

ASS. REC. BY:

REF:

CT21 22012330/Kg

C

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: \_\_\_\_\_

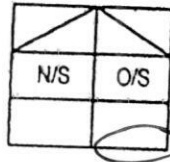
Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

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: \_\_\_\_\_

GBF 3503R Yr Regn: 09, 16

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

Truck / Traller or \_\_\_\_\_

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

NIS NV350

C.C

2488

Colour \_\_\_\_\_

Blue

A/C:

Insured / Std / NI / NA

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

153784

T/Radio:

Insured / Std / NI / NA

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

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

JN/MC 28287-0006132

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NIS/Rim / STD A/Rim or

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

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

195 R15X8

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Duraturn

Front

Rear

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

mm

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

mm

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

mm

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

mm

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

7/12/22

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

14/12/2022

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

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

Rear o/s

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

Date / Time

Action / Instruction

22/12 21 Rpt @ 3550h Confr @ 04 days (Red \$4,873.50 / 58%)

Date/Time, File Pass to?

12/01/2023

1) typist

Date/Time, File Return to?

2)



: Prell. Report



: Final Report

Days Of Repair: 04

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

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 4/s

Not authorized  
11 Sep @ 3550h  
Recovery After Posing  
4 days

### CONNECT 3

566 Woodlands Road ( Mandai Estate ) Singapore 728697  
Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L

G S T : 5 3 3 6 0 0 6 1 L

QT22/GBF3503R/TPC

<b>China Taiping Insurance (Singapore) Pte Ltd</b>
3 Anson Rd #15-02
Springleaf Tower
Singapore 079909

### QUOTATION

Dear Sir,

Cost of Repair to Vehicle GBF3503R

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)	
1.	Tailgate <i>2101.00</i>	1	<i>By</i> 3,698.70	3,698.70	✓
2.	Rear bumper <i>687</i>	1	<i>By</i> 1,248.40	1,248.40	✓
3.	Rear bumper center plastic garnish	1	<i>nn</i> 236.70	236.70	X
4.	Tailgate rubber	1	<i>h</i> 214.90	214.90	X
5.	Tailgate centre emblem	1	<i>nn mm</i> 42.80	42.80	+
6.	Rear bumper clips	1	<i>mm</i> 20.00	20.00	✓
7.	70KM/H sticker	1	<i>mm</i> 15.00	15.00	✓
8.	Emergency door sticker	1	<i>nn</i> 15.00	15.00	X
9.	Rear Nissan NV350 emblem	1	<i>mm</i> 89.00	89.00	✓
10.	Rear Nissan small emblem	1	<i>mm</i> 73.00	73.00	✓
11.	Apply anti rust <i>105</i>	1	120.00	120.00	301
12.	Company logo sticker	1	<i>mm</i> 300.00	300.00	1201m
13.	Check wiring	1	60.00	60.00	201
14.	Sealant	3	<i>mm</i> 40.00	120.00	401m
15.	Transfer tailgate fittings	1	150.00	150.00	601
16.	Labour to remove & refit rear windscreen	1	120.00	120.00	✓

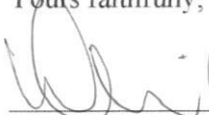
\* Reverse sensor - \$300 (SIN) Per 2001m

17.	Labour charges	1	1,000.00	1,000.00	6001
18.	Spray painting	1	900.00	900.00	6001
	<b>SUB-TOTAL</b>			<b>S\$8,423.50</b>	

- Price before 7% gst

Thank you.

Yours faithfully,



Winnie Chai  
HP: 9850-9666



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 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	08/12/2022 11:02 (SGT)
Reported by	Driver
Date of Accident	07/12/2022 16:35 (SGT)
Exact Location of Accident	Joo Chiat Terrace, Joo Chiat Terrace Park, Singapore 427253
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3503R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SINGAPORE POST LIMITED
Company Reg No	1XXXXX623M
Email Address	g-sgbuvehicle@singpost.com
Mobile Phone No	(Phone) +65-98291844
Alternative Phone No	(Office) +65-68412000

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Manual
CC	2488

### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5003454

### DRIVER

Name of Driver	NG ZONGHUA
NRIC No	SXXXX811F
Date Of Birth	20/09/1990
Occupation	Outdoor



Date Of Driving Pass	03/12/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-98291844
Alt. Phone Number	-
Email Address	g-sgbuvehicle@singpost.com
Address	BLK 862 TAMPINES STREET 83 #03-398
Address complement	-
Postcode	520862
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

ON 1635HRS, I WAS DRIVING VEHICLE A (GBF3503R) ALONG JOO CHIAT ROAD ON THE LEFT LANE, TRAFFIC WAS HEAVY AND JUST BEFORE JOO CHIAT TERRACE, VEHICLE B (SDW1725S) CAME FROM THE SLIPROAD ON THE RIGHT AND BUMPED INTO THE RIGHT REAR PORTION OF MY VEHICLE AS I CAME TO A STOP. NO INJURIES.

#### 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	SDW1725S
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TOH BENG CHONG
NRIC No	SXXXX989Z
Contact Number	(Phone) +65-90235857
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

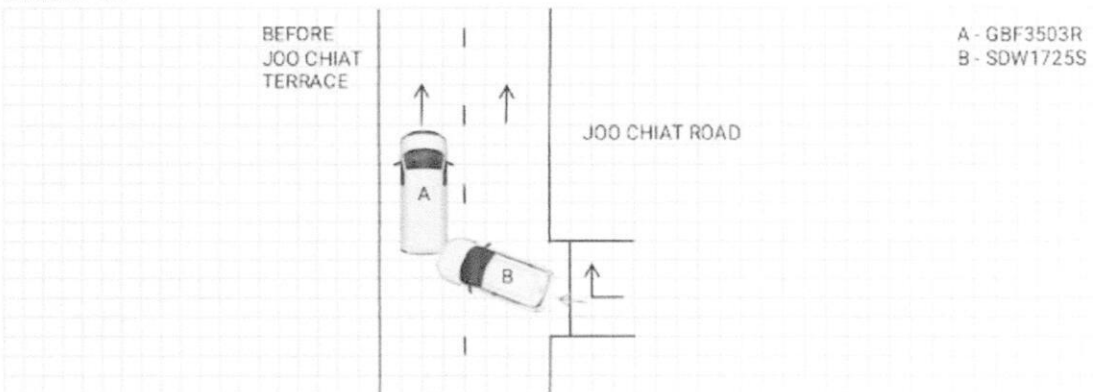
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 GlA 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

### Sketch Plan





Describe Circumstances of the Accident

ON 1635HRS, I WAS DRIVING VEHICLE A (GBF3503R) ALONG JOO CHIAT ROAD ON THE LEFT LANE, TRAFFIC WAS HEAVY AND JUST BEFORE JOO CHIAT TERRACE, VEHICLE B (SDW1725S) CAME FROM THE SLIPROAD ON THE RIGHT AND BUMPED INTO THE RIGHT REAR PORTION OF MY VEHICLE AS I CAME TO A STOP NO INJURIES

Declaration

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



Policyholder's Signature / Date & Time

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

09/14/11

1915

Witnessed by Reporting Centre Personnel