

ASS. REC. BY:

REF:

AGI/220080881Kc

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:

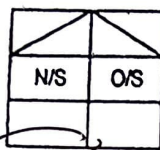
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBH 4752X

Yr Regn:

06/18

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

Truck / Trailer or

Make:

NAS NV350

c.c.

2488

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

07413

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1 MC 24 267 0030350

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Dun

195R15X8

R: Toyo

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

4

mm

L/Bal.

5

mm

D.O.A.

19/8/22

D.O.I.

27/8/2022

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

F. m. 125

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AUTO & GENERAL INSURANCE (SINGAPORE) PTE LIMITED
NO. 190
CLEMENCEAU AVE #03-01
SINGAPORE SHOPPING CENTRE
SINGAPORE 239924

Contact : -

Fax No. :

*Not authorized
11 Per &
Penny After Pain*

Estimate : QUOT202208-001034(00)

Date : 23/08/2022

Vehicle No. : GBH4752X

Make/Model : NISSAN NV350 PANEL VAN5DR 2.5
5AT

Mileage (km) : 0

Chassis No. : JN1MC2E26Z0030350

Accident Date : 19/08/2022 00:00:00

Claim No. : SLW8271T

Reference : JO202208-1313

Policy No. : 5109917183-03

S/No	Particular	Quantity	Unit Price	Amount S\$
NET ITEMS :				
1	Rear boot lid	1.0	2,198.10	<i>RM</i> 2,198.10 ✓
2	Rear boot rubber	1.0	147.70	<i>RM</i> 147.70 X
3	Rear boot emblem - logo	1.0	121.00	<i>RM</i> 121.00 —
4	Rear boot emblem - NV350	1.0	84.90	<i>RM</i> 84.90 —
5	Rear boot emblem - Urvan	1.0	84.90	<i>RM</i> 84.90 —
6	LH taillamp	1.0	272.00	<i>CM</i> 272.00 ✓
7	Rear end panel	1.0	197.10	197.10 ?
8	Rear boot lock	1.0	315.80	<i>RM</i> 315.80 X
9	Rear bumper	1.0	734.00	<i>RM</i> 734.00 ✓
10	Rear bumper retainer	2.0	78.10	<i>RM</i> 156.20 ✓
11	Rear bumper beam	1.0	228.80	228.80 ?
List Total :				4,540.50
10% Discount S\$				454.05
				4,086.45
SPECIAL NET :				
1	Reverse sensor	1.0	250.00	<i>RM</i> 250.00 <i>200.00</i>
SPECIAL NET Total S\$:				250.00
LABOUR :				
* To remove and refit tailgate glass		1.0	100.00	100.00 ✓
-To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts		1.0	700.00	700.00 ?
- Spray painting on affected & replace parts		1.0	800.00	800.00 <i>800.00</i>
				1,600.00

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:

Page 1 of 1

Total S\$: 5,936.45
GST 7% S\$: 415.55
Amount Due S\$: 6,352.00

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 Actual 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	20/08/2022 16:19 (SGT)
Reported by	Driver
Date of Accident	19/08/2022 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location information	SLIP ROAD FROM RIVER VALLEY RD ENTERING CLEMENCEAU AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4752X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GREENSTYLE PTE LTD
Company Reg No	-
Email Address	BYRON@REHABMART.SG
Mobile Phone No	(Phone) +65-93661284
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5109917183-03

DRIVER

Name of Driver	BYRON TAN HAO KIAT
NRIC No	XXXXX438J
Date Of Birth	22/10/1993

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.

Clemenceau Pte Ltd

201 Middle Lane #04-02/19

Singapore 787601

Tel: 6453 1235 Fax: 6453 7944

20/02/2015 15:15

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

