

ASS. FEO. BY: _____ REF: _____

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.

N/S	O/S

Bal. or Market Value: _____
 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBG5006R Yr Regn: 2017 / August.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Nissan NV200 C.C. 1461
 Colour: Silver. A/C: Insured / Std / NI / NA
 Sp. Reading: 66237 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VSKYBAM 2020146325
 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: 175/70R14C
 R: 175/70R14C
 BS / DUN / EXNOVA / EY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 20/04/22
 *Survey held at Modern.
 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
	<u>TP AXA.</u>
	<u>MV : 47K</u>
	<u>PV : 21.5K</u>
	<u>Nett : 25.5K</u>
	<u>858A</u>

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____ Date/Time, File Return to? _____

2) _____

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$) _____) S + RS. SI

: Interview (\$) _____) Photos

: Tech. Invs (\$) _____) Other

: _____) _____

SK0L2246000E / KAN FOOK SING MOTOR WORKSHOP [539147]
ENTRY DATE & TIME: 06/04/2022 16:07 (SGT)
SUBMITTED BY: Lee Nai Vien
VERSION: 1 (07/04/2022 12:02 (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	06/04/2022 16:07 (SGT)
Date of Accident	05/04/2022 14:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5006R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C & C MANAGEMENT SERVICES
Company Reg No	53079353A
Email Address	CHERIECY@GMAIL.COM
Mobile Phone No	(Phone) +65-90619291
Alternative Phone No	(Office) +65-90619291

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125198713
Cover Note Number	-

DRIVER

Name of Driver	CHERIE YEO
NRIC No	S9244504F

Date Of Birth	24/11/1992
Occupation	Indoor
Date Of Driving Pass	12/01/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90619291
Alt. Phone Number	-
Email Address	CHERIEYEOCY@GMAIL.COM
Address	130 POTONG PASIR AVE 1 #01-205 350130
Address complement	-
Postcode	-
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
Foot 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ONG PEH HONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT

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	SHC8906Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHERIE YEO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG5006R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG PEH HONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG5006R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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.

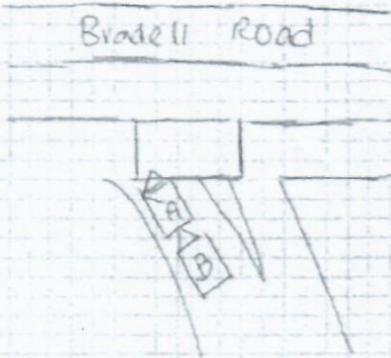
 Policyholder's Signature / Date & Time

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



 Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBG5006R
 B = SHC3906Z

Describe Circumstances of the Accident

I was waiting for the oncoming traffic to be cleared (filter lane into Bradell Road) Suddenly, I felt a huge impact coming from the rear region of my vehicle, pushing my vehicle forward.

Declaration

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

Witnessed by Reporting Centre Personnel

[Signature] 6th April 2022
12:30pm





**SINGAPORE
POLICE FORCE**



T/20220406/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220406/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2022 12:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG PEH HONG			Address: 296 PUNGGOL CENTRAL #07-491 SINGAPORE 820296		
ID Type / ID No.: NRIC NO / S9038381G			Contact No.: Home/Office: Mobile: 91075544		
Nationality: SINGAPORE CITIZEN			Email: ALSONONGPH@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 10/10/1990	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2022 14:15	Type of Location: Filter Lane
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG5006R	Van	NISSAN	NV200	Silver	Seriously Damaged	1
SHC8906Z	Car	HYUNDAI	i40	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220406/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20220406/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG5006R	NTUC Income Insurance Co-Operative Limited	5125198713	29/12/2021	28/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHERIE YEO	ID No.	S9244504F	
Related Vehicle	GBG5006R (Van)	Contact No.	90619291	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	05/04/2022	Date	05/04/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	CHAN HWANG KER	ID No.	S1208566D	
Related Vehicle	SHC8906Z (Car)	Contact No.	98167566	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	ONG PEH HONG	ID No.	S9038381G	
Related Vehicle	NIL	Contact No.	91075544	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	



**SINGAPORE
POLICE FORCE**



T/20220406/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20220406/7013

CONTINUATION OF REPORT

Brief Details.

I am the passenger. My driver was waiting for the oncoming traffic to be cleared (filter lane into Braddell Road). Suddenly, I felt a huge impact coming from the rear region of my vehicle, pushing my vehicle forward.



**SINGAPORE
POLICE FORCE**



T/20220406/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4
Report No. T/20220406/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 06/04/2022 12:34
Classification Of Case:

NP168

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	858A
Vehicle Details	
Vehicle No.:	GBG5006R
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Apr 2022
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	K9KC400D057183
Chassis No.:	VSKYBAM20Z0146325
Maximum Power Output:	-
Open Market Value:	\$20,119.00
Original Registration Date:	19 Aug 2017
First Registration Date:	19 Aug 2017
Transfer Count:	1
Actual ARF Paid:	\$1,006.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,212.00
COE Rebate Amount:	\$21,403.00
Total Rebate Amount:	\$21,403.00

The information contained herein is correct as at 22 Apr 2022

OK

HOTTEST NEW CAR PROMOTIONS



Mercedes-Benz GLE-Class Coupe
The bigger brother of the GLC. Bigger, Better, Badder. Attractive savings Guaranteed.

DON'T MISS OUT!

Used Car Comparison

--- Comparing 4 Vehicles ---

Nissan NV200 1.5M

Nissan NV200 1.5M

Nissan NV200 1.5M

Nissan NV200 1.5M



Clear All

Add all to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

Back to search result

CAR DETAILS

	Nissan NV200 1.5M	Nissan NV200 1.5M	Nissan NV200 1.5M	Nissan NV200 1.5M
Price	\$48,800	\$49,800	\$48,888	\$49,800
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	18-Aug-2017	30-Aug-2017	30-Aug-2017	29-Sep-2017
Manufactured	2017	2017	2017	2017
Mileage	-	70,500 km	-	-
Transmission	Manual	Manual	Manual	Manual
Engine Cap	1,461 cc	1,461 cc	1,461 cc	1,461 cc
Road Tax	-	-	-	-
Power	-	-	-	-
Curb Weight	1,260 kg	1,260 kg	1,260 kg	1,260 kg
Features	-	-	-	-
Accessories	-	-	Reverse Camera With Sensors. Removable Rear Seats. Fog Lights. Audio System.	-
Description	1 Owner only Mid Size Van For Delivery, Excellent Condition, New Paint Work. 100% In House Loan available. Price inclusive of 100 days warranty! Kindly call/whatsapp our friendly sales personnel contact below for more info or viewing now. No obligation!	1 x Owner. But Double Transfer Unit. Low Mileage Done! Very Good Condition. 2 Glass Panel Installed. Free Rear Floorboard. Manual Diesel Full Tank Can Drive Up To 650km. Low Fuel Consumption. Full Loan Available. Trade In Welcome. Contact For More Enquire!	1 Owner Only. Low Mileage Clocked. Fully Serviced At Agent Tan Chong Motor Since Day 1. Original Paintwork. Very Well Maintained Interior And Exterior. Flexible Finance Is Available. Trade In Is Welcomed. Call Our Friendly Sales Advisors Now For Viewing Arrangement.	We Are Number 1 Owner Like You To Is Usual Choice Wh Looking For Mid Si Done Up. Work Re High Trade In, \$5, Is POSSIBLE. What Availability Before Claim Your Free Cu
COE	\$40,212	\$42,809	\$42,809	\$42,809
OMV	\$20,115	\$20,119	\$20,115	\$20,119
ARF	\$1,006	\$1,006	\$1,006	\$1,006
Depreciation	\$9,170 /yr	\$9,300 /yr	\$9,130 /yr	\$9,160 /yr
No. of Owners	1	2	1	1
Type of Vehicle	Van	Van	Van	Van
Category	-	Premium Ad Car	Premium Ad Car	-
Availability	Available	Available	Available	Available