

A.S.S. REC. BY: Steve

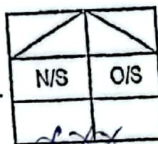
CS/EG122005678/EVC

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: SBA 12L
 Policy No. _____
 Claims No. CDMPG22001140
 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 Report: _____ 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: SKW 70086 Yr Regn: 12/11/15
 Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or _____
 Make: Nissan Rashgan c.c. 1197
 Colour: Green A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NA
 Sp. Reading: 91041 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA
 Eng/No: _____
 C/No: SJNPEAS1111489289
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or
 Tyre Size: F: 25/60R17
 R: 17
☒ BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZ / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /
 TOYO / YOKO or _____

Front _____ Rear _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 12/6/22 D.O.I. 15/6/22
 Survey held at Wah Hong
 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

MV-52K

29/6/22 Steve informed LS \$7850 (Red 3624 30, 31%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 29/6/22-typist

Report Format: MerimenLump Sum / L.S. (\$) \$7850Days Of Repair: 7Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech, Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	963G
Vehicle Details	
Vehicle No.:	SKW7008G
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jun 2022
Vehicle Make:	NISSAN
Vehicle Model:	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	HRA2190888A
Chassis No.:	SJNFEAJ11U1489289
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$18,413.00
Original Registration Date:	12 Nov 2015
First Registration Date:	12 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$13,413.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Nov 2025
PARF Rebate Amount:	\$8,718.00
Intended COE Rebate Details	
COE Expiry Date:	11 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,301.00
COE Rebate Amount:	\$19,552.00
Total Rebate Amount:	\$28,270.00

The information contained herein is correct as at 13 Jun 2022

OK



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SKW7008G NISSAN QASHQAI 2.0

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
PARTS (LIST ITEMS)				
1	Boot lid / 00		3706.00	
1	Boot lid emblem "Qashqai" / PC		114.00	
1	Boot lid logo badge X		85.00	
1	Rear windscreen moulding / TN		198.00	
1	Rear bumper / OR		877.00	
2	Rear bumper side retainer LH/RH @ 2*\$49 / OR		98.00	
1	Rear reinforcement ?		761.00	
1	Rear bumper towing cover / OR		39.00	
2	Rear bumper side reflector LH/RH @ 2*\$69 / OR		138.00	
1	Rear wheel arch garnish rh / (ru)		595.00	
1	End panel ?		531.00	
1	Exhaust muffler / 09 (photo)		578.00	
2	Exhaust muffler rubber mounting LH/RH @ 2*\$42		84.00	
1	Exhaust muffler center ?		982.00	
1	Rear fender RH (repair refer to labour) X R		0.00	
Comp into fender / OR				
Part Items Total:			8786.00	
			-10% -878.60	
			7907.40	
SPECIAL NETT ITEMS				
1	Rear bumper clips / PC		30 35.00	
1	Rear reverse sensor / OR 4pc		200.00	
1	Rear windscreen sealant / PC		50.00	
1	End panel sealant ?		50.00	
SN Items Total:			335.00	
Total Parts			8242.40	



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Page No. 2

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1000.00	400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1000.00	600
3	To perform anti-rust treatment on affected areas	60.00	30
4	To remove and replace rear reverse sensor	100.00	30
5	To remove/refix/replace wiring system at accident damaged area and check for all electrical proper function	60.00	30
6	To remove and refit rear windscreen	100.00	1
7	To remove and replace exhaust muffler	200.00	150
Labour Total :		2520.00	
TOTAL (PARTS & LABOUR):		10762.40	

Steve (LKK)

15/6/22, 11-30

ML ML
L/S
My My
5 dys

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 part(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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	13/06/2022 12:59 (SGT)
Date of Accident	12/06/2022 12:30 (SGT)
Exact Location of Accident	Near 370 Telok Blangah Rd, Singapore 098835
Additional Location Information	TELOK BLANGAH RD TWDS KEPPEL RD (BEFORE WISHART RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7008G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NGO SIANG KIN BENJAMIN
NRIC No	SXXXX963G
Email Address	BEN_NCO03@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96540308
Alternative Phone No	+65-96540308

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00340175/05
Cover Note Number	-

DRIVER

Name of Driver	NGO SIANG KIN BENJAMIN
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NRIC No SXXXX963G
Date Of Birth 10/02/1984
Occupation Indoor
Date Of Driving Pass 08/01/2005
Driving experience 17 YEARS AND 5 MONTHS
Gender Male
Mobile Number (Phone) +65-96540308
Alt. Phone Number +65-96540308
Email Address BEN_NGO03@HOTMAIL.COM
Address 8 MARTIN PLACE #06-06
Address complement -
Postcode 237992
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -
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) 3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name OH YI LIN
Gender Female

PASSENGER 2

Name SOPHIE NGO
Gender Female

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 SKETCH PLAN & SUMMARY

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBA12L

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAG WAN YI
Contact Number	(Phone) +65-97304965
Address	96501270
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

On 12 June at about 12:50pm, I was driving my Nissan Dashgari (SKW7008G) along Teluk Blangah Road towards Keppel Road when the vehicle suddenly stopped in the centre lane in front of me.

I applied my brakes and avoided colliding with the vehicle in front but the vehicle behind, a Toyota Altis (SBA12L) collided into my vehicle.

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

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.
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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.

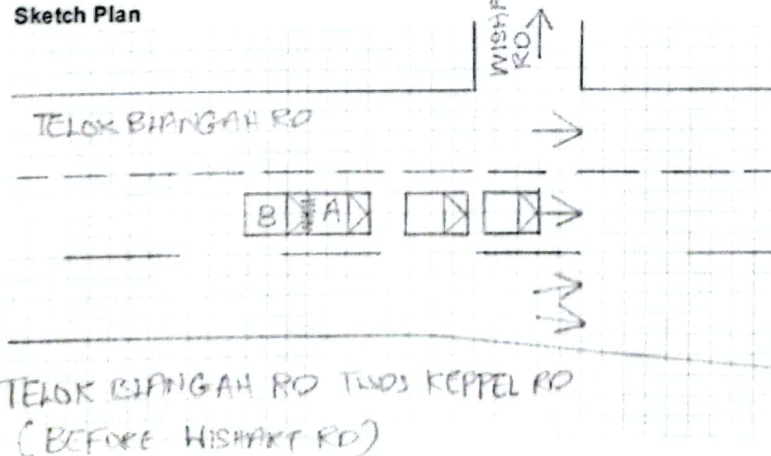
Devin M.
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A - 8KH 7008G
B - 8BA 12L