

ASS. REC. BY:

REF:

C72/ 22003944/KC

G

Kenneth

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBG 6740 Yr Regn: 05, 17

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

Truck / Trailer or

Make: NIS NV350 C.C. 2400Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 184374 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIMC2426.8 0008008

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: Triangle 195R15 X8Barron MaxBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 20/6/22

Survey held at

Rear

R/Bal. 2 mmL/Bal. 2 mmD.O.A. 27/6/2022

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

NIS Frt

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

Date / Time Action / Instruction

15/7/21 By B 2150h. Car (Red. 1600.10, 42%)

Date/Time, File Pass to?

☐ : Prell. Report☒ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format: TP

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

2,150/-

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	965N
Vehicle Details	
Vehicle No.:	GBG674U
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jun 2022
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	YD25416955A
Chassis No.:	JN1MC2E26Z0008008
Maximum Power Output:	-
Open Market Value:	\$24,409.00
Original Registration Date:	30 May 2017
First Registration Date:	30 May 2017
Transfer Count:	1
Actual ARF Paid:	\$1,221.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 May 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$30,600.00
COE Rebate Amount:	\$15,102.00
Total Rebate Amount:	\$15,102.00

The information contained herein is correct as at 22 Jun 2022

OK

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	20/06/2022 16:06 (SGT)
Date of Accident	20/06/2022 07:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG674U
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ECON HEALTHCARE PTE LTD
Company Reg No	2XXXXX500K
Email Address	SKTAN1305@GMAIL.COM
Mobile Phone No	(Phone) +65-97701329
Alternative Phone No	+65-97701329

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Goods vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 400001455 MKF
Cover Note Number	-

DRIVER

Name of Driver	TAN SONG KEONG
NRIC No	SXXXX464E



Date Of Birth	13/05/1966
Occupation	Indoor
Date Of Driving Pass	06/03/1984
Driving experience	38 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97701329
Alt. Phone Number	-
Email Address	SKTAN1305@GMAIL.COM
Address	BLK 413B NORTHSHORE DRIVE #20-513
Address complement	-
Postcode	822413
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG AI HUA
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 SKETCH PLAN

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	SDM2211D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



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.



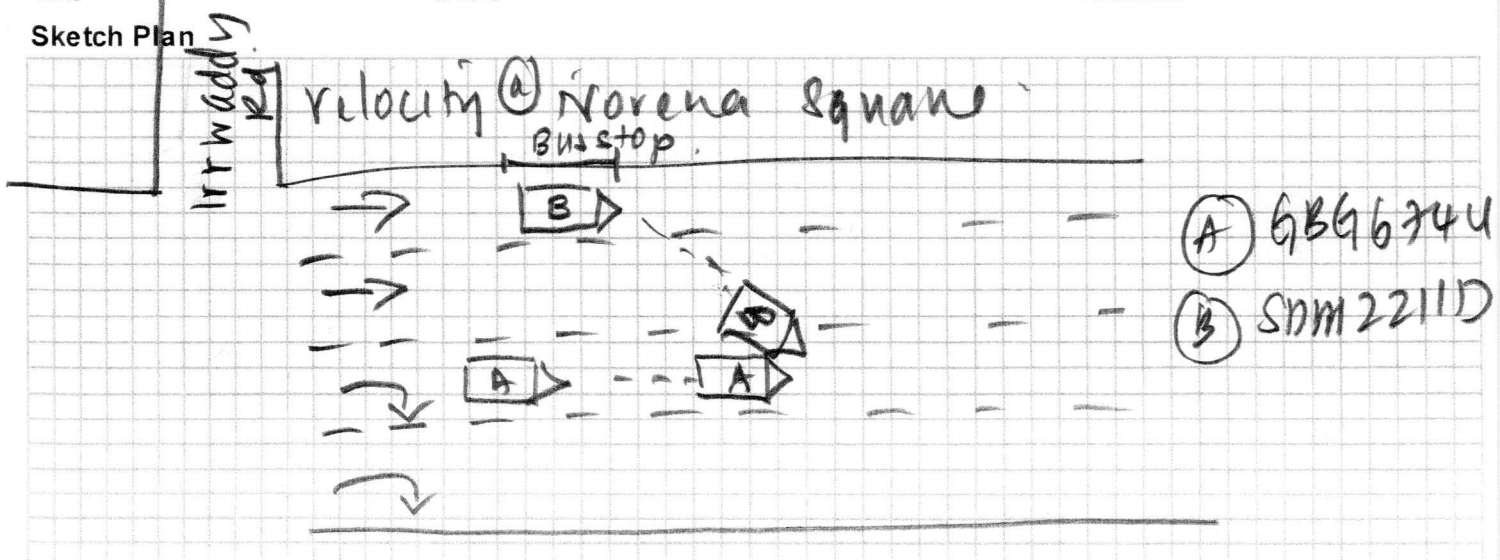
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 20/6/2022 at around 7.55hrs, I was travelling along Thoman Rd. towards Newton Rd. Suddenly vehicle no SDM 221111 changed lane (from first ^{left} lane) & collided onto the front portion of my vehicle.
(Attached video).

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



FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

FALCON - AIR

ECON HEALTHCARE PTE LTD
C/O 176 SIN MING DRIVE #01-06/07
SIN MING AUTOCARE 575721
ATTN: MS IVY NG - 6496 8662

Attention: Motor Claim Department

Contact: 6447 8788

Estimate: ES012408

Date: 21/06/2022

Vehicle Num.: GBG 674U

Make/Model: NISSAN NV350 EURO V-2016/2017

Chassis/Eng#: JN1MC2E26Z0008008

Accident Date: 20/06/2022

Claim No.: SNM22D204303

Reference: TP - MSIG AGT CHINA TAIHING

Policy No.: B 400001455 MKF

*Not Notified
11 Rp @ 2150h
Repair After Paint
4 days*

S/N Quantity Particular Unit Price Amount S\$

1.	1 PC	NETT ITEMS:		
2.	1 PC	LH HEADLAMP		
3.	1 PC	LH FRONT CORNER PANEL		
4.	1 PC	FRONT BUMPER		
		LH FRONT BUMPER SIDE RETAINER		

Nett Total S\$:

1,718.10

1.	14 PCS	SPECIAL NETT ITEMS:		
2.	1 PC	FRONT BUMPER CLIP		
3.	1 PC	LH FRONT DOOR COMPANY NAME STICKER		
		LH FRONT DOOR COMPANY LOGO, DOOR WRAP AND		
		STEP PANEL WRAP		

Special Nett Total S\$:

682.00

LABOUR:

TO FOCUS HEADLAMP

50.00

TO REPAIR LH FRONT DOOR PILLAR INCLUDING REPLACEMENT OF PARTS

450.00

TO SPRAY PAINT ON LH FRONT DOOR, LH FRONT DOOR PILLAR, LH FRONT CORNER PANEL, FRONT BUMPER

850.00

Labour Total S\$:

1,350.00

E. & O.E.

Total S\$:

3,750.10

for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges may be required once the repair commences. We will advise you accordingly.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before repair 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 is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

FALCON - AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office: Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(575721) Tel: 6452-0880 / 6458-0880 Fax: 6454-7862

Branches: Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110
Website: www.falconair.com.sg Email: email@falconair.com.sg