ASS. REC. BY:	ASSIGNMENT	
TEAMOIA		7 Yr Regn: 10, 22
From: Date:	Veh No: Cr 13/N + 34 Type: M.Car / M.Cycle / Bus / Yan /	
Estimated Cost:	_	Lorry / Laxi / Filling moves /
OD TTP WS / TP RES / OD RES / EVA / INV / MY	Truck / Trailer or	(A)
To Inspect Vehicle No:	Make: NIS NV	
at Workshop m/s Bi from	Colour White	A/C: Insured / Std / Ni / NA
in of	Sp.Reading 3908	T/Radio: Insured / Std / N1 / NA
Insured:	Eng/No:	
Policy No.	C/No:	R17V. 613681
Claims No.	Gen. Cond: Good' Fair / Poor / Bur	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaker	
(Client's Record)	Brake: Iporder / Jammed / Leaker	
Make of Veh:	Modi: All S/Rim / STD A/Rim	
THE VIEW	_	01
	Tyre Size: F:	11.57.0
(Policy Condition)	R:	145/80R12
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA	A / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	Front	Rear
2 1010 1-11 10 11 10 11	- 9	· CONT
DAC Accident Roort: Consistent?: Yes or No	R/Bal. 7 mm	
	5	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 9 mm	L/Bal. P inm
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 9-5 days Res.: Yes or No	L/Bal. 9 mm D.O.A. 24/11/22	L/Bal. P inm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at	L/Bal. 9 mm D.O.I. 3 /1 /20
GIA / PR Seen: Consistent?: Yes or No Est Repairs: 9-5 days Res.: Yes or No Lum Sum: 18:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Rear 1 O/S	L/Bal. 9 inm D.O.I. 3 /1 /20
GIA / PR Seen: Consistent?: Yes or No Est Repairs: 9-5 days Res.: Yes or No Lum Sum: 18:1% 3 Val.: Yes or No	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: 9-5 days Res.: Yes or No Lum Sum: 181/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Person Contacted:	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	L/Bal. 9 mm D.O.I. 3 /1 /20
GIA / PR Seen: Consistent?: Yes or No Est Repairs: 9-5 days Res.: Yes or No Lum Sum: 1-3:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted:	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	U/Bal. 9 mm D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: 9-5 days Res.: Yes or No Lum Sum: 181/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Person Contacted:	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	U/Bal. 9 mm D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: 9-5 days Res.: Yes or No Lum Sum: 181/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Person Contacted:	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	U/Bal. 9 mm D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: 9-5 days Res.: Yes or No Lum Sum: 181/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Person Contacted:	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	U/Bal. 9 mm D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: JB:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	U/Bal. 9 mm D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: JB:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted: Date / Time Action / Instruction	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	U/Bal. 9 mm D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: JB:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
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GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: JB:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted: Date / Time Action / Instruction	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	D.O.I. 3 /1 /20
GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: JB:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted: Date / Time Action / Instruction	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt / Rear / O/S The U/C / Chassis frame / Boo	D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Gays Res.: Yes or No Lum Sum: J.S. / % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Press to? Press to? Press Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No Vehicle: IN / OU Three, File Pass to? Press.: Yes or No	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt 1 Pear 1 O/S	U/Bal. 9 mm D.O.I. 3 /1 /20. 1 N/S / U/C / Rooftop or
GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: ////////////////////////////////////	L/Bal. 9 mm D.O.A. 24/11/22 Survey held at Des. of Damages: Frt 1 Rear 1 O/S The U/C / Chassis frame / Boo	L/Bal. 9 mm D.O.I. 3 /1 /20. I N/S / U/C / Rooftop or dy Structure affected due to comsion.
GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: ////////////////////////////////////	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt / Rear / O/S The U/C / Chassis frame / Boo	UBal. 9 mm D.O.I. 3 / 1 / 20 I N/S / U/C / Rooftop or dy Structure affected due to collision.
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 9-5 days Res.: Yes or No Lum Sum: 18:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted: Date / Time Action / Instruction Preli. Report : Final Report	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt / Rear / O/S The U/C / Chassis frame / Boo Days Of Repair: Resurvey No. of Trip:	L/Bal. 9 mm D.O.I. 3 / 1 / 2.0. I N/S / U/C / Rooftop or Survey Fee: Transportation
GIA / PR Seen: Consistent?: Yes or No Est Repairs: Gays Res.: Yes or No Lum Sum: ////////////////////////////////////	Door 1 1/2 2 Survey held at Des. of Damages: Frt Rear O/S The U/C Chassis frame Boo Days Of Repair: Resurvey No. of Trip:	UBal. 9 mm D.O.I. 3 / 1 / 20 I N/S / U/C / Rooftop or dy Structure affected due to collision.
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Ja: /% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted: Date / Time Action / Instruction Preli. Report : Final Report /Time, File Return to? Add Fee	L/Bal. 9 mm D.O.A. 74/11/22 Survey held at Des. of Damages: Frt / Rear / O/S The U/C / Chassis frame / Boo Days Of Repair: Resurvey No. of Trip:	L/Bal. 9 mm D.O.I. 3 / 1 / 2.0. I N/S / U/C / Rooftop or Survey Fee: Transportation
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 9-5 days Res.: Yes or No Lum Sum: 18:/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted: Date / Time Action / Instruction Preli. Report : Final Report	Door 1 1/2 2 Survey held at Des. of Damages: Frt Rear O/S The U/C Chassis frame Boo Days Of Repair: Resurvey No. of Trip:	Survey Fee: Transportative Survey Transportative Transportative Survey Transportative Survey S

LKK 102/22

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE:

30-Nov-22

INSURANCE: HL

MODEL:

NISSAN

VEHICLE NO.:

GBM 734 Z

and the second s			- (DUT 55)65	NETT PRICE	
DESCRIPTION		QTY	UNIT PRICE	Bu \$560.85	_
REAR BUMPER	1	1	↑ € € ○		_
REAR BUMPER CLIP		10	\$5.50	\$55.00 \$256.05	7 X
REAR END PANEL		1		₩ \$961.85	X
TAILGATE		1	5	12 \$85.60	
TAILGATE EMBLEM		11		m \$68.50	_
NV100 STICKER		1		n~\$120.80	X
RERA WINDSCREEN MOULDING	Ĵ.	1		γυιο ψ120.00	,
7				\$2,108.65	1
SUB TOTAL				\$2,100.87	1
LESS 10%				\$1,897.79	1
DISCOUNTED TOTAL	A			\$1,097.19	4
DEAD BUMBER OF MOOR	CNETT	1		Pu 400.0	320
REAR BUMPER SENSOR	S.NETT	1		May 15.0	
70KM/H STICKER	S.NETT			15.0	
5 PAX STICKER	S.NETT	11	-	no 40.0	
REAR NUMBER PLATE	S.NETT	1	1. (_
REAR WINDSCREEN STICKER	S.NETT	1		nn 40.0	
COMPANY'S LOGO STICKER	S.NETT	1		May 480.0	
TOTAL S.NETT				\$990.0	0
_abour Charge		,		1,1	
Panel Beating		1	\$800.00	\$800.0	00 7
Spray Painting Charge		1	\$1,000.0	0 \$1,000.00	00 60
inti-rust	*	1	\$80.0	0 \$80.	00 7
ransfer tail gate	\	+1	\$80.0	0 Nr \$80.	00 X
emove and refix rear windscreen glass		1.,	\$100.Q	0 sn \$100.	00 X
OTAL LABOUR			а	\$2,060	.00
STIMATE TOTAL				\$4,947	.79
				44,04 1	

nis 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 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 Nothern Pulmy B& pains 4-5 days

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding or material racts may allow insurance companies.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/11/2022 12:33 (SGT) Driver 24/11/2022 08:30 (SGT) Near 2874 Ang Mo Kio Ave 9, Singapore 569783 ANG MO KIO STREET 62 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBM734Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

KNT MOVERS (S) PTE LTD 2XXXXX424E LAI_ANN24@YAHOO.COM (Phone) +65-67476636

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category **Transmission** CC

Nissan NV100 DX GL

Employment

No - Claiming third party Commercial vehicle Auto 660

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5131134645

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

EA BOON TECK SXXXX635H 05/12/1977 Indoor



MECRIANT NOTICE

SKETCH PLAN

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form most be completed by the Policyholder and/or the Aquel Drivet.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful interepresentation or withholding of material facts may allow
- The issue and acceptance of this Form by insurance companies is not an admission of policy listility on the part of the insurance companies. 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This ispan will be forwarded by the insurers to the GIA Pecards Management Centre established by the General Insurance Association of Singapore (GLA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 2. By the reogenment of this report to the insurers, you hereby consent to the archiving of this report of the centre and to copies of the
- 8. Consent under the Personal Data Protection Act (FDPA)

Lancers and, act newleage, 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 the process my personal data/personal information set out in this (form) and any other personal information provided by me or ocssessed by my insurer (collectively the "Parsonal Information") and disclose and transfer such Parsonal information to all insurerts) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be Total clive by relief red to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant [Craffirmetil agency/authority (such as the police), for the purposa(s) of

- (i) processing, handling ancion desting with my claims including the settlement of the claims and any necessary investigations relating to ° a tiainis:
- (a) intrestigating the accident ancier my claims;
- (iii) carrying cut and/or dealing with my instructions or responding to any anguiries by me:
- (iv) administrating 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 saturnal cover of envelopes/mail rackages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the 'Furposes')
- (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 lawys to warms which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan