

## 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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: GBG 1104PS Yr Regn: 3/15/17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV900 c.c. 1461Colour: Silver A/C: Insured / Std / Nil / NASp. Reading: 65147 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: VSKBAM 707 0145082Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 0 mm R/Bal. 4 mmL/Bal. 0 mm L/Bal. 4 mmD.O.A. 24/8/22 D.O.I. 6/9/22Survey held at HC CapitalDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear DR RH

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

Date/Time Action/Instruction

NIR - WPA

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.F. (%) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

Mitsubishi HC Capital Asia Pacific Pte. Ltd.  
Automotive Workshop

No. 8 Fourth Lok Yang Road Singapore 629705

Tel : 64663022 Fax : 68966591

Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

Steve (LKK)

**VEHICLE ESTIMATE Dated 30/08/2022**

NTUC INCOME

ATTN: MOTOR CLAIMS DEPT

ACCIDENT DATE : 24/08/2022 : 18:55hr

VRN : GBG1104S

MODEL : NISSAN NV200

**PARTS REPLACEMENT**

	Qty	S\$ Unit	S\$ Amt
1 RH Rocker panel X	1	\$ 2,400.00	\$ 2,400.00
2 Rear RH sliding door X R	1	\$ 2,160.00	\$ 2,160.00
3 rear RH fender X R	1	\$ 2,400.00	\$ 2,400.00
4 rear Bumper - cut	1	\$ 720.00	\$ 720.00
5 rear RH bumper side retainer	1	\$ 72.00	\$ 72.00
6 rear RH wheel rim cover - cut	1	\$ 240.00	\$ 240.00
7 RH taillamp X	1	\$ 288.00	\$ 288.00

\$ 8,280.00

All List -30%

\$ 2,484.00

\$ 5,796.00

**Special Nett**

8 rear bumper clips (set) - pre	1	\$ 60.00	\$ 30 60.00
9 front RH tyre X	1	\$ 350.00	\$ 350.00

\$ 410.00

**PARTS TOTAL \$ 6,206.00**

**B. Labour Charges**

1 Panel beat, cut, weld, re-align & replace damaged parts of affected areas.	\$ 850.00	400
2 Putty, Blend And Spray Paint on Affected Area	\$ 720.00	400
3 Check wiring, re-align taillamp and ensure proper functioning.	\$ 80.00	30
4 Check, re-adjust and computerise wheel alignment/side slip test.	\$ 180.00	60
5 Remove, replace and balance rim / tyre. (per rim)	\$ 40.00	20
6 Check, re-adjust and computerise wheel alignment/side slip test.	\$ 180.00	X 30
7 Remove and reinstall 2/4 piece of bumper sensors.	\$ 120.00	
8 Remove, replace and balance rim / tyre. (per rim)	\$ 40.00	X

**LABOURS TOTAL \$ 2,210.00**

Grand Total : \$ 8,416.00

Add 7% GST : \$ 589.12

**Nett Total : \$ 9,005.12**

No. of repair days: 15

**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

CUSTOMER SIGNATURE

Acknowledged by Repairer  
Signature:  
Date:



MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD



## 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	29/08/2022 14:26 (SGT)
Reported by	Both
Date of Accident	24/08/2022 18:55 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	Along Pasir Panjang Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1104S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ng Cheng Yok
NRIC No	SXXXX167E
Email Address	ngchengyok@gmail.com
Mobile Phone No	(Phone) +65-91798215
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Goods vehicle
Transmission	Manual
CC	1461

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V07123/VCV/R04

### DRIVER

Name of Driver	Ng Cheng Yok
NRIC No	SXXXX167E
Date Of Birth	26/10/1955
Occupation	Outdoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

05/04/1976

46 YEARS AND 4 MONTHS

Male

(Phone) +65-91798215

-

ngchengyok@gmail.com

Blk 62 Teban Gardens Road

#07-627

600062

Yes

-

No

-

-

e Colour  
-le Category  
ne of Driver  
ntact Number  
ddress  
Address complement  
Postcode  
Insurance Comp  
Nature Of Da  
Details of  
No. Of

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Change/cross lane

Raining

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

Translator's name

-

Translator's ID

-

Translator's phone number

-

Translator's email

-

Original language used in the statement

-

#### PASSENGER 1

Name

Spouse

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

Please refer to attachment

#### ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ8251H

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Accident report SMOW228T0001

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)	-



## IMPORTANT NOTICE

## SKETCH PLAN

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 voluntary 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 insurers who have insured vehicle(s) involved in this accident (all insured(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.

HSBC CHIA HO CAPITAL ASIA PACIFIC PTE LTD  
Automotive Workshop  
8 Fourth Lok Yang Road  
Singapore 629705  
Tel: (65) 6466 3022

Policyholder's Signature / Date & Time

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

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

## Sketch Plan

A: GIBG1104S  
B: SLR3251H

3/3/2022

Describe Circumstance of the Accident

After the traffic lights turned green, I proceed to move forward within my lane. Out of sudden, car B change into my lane and collided onto my vehicle.

Declaration

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

*[Signature]*

*[Signature]*

MITSUBISHI NC CAPITAL ASIA PACIFIC PTE. LTD.  
Automotive Workshop  
8 Fourth Ldg, Yang Road  
Singapore 629705  
Tel: (65) 6486 3022

Policyholder's Signature / Date & Time

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

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