

ASS. REC. BY:

REF:

CIP/22012848/KV

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: SKK 8337M

Policy No.

Claims No. BVS22/1485

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:

06 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:

GBL 3429R

Yr Regn:

06, 21

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

Truck / Trailer or

Make:

NIS NV 200

c.c.

1597

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

45993

T/Radio:

Insured / Std / NI / NA

Eng No:

C/No:

VM20

162114

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/Rim or

Tyre Size:

F:

R:

165/80R14

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

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

21/12/22

D.O.I.

27/12/2022

Survey held at

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

O/S Frt & UIC

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Steering jammed unable to do wheel alignment.

8/2 L1 Rep 86400d Cash (red 6085.80, 48%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / H.B.: (\$ 6400)

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	22/12/2022 12:06 (SGT)
Reported by	Driver
Date of Accident	21/12/2022 18:25 (SGT)
Exact Location of Accident	Bishan Street 22, Singapore
Additional Location Information	TOWARDS MARYMOUNT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3429R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	I. S. SYSTEM
Company Reg No	4XXXX600J
Email Address	prodn@issytem.com.sg
Mobile Phone No	(Phone) +65-82879384
Alternative Phone No	(Office) +65-64834468

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122357523-01

DRIVER

Name of Driver	AZMAN BIN MANSOR
NRIC No	SXXXX977I
Date Of Birth	16/05/1965
Occupation	Outdoor

Date Of Driving Pass	08/05/2000
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82879384
Alt. Phone Number	(Office) +65-64834468
Email Address	obeman2666@hotmail.com
Address	BLK 504 ANG MO KIO AVENUE 8 #02-2666
Address complement	-
Postcode	560504
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 - Major/Minor Rd
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)	3
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	NAYRA ALEESYA
Gender	Female

PASSENGER 2

Name	MARSHEL HANANIA
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 ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SKK8337M
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN GEOK CHEONG
NRIC No	SXXXX269Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

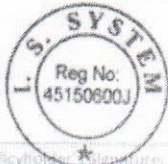
SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy validity 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 be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the existence of any report of the accident 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 Monetary Authority of Singapore and any relevant government agency/authority, such as the police, (for the purposes) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of these 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 enquiry by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, receipts or letters 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' lawyer/law firm 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 to GIA to their third party service providers or agents (including their lawyers/law firms), which may be stored outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history and the names of third party claimants, investigation and management in present and all future claims;
- (e) the information so collected under (d) above, may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or handling fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

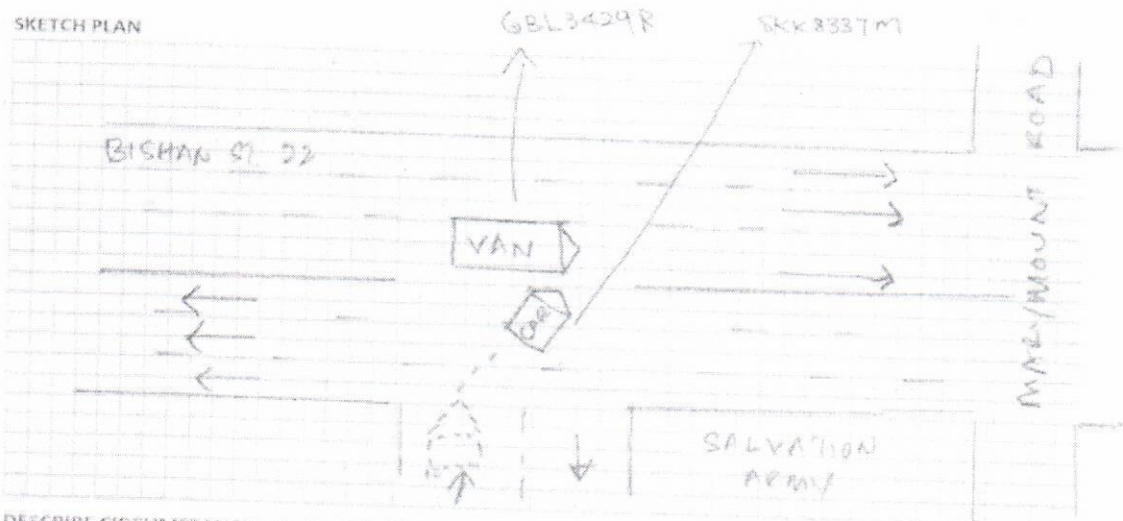


Policyholder's Signature
Date & Time:

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

Insurer's Signature
Name: **Joelle Tan**
Date/Time: **AMEK AUTO POINT PTE LTD**
22.12.2022

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21/12/22 AT 6:21 PM WHILE DRIVING ALONG BISHAN ST 22 TOWARD MARYMOUNT ROAD, SUDDENLY A VEHICLE SKK8337M CAME IN FROM OPPOSITE CARPARK AND CROSS OVER TO MY LANE AND HIT ON TO MY RIGHT SIDE VAN.

DECLARATION

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



Policyholder's Signature
Date & Time:

QIARMC SketchPlanForm_V2

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

Reporting Person's Signature

Name: Joelle Tan
AMK AUTOPRINT PTE LTD
22.12.2022

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A

#02-03 AMK AUTOPOINT 568047

Tel No. : 64837111 Fax No. : 64837221

E-Mail : guanhinmotor@yahoo.com

Buss. Reg. No. : 06035200X PAYNOW

Not Withheld
11 Day @ 6400h
Recovery After Pain
8 days

LIBERTY INSURANCE PTE LTD

51 CLUB STREET

#03-00 LIBERTY HOUSE SINGAPORE 069428

Attention : Motor Claim Department

Contact : 62218611 WENDY Fax No. : 62241047

Estimate : ES000973

Date : 22/12/2022

Vehicle Num. : GBL 3429 R

Make/Model : NISSAN NV200 DX-1.6 AUTO-2020

Chassis/Eng# : VM20162114/HR16178257D

Accident Date : 22/12/2022

Claim No. :

Reference :

Policy No. : (10/06/2021)

S/N	Quantity	Particular	Unit Price	Amount S\$
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NETT ITEMS :				
1.	1	FRONT RH DOOR	1219.70	
2.	2	FRONT RH DOOR HINGE		
3.	1	FRONT RH DOOR GEAR		
4.	1	FRONT RH DOOR GLASS REGULATOR MOTOR	445.40	
5.	1	FRONT RH DOOR WEALTHSTRIP		
6.	1	FRONT RH FENDER	540.10	
7.	1	SIGNAL LAMP		
8.	1	FRONT RH FENDER INNER SHIELD		
9.	2	FRONT RH LOWER ARM	284.40	
10.	1	FRONT SHOCK ABSORBER		
11.	1	FRONT SHOCK ABSORBER MOUNTING		
12.	1	KNUCKLE ARM BEARING		
13.	1	FRONT DISC ROTOR		
14.	1	FRONT STABILIZE BAR LINKAGE	1670	
15.	1	STEERING RACK-PINION		
16.	1	RH HEAD LAMP		
17.	1	RH HEAD LAMP LOWER GARNISH		
Nett Total S\$:				7,625.90
SPECIAL NETT ITEMS :				
1.	1	STOPPER		
2.	1	FRONT SHOCK ABSORBER BEARING		
3.	1	FRONT RH KNUCKLE ARM	7108	
4.	1	FRONT BUMPER	7108	
5.	1	165 80 14 TYRE		
6.	1	TYRE RIM		
7.	1	RH FENDER GLASS		
8.	1	GLASS GARNISH		
9.	1	DOOR STICKER		
Special Nett Total S\$:				1,829.90

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:

CONTINUE / ...

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A

#02-03 AMK AUTOPOINT 568047

Tel No. : 64837111 Fax No. : 64837221

E-Mail : guanhinmotor@yahoo.com

Buss. Reg. No. : 06035200X PAYNOW

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Claim No. :

Reference :

Policy No. : (10/06/2021)

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		
		REMOVE & FIX BACK UNDERCARRIAGE		550.00 ²⁸⁰⁰
		REMOVE & FIX BACK STEERING RACK		350.00 }
		WHEEL ALIGNMENT		80.00 ⁶⁰⁰
		REMOVE & FIX BACK DOOR, FENDER, BUMPER, HEAD LAMP AND REPAIR PANEL		800.00 ⁶⁰⁰
		REMOVE & FIX BACK TRANGLE GLASS		100.00 ⁷
		TRANSFER DOOR MECHANISM		150.00 ⁶⁰⁰
		TOWING FEE		100.00 ⁵⁰⁰
		SPRAY PAINTING		900.00 ⁶⁰⁰⁰
		Labour Total S\$:		3,030.00

E. & O.E.

Total S\$:

12,485.80



for GUAN HIN MOTOR WORKSHOP