

ASS. REC. BY:

REF: 012/

Kerath

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no/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: 832k

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

14 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

GUT B1

Veh No:

GBD 79376 Yr Regn: 05, 15

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

Truck / Trailer or

Make:

NIS NV200

c.c.

1901

Colour:

Silver

AC: Insured / Std / NI / NA

Sp. Reading:

158406

T/Radio: Insured / Std / NI / NA

Eng No:

C/N:

VSKYBAM 207 0094122

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size:

F: Falken 175/70R14

Wind Force:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

7

mm

L/Bal.

3

mm

L/Bal.

7

mm

D.O.A.

9/5/22

D.O.I.

11/3/2022

Survey held at

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

& M

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) \$ - RS. SI

) Fines

) Others

TOTAL

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBF5321K
Accident Date : 09-May-2022

No. : 06579

Date : 10-May-2022

Our Ref : 022071 (CHINA) / CHAN

PAGE : 1

PRO-MATRIX PTE LTD
26 SIN MING LANE
#04-117
MIDVIEW CITY
Singapore 573971

Not Authorised
11 May @
Resurvey After Paint

14 days

ESTIMATED COST OF REPAIR FOR NISSAN NV200 GBD7937G

1 pc	Bonnet			<i>Rec</i>	1,189.00	n	✓
1 pc	Bonnet insulator			<i>Rec</i>	105.60	n	X
1 pc	Front grille			<i>CMA</i>	677.40	n	✓
1 pc	Front grille logo			<i>Rec</i>	56.60	n	✓
2 pcs	Headlamp	<i>my CMA</i>	@ S\$688.90		1,377.80	n	✓
2 pcs	Headlamp lower apron		@ S\$358.40		716.80	n	✓
1 pc	Front bumper fascia			<i>My</i>	1,029.70	n	✓
1 pc	Front bumper reinforcement				1,299.50	n	✓
1 pc	Front bumper tow cover			<i>Rec</i>	22.60	n	✓
1 pc	Front bumper sponge				298.00	n	✓
2 pcs	Front bumper side retainer		@ S\$ 28.20	<i>Dir</i>	56.40	n	✓
1 pc	Front support panel				781.40	n	✓
1 pc	Front support o/s guide				40.10	n	✓
1 pc	Front support o/s guide-lower				50.10	n	✓
1 pc	Front support n/s guide				36.50	n	✓
1 pc	Front support n/s guide-lower				50.10	n	✓
1 pc	Rear n/s door			<i>Ry</i>	1,586.40	n	✓
1 pc	Rear n/s door inner lock-top				274.10	n	✓
1 pc	Rear n/s door inner trim			<i>Rec</i>	229.90	n	X
1 pc	Rear n/s door "NV200" emblem			<i>Rec</i>	152.60	n	✓
1 pc	Rear n/s door logo			<i>Rec</i>	169.90	n	✓
1 pc	Rear n/s door outer handle				259.70	n	✓
1 pc	Rear o/s door			<i>Ry</i>	1,189.80	n	✓
1 pc	Rear o/s door rubber			<i>CMA</i>	64.80	n	<i>506.40</i>
1 pc	Rear o/s door inner lock				124.60	n	✓
1 pc	Rear o/s door inner trim			<i>CMA</i>	115.00	n	✓
1 pc	Rear o/s door "dci" emblem			<i>Rec</i>	146.50	n	✓

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:

Con't Page 2 ...

Faster moments	Precision hardware	Faster link	Gigabit Ethernet
-------------------	-----------------------	----------------	---------------------

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

GST Reg. No.: 201113667N

Page : 2

Less 10% : 1,748.60

200.00 1601

120.00 *Sc*

120.00 7

Con't Page 3 ...

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBF5321K

Page : 3

To apply undersealing

100.00 ✓

To putty and spray replaced parts

1,800.00 1600

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

2,200.00 1800

Total :

S\$23,199.90

=====

Singapore Dollars Twenty Three Thousand One Hundred
and Ninety Nine and Cents Ninety Only

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 09/05/2022 17:02 (SGT)
Date of Accident 09/05/2022 08:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIN MING AVE TOWARDS SIN MING DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7937G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PRO-MATRIX PTE LTD
Company Reg No 2XXXXX857H
Email Address CYNDI.LIM@PROMATRIX.SG
Mobile Phone No (Phone) +65-81882662
Alternative Phone No (Office) +65-68738680

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 Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-ML000282-R01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FAIZKANDAR BIN ADN
NRIC No SXXXX345G

Date Of Birth	27/09/1995
Occupation	Outdoor
Date Of Driving Pass	27/12/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87790634
Alt. Phone Number	-
Email Address	MFAIZKANDAR27@GMAIL.COM
Address	BLK 402A FERNVALE LANE #03-201
Address complement	-
Postcode	791402
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBF5321K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)

LAM CHEE SHIUNG
 GXXXX135U
 -
 -
 -
 -
 -
 -
 -

DETAILS OF OTHER VEHICLE PROPERTY 2

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

GBD3975Y
 -
 -
 -
 -
 Commercial vehicle
 MURUGANANDAM KUMARAVEL
 GXXXX222U
 -
 -
 -
 -
 -
 -
 -
 -
 -

INJURED PERSONS DETAILS

INJURED 1

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

MUHAMMAD FAIZKANDAR BIN ADNI
 -
 -
 -
 -
 -
 -
 SHOULDER, WRIST AND ANKLES PAIN
 GBD7937G
 Yes
 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 Authorized 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

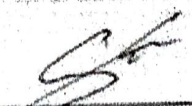
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

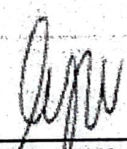
(collectively the "Purposes")

(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

