ASS. REC. BY: Kenneth

REF: C12 / 220039061kv

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chew Hock

of _____

Insured: YP 5900P 8474

Policy No. DMCVSNW00035152201

Claims No. SNM22D202708/C02/IRENE

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: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBF 8208K Yr Regn: 11/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: NIS NV350 (m) c.c 2488

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

Sp.Reading 171823 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E26Z-0006814

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or _____

Brake: Inop / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Double Star 195 R15 X8

R: Yoko

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	1 mm
L/Bal.	8 mm	L/Bal.	1 mm
D.O.A.	20/4/22	D.O.I.	27/4/2022

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
6/5/22	Kenneth informed LS $5500 (~~Red 5007.30, 47%~~)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 6/5/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___ S + RS ___ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format : Merimen

Lump Sum / ~~I.B.I.~~ ($ 5500)

CHOON HOCK MOTOR TRADING CO

21 April 2022

ESTIMATE REPAIR BILL ON GBF8208K NISSAN URVAN

1 pce rear windscreen	$ 891.00
1 pce rear windscreen wiper	$ 135.00
1 pce rear windscreen wiper motor assy.	$ 580.00
1 pce rear mirror - top	$ 380.00
1 pce rear bumper fascia	$ 667.20
1 pce rear panel	$ 460.80
1 pce rear step panel	$ 230.00
2 pcs rear lamp assy.	$ 449.40
1 pce rear tailgate	$ 1,816.70
1 pce rear tailgate rubber	$ 180.50
2 pcs tailgate dampers	$ 380.00
1 pce tailgate outer handle/garnish	$ 510.00
1 pce tailgate inner lock assy	$ 256.00
1 pce rear inner lock motor	$ 320.00
1 pce tailgate inner lock catch	$ 50.70
1 pce tailgate inner trim	$ 480.00
1 pce tailgate "Nisan" plate boot lid - logo	$ 55.00
1 pce tailgate "NV350" plate	$ 75.00
1 pce tailgate "70km/h" sticker	$ 20.00
1 pce tailgate "URVAN"	$ 20.00
1 set reverse sensors	$ 220.00

Labour

Remove reverse sensors, refit and test system	$ 80.00
Remove rear windscreen & refit	$ 200.00
Remove tailgate fittings, transfer and refit	$ 150.00
Panel beating	$. 1,000.00
Spray painting	$ 800.00
Wiring	$ 100.00
Total amount :	$10,507.30

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:

(Draft)

SL03224L0006 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: -
SUBMITTED BY: [To Be Confirmed]
VERSION: 1 (21/04/2022 12:53 (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 witholding 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	-
Date of Accident	20/04/2022 18:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Towards Jurong
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8208K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RECONN AIR-CONDITIONING
Company Reg No	5XXXX847M
Email Address	reconn.airconditioning@hotmail.com
Mobile Phone No	(Phone) +65-62942024
Alternative Phone No	(Office) +65-62942024

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00141682101
Cover Note Number	-

DRIVER

Name of Driver	Chelladurai Rengaraj
Passport No/FIN	GXXXX092U

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 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.

RECOMMEND

Policyholder's Signature / Date & Time

C. P. J. 21/04/22

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

Witnessed by Reporting Centre Personnel

Angie Soh

Sketch Plan PIE TOWARDS JURONG

NEAR ENG NEO SPEED CAMERA

A - GBF8208K

B - YP5900P