMIUM
DEALER
2012-2022

Price	\$60,800	Lifespan ⓘ	11-Feb-2039
Depreciation ⓘ	\$8,820 /yr View models with similar depre	Reg Date	12-Feb-2019 (6yrs 10mths 18days COE left)
Mileage	N.A.	Manufactured ⓘ	2018
Road Tax ⓘ	N.A.	Transmission	Manual
Dereg Value ⓘ	\$16,966 as of today (change)	Fuel Type	Diesel
COE ⓘ	\$24,613	OMV ⓘ	\$20,833
Engine Cap	1,461 cc	ARF ⓘ	\$1,042
Curb Weight ⓘ	1,260 kg	No. of Owners ⓘ	1