

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: GBD 9133X Yr Regn: 21/7/15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV20 c.c. 1461Colour: Grey A/C: Insured / Std / Nil / NASp. Reading: 162862 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: VSKYKAM 2020100111Gen. Cond: Good (F) / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / Rim orTyre Size: F: 185/60R15R: /

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

TOYO / YOKO or _____

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 21/7/22Survey held at Wah HongDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 4 mmL/Bal. 4 mmD.O.I. 21/7/22

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

Date / Time Action / Instruction

NK-31X

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.S.F. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL



Wah Hong Motors & Credit Pte Ltd

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

Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Page No. 1

Our Ref : WH1312				
Vehicle No. : GBD9133X				
Make & Model : NISSAN NV200 1.5L				
QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$)	SURVEYOR'S ADJUSTMENT
PARTS (LIST ITEMS)				
1	Bonnet ✓ MD		600.00	
2	Bonnet hinges RH/LH @2*\$45 X		90.00	
1	Support top panel ✓ BT		350.00	
1	Front bumper ✓ BR		350.00	
1	Front bumper lower cover ?		200.00	
2	Front bumper both side retainer @2*\$25 (RH) - BR		50.00	
1	Front reinforcement ✓ BT		360.00	
1	Front bumper sponge ✓ BR		180.00	
1	Center grille ✓ BR		300.00	
1	Center grille Logo badge ✓ MC		55.00	
1	Front fender RH ✓ MD		300.00	
1	Front fender shield RH ?		90.00	
1	Head lamp RH ✓ BR		300.00	
2	Headlamp side lower garnish LH/RH @2*\$160 ✓ BR		320.00	
1	Head lamp lower support panel RH ✓ BT		60.00	
1	Headlamp side panel RH ✓ BT		60.00	
1	Fog lamp RH ✓ LUT		180.00	
1	Radiator air guide upper RH ?		50.00	
1	Radiator air guide lower RH ?		50.00	
1	Support side panel RH X		60.00	
1	Front door RH (Repair refer to labour) X R		0.00	
1	Front tyre rim (Repair refer to labour) X R		0.00	
1	Front fender LH (Repair refer to labour) X R		0.00	
1	Chassis member RH (Repair refer to labour) X R		0.00	
Part Items Total:			15%	
			4005.00	
			600.75	
			4605.75	
SPECIAL NETT ITEMS				
1	Front bumper clips ✓ MC		30 35.00	
1	Front fender shield clips X		25.00	
1	Center grille clips ✓ MC		15 30.00	
1	Front car plate with holder ✓ BR		35.00 ✓	
1	Coolant ✓ MC		20 50.00	
1	Bonnet insulator clips X		35.00	
1	Front door company decal RH X		30.00	
SN Items Total:			240.00	
Total Parts:			4845.75	



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ROC NO. & GST REG NO.: (199806235M)

Our Ref : WH1312		Page No. 2	
Vehicle No. : GBD9133X			
Make & Model : NISSAN NV200 1.5L			
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	1200.00	900
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1200.00	600 1000
3	To remove and refix wiring system at accident damaged area and check for all electrical proper function	60.00	30
4	To carry out repair on chassis member RH/LH	300.00	?
5	Remove and refit aircon condenser, radiator, related pipes and hoses, vaccum and refill aircon gas	100.00	50
Labour Total :		2860.00	
TOTAL (PARTS & LABOUR):		7705.75	

Steve CLKKJ
21/7/12, 3.17p

OD-MAL
EX 011-?
L/S
M ALY
5 45

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:

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 15:32 (SGT)
Reported by	Both
Date of Accident	14/07/2022 23:00 (SGT)
Exact Location of Accident	Near 288B Bukit Batok Street 25, Block 288B, Singapore 651288
Additional Location Information	BUKIT BATOK EAST AVE 6 TURNING RIGHT TO BUKIT BATOK EAST AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9133X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	INSIRO PTE LTD
Company Reg No	2XXXXX168H
Email Address	JADE@INSIRO.COM
Mobile Phone No	(Phone) +65-90072856
Alternative Phone No	(Office) +65-63231773

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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	221VC05007817

DRIVER

Name of Driver	LOW HENG CHYE, KELVIN (LIU XINGCAI)
NRIC No	SXXXX095I
Date Of Birth	13/06/1991

Occupation	Outdoor
Date Of Driving Pass	24/02/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97396674
Alt. Phone Number	-
Email Address	KELVIN.LOW@INSIRO.COM
Address	BLK 351 CLEMENTI AVE 2
Address complement	#02-51
Postcode	120351
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ALVERN KHOO KHOO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT (T/20220715/2075) FOR ACCIDENT DETAIL.

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	SLL279H
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW HENG CHYE, KELVIN
Gender	Male
Phone No	(Phone) +65-97396674
Address	BLK 351 CLEMENTI AVE 2
Address Complement	#02-51
Post Code	120351
Approximate Age Years Old	31
Injuries Sustained	CHEST AND VOMITTING
Injured person in which vehicle?	GBD9133X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- IMPORTANT NOTES**
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 3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
 6. This report will be forwarded by the insurers to 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")

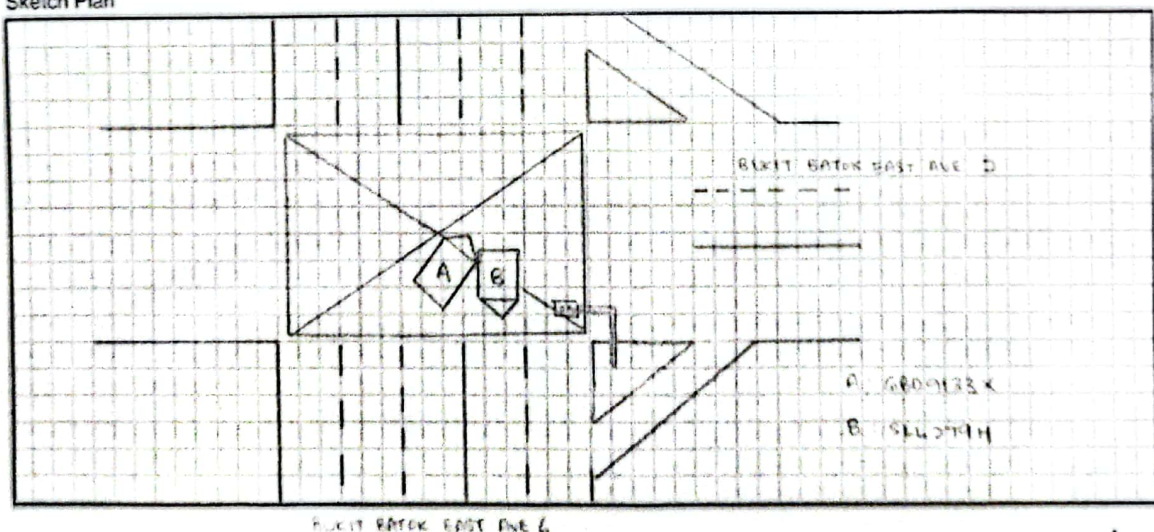
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report no 7/2022015/2016

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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



SUZANA BIE EDROS

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220715/2075

2 of 4

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20220715/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW HENG CHYE, KELVIN	ID No.	S9121095I
Related Vehicle	GBD9133X (Van)	Contact No.	97396674
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/07/2022	Date Discharge	15/07/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ALVERN KHOO	ID No.	NIL
Related Vehicle	GBD9133X (Van)	Contact No.	92220924
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was with my colleague, Alvern Khoo and I was driving my company van, a grey Nissan NV200 van bearing registration number GBD9133X. I was travelling along Bukit Batok East Avenue 6 towards Bukit Batok East Avenue 3. While I was at the cross junction of Bukit Batok East Avenue 6 and Bukit Batok East Avenue 2. I wanted to make a right turn into Bukit Batok East Avenue 2. Prior to making the right turn, I did check for oncoming vehicles and at that point in time, it was clear. Hence, I initiated the right turn. While I was turning, suddenly another vehicle, a silver Honda Vezel bearing registration number SLL279H, appeared and banged into my car. Afterwards, his car banged into the lamp post nearby.

I went out to check the damages of my vehicle and discovered, that my front car plate was gone and there were several other damages mainly at the frontal part of my car in which I could not remember. I cannot recall the damages for the other car. I did not manage to engage the other driver as I was in the state of shock and the car was too far up in front. As such, I do not have the particulars of the other driver and I am unsure if the other driver had any passenger in the car.

My accident was attended by the Traffic Police and paramedics. Both me and the other driver was conveyed to hospital. I was conveyed to Ng Teng Fong General Hospital due to chest pain and vomiting after the accident happened.

My colleague who was with me at that point in time, contacted my boss who came down and assisted

