

ASS. REC. BY:

REF:

146A/220121971Kw

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/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: \_\_\_\_\_

4 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

1.8.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

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

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

GBM 7342

Yr Regn: \_\_\_\_\_

10.22

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

NIS NV100

c.c

660

Colour \_\_\_\_\_

White

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp.Reading \_\_\_\_\_

3908

T/Radio: \_\_\_\_\_

Insured / Std / NI / NA

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

C/No: \_\_\_\_\_

DRIVE

513681

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

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

F: \_\_\_\_\_

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

145/80R12

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

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

Front

Rear

R/Bal. \_\_\_\_\_

9

mm

R/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

D.O.A. \_\_\_\_\_

24/11/22

D.O.I. \_\_\_\_\_

3/1/2023

Survey held at \_\_\_\_\_

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

6/1 2432.96 Car @ 04 days (Red \$2,514.83/51%)

Date/Time, File Pass to?

09/01/2023

1) Typist

Date/Time, File Return to?



: Prell. Report



: Final Report

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

04

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

Survey Fee: \_\_\_\_\_

Transportation

S - RS, SI

Fees

Others

Add Fee: \_\_\_\_\_



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$ 1.8.1

TOTAL

# BIFROST AUTO PTE LTD

16K  
02/10/22

## REPAIR ESTIMATE

DATE: 30-Nov-22

INSURANCE: HL

MODEL: NISSAN

VEHICLE NO.: GBM 734 Z

DESCRIPTION	QTY	UNIT PRICE	NETT PRICE
REAR BUMPER	1		BU \$560.85
REAR BUMPER CLIP	10	\$5.50	nn \$55.00
REAR END PANEL	1		R \$256.05
TAILGATE	1		K \$961.85
TAILGATE EMBLEM	1		nn \$85.60
NV100 STICKER	1		nn \$68.50
RERA WINDSCREEN MOULDING	1		nn \$120.80
<b>SUB TOTAL</b>			\$2,108.65
<b>LESS 10%</b>			\$210.87
<b>DISCOUNTED TOTAL</b>			<b>\$1,897.79</b>
REAR BUMPER SENSOR	S.NETT 1		nd 400.00
70KM/H STICKER	S.NETT 1		nn 15.00
5 PAX STICKER	S.NETT 1		nn 15.00
REAR NUMBER PLATE	S.NETT 1		nd 40.00
REAR WINDSCREEN STICKER	S.NETT 1		nn 40.00
COMPANY'S LOGO STICKER	S.NETT 1		nn 480.00
<b>TOTAL S.NETT</b>			<b>\$990.00</b>
<b>Labour Charge</b>			
Panel Beating	1	\$800.00	\$800.00
Spray Painting Charge	1	\$1,000.00	\$1,000.00
Anti-rust	1	\$80.00	nn \$80.00
Transfer tail gate	1	\$80.00	nn \$80.00
remove and refix rear windscreen glass	1	\$100.00	nn \$100.00
<b>TOTAL LABOUR</b>			<b>\$2,060.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$4,947.79</b>

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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:

Not with with  
the survey B&P  
4 days

2432.96

## 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	25/11/2022 12:33 (SGT)
Reported by	Driver
Date of Accident	24/11/2022 08:30 (SGT)
Exact Location of Accident	Near 2874 Ang Mo Kio Ave 9, Singapore 569783
Additional Location Information	ANG MO KIO STREET 62
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM734Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KNT MOVERS (S) PTE LTD
Company Reg No	2XXXXX424E
Email Address	LAI_ANN24@YAHOO.COM
Mobile Phone No	(Phone) +65-67476636
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV100 DX GL
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	Commercial vehicle
Transmission	Auto
CC	660

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131134645

#### DRIVER

Name of Driver	EA BOON TECK
NRIC No	SXXXX635H
Date Of Birth	05/12/1977
Occupation	Indoor

Date Of Driving Pass	10/08/2001
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-67476636
Alt. Phone Number	-
Email Address	LAI_ANN24@YAHOO.COM
Address	BLK 258 SERANGOON CENTRAL DRIVE
Address complement	-
Postcode	550258
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 - 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

AT THE MATERIAL DATE AND TIME I WAS TRAVELLING ALONG ANG MO KIO STREET 62, CAR IN FRONT OF ME STOP I JUST FOLLOW, SUDDENLY I FELT AN IMPACT. I NOTED VEH B FRONT PORTION HIT INTO MY VEH A'S FRONT PORTION.

#### 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	SMV4423S
Vehicle Manufacturer	-
Vehicle Model	-
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) -



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

*SKY*



*SKY*

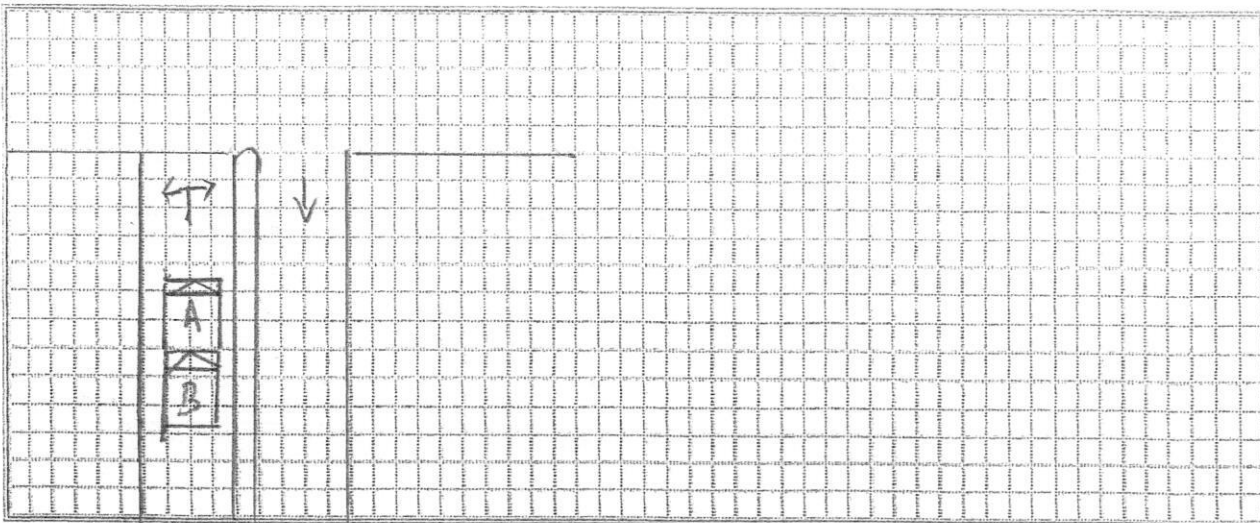
*DB*

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)

### Sketch Plan



Describe Circumstance of the Accident

At the material date and time I was travelling along Ang mo Kio st 62. Car in front of me stop. I just follow. Suddenly I felt an impact. I noticed VEH B front portion hit into my veh A's front portion. that Am.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

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

*SKY*



Policyholder's Signature / Date & Time

*SKY*

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

*WQ*

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

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

424E

### Vehicle Details

Vehicle No.:

GBM734Z

Vehicle to be Exported:

Yes

Intended Deregistration Date:

25 Nov 2022

Vehicle Make:

NISSAN

Vehicle Model:

NV100 DX GL

Primary Colour:

White

Manufacturing Year:

2022

Engine No.:

R06A3162119

Chassis No.:

DR17V613681

Maximum Power Output:

-

Open Market Value:

\$13,334.00

Original Registration Date:

28 Oct 2022

First Registration Date:

28 Oct 2022

Transfer Count:

0

Actual ARF Paid:

\$667.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

27 Oct 2032

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$24,236.00

COE Rebate Amount:

\$19,388.00

**Total Rebate Amount:**

**\$19,388.00**

The information contained herein is correct as at 25 Nov 2022

OK