

ASS. REG. BY:

REF:

C5/AG1 22006907/H/43

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: 5 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: GR76D Yr Regn: 2017, Nov

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

Truck / Trailer or

Make: Nissan NV350 c.c. 2488

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

Sp. Reading: 96231 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E2620008535

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/80R15

R: 195/80R15

BS / DUN / EXNOVA / GY / 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. 21/07/22

Survey held at Sin Hwee

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 Budget Direct</u>
	<u>Adrian confirmed Lump Sum \$4900 and 5 days</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

1) 11/10/22

Date/Time, File Return to?

2)

Report Form:

4900

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Ltr View (\$

☐ : Tech. Insp (\$

Survey Fee:

Transportation:

8 - RS. \$1

Exp. Co

Others

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	18/07/2022 15:31 (SGT)
Reported by	Both
Date of Accident	17/07/2022 13:32 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TAMPINES AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR76D
-----------------------------	-------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARMIX MARKETING PTE LTD
Company Reg No	AXXXXXXX226H
Email Address	ARMIX38@GMAIL.COM
Mobile Phone No	(Phone) +65-96250262
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Commercial vehicle
Transmission	Manual
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2021-V0114819-VCV-R001

DRIVER

Name of Driver	ARMIX MARKETING PTE LTD
Company Reg No	AXXXXXXX226H
Date Of Birth	03/09/1957
Occupation	Indoor

Date Of Driving Pass	11/03/1977
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96250262
Alt. Phone Number	-
Email Address	ARMIX38@GMAIL.COM
Address	BLK 942 TAMPINES AVE 5 #02-249
Address complement	-
Postcode	520942
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE SEE ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF1928G
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KYAW LINN THAN
NRIC No	SXXXX926B

Contact Number	(Phone) +65-82000717
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

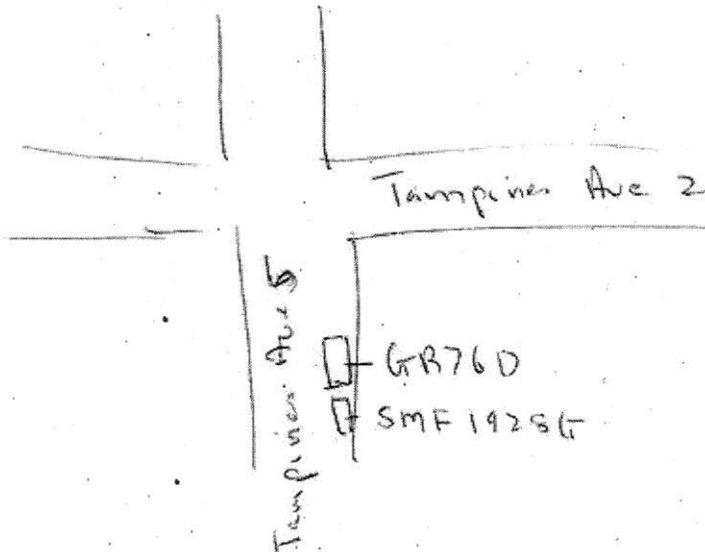


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 17/07/2022 at about 1.30 pm my vehicle (GR7615) was ~~stationary~~ stationary along Tampines Ave 5 while I was waiting to do a right turn to Tampines Ave 2. Moments later vehicle SMF 1928 hit into the back of my vehicle. The impact caused damage to my rear tail door and bumper (minor damage).

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 Person

SIN HWEE MOTOR PTD LTD

BLK 3023A UBI RD 1 #01-59
SINGAPORE 408717
UEN: 201327079M

Name / Address
ARMIX MARKETING PTE LTD

LKK Auto Consultants hereby authorize the Repairer of the following:	
• To resurvey before/after painting	Date: 20/7/2022 Estimate # 1011
• To display damaged part(s) during resurvey	
• Parts prices are subject to a "Without Prejudice" basis	
• 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:	

TP Budget Direct.

Xiao Chun. JNIMC2E26Z

VEHICLE NO	MODEL
GR 76 D	NISSAN NV350

Description	Qty	Rate	Total
TAILGATE - NETT <i>Dented</i>		2,157.00	2,157.00
TAILGATE LOCK - NETT <i>Dented</i>		350.78	350.78
TAILGATE CHROME - NETT <i>New</i>		636.32	636.32
NISSAN CENTER LOGO - NETT <i>New</i>		70.00	70.00
NV350 + URVAN LOGO - NETT <i>New</i>		118.70	118.70
REAR BUMPER - NETT <i>Dented</i>		780.88	780.88
TAILLAMP R/H - NETT <i>New cut</i>		287.00	287.00
WEATHER STRIP - NETT <i>New</i>		175.41	175.41
END PANEL - NETT <i>Dented</i>		498.10	498.10
END PANEL TOP CHROME - NETT <i>Dented</i>		85.77	85.77
WINDSCREEN SEAL - NETT <i>New</i>		75.88	75.88
SUBTOTAL			5,235.84
LESS 10%		-523.58	-523.58
70K/H STICKER <i>New</i>		28.00	28.00
BUMPER CLIP <i>New</i>	10	4.50	45.00
REVERSE SENSOR <i>Dented</i>		280.00	280.00
TO SUPPLY FITTING AND INSTALL REVERSE SENSOR		120.00	120.00
TO REMOVE AND REFIX REAR WINDSCREEN		180.00	180.00
TO SUPPLY WINDSCREEN SEALANT		120.00	120.00
TO TRANSFER BOOTLID MECHANISM, FITTINGS AND TRIMS TO NEW BOOTLID		250.00	250.00
TO DISMOUNT AND MOUNT INNER CARPET AND BOARDS TO FACILITATE REPAIR WORK		250.00	250.00
TO REPLACE END PANELS INCLUDE KNOCKING, CUTTING AND WELDING		1,200.00	1,200.00
TO REPLACE, INSTALL AND ALIGN AFFECTED PARTS TO SYMMETRICAL SPEC			
TO SPRAY PAINT TAILGATE, BUMPER AND END PANEL		1,200.00	1,200.00
TO SUPPLY AND TUFF KOTE		120.00	120.00
TO CARRY OUT WIRE CHECKING		120.00	120.00
Total			\$8,625.26

Total: 6132.70

H/S: 4.9K.

Adrian G
L/S 21/07/22
05 Days