ASS. REC. BY: REF: MS/_/ 2	
Ke. Kennerh	3 0000371Kw
From:	IGNMENT
Estimated Cost:	Veh No: SNB 2945 Yr Regn: 04, 16
OD TP WS / TP RES / OD RES / EVA / INV / MV	Type. McCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
, similar	Make: NIS Gashqai c.c 1987
of Ticcord	Colour M. Red A/C: Insured / Std / NI / NA
Insured: 7921	Sp.Reading 122608 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: PINI=BAJIIU 1651369
E. Sum tanas t	Gen. Cond. 800d / Fair / Poor / Burnt
(Client's Record)	Steering: Inogeti' Jammed / Leaked / Burnt or
Make of Ven:	Brake: Inorder / Jammed / Leaked J Burnt or
	Modi: NII I STD A/Rim or
(Dellar Cardy)	Tyre Size: F: 215/60R17
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA (GY) FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
Bal. or Market Value: 435/C	inal .
DAC Accident Rport: Consistent? : Yes or No	(No.)
GIA / PR Seen: Consistent?: Yes or No	/Bal. 6 mm R/Bal. 6 mm
Fet Ranging // 7	OA 20/10/50 Imm
Lum Sum: 20 4 3 Val. Van an V	7// 402
	urvey next at
CA / REV / REP. / 24 HRS	es. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Venicle: IN / OUT	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	- Compound
Re	
1.p.,	* ****
Date/Time, File Pass to?	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
: Prell. Report Days	Of Repair:
// I I Clark =	MAN No.
Outa/Time, File Return to?	
Add Fee:	Transportativi.
Add Fee:	Site Insp (\$)_s-Rs_si
Report Format	Interview (\$), First
Report Format:	Tach Inve /\$
comp sum / I.B.I. (S	
	Weekend (\$

Et

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A #03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

NOT Nothain Ulang & Preservey After Paing 3days

ESTIMATE

MSIG INSURANCE (SINGAPORE) PTE LTD

4 SENTON WAY #21-01 SGX CENTRE 2

SINGAPORE 068807

ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE:

31.12.2022

VEHICLE NO:

SNB294S

VEH MAKE/MODEL:

NISSAN QASHQAI

YOM:

2016

CHASSIS NO:

SJNFBAJ11U1651369

DATE OF ACCIDENT: 30.12.2022

1	NO	QTY	DESCRIPTION		A	MOUN	Г\$
L	N.	191	LIST PRICE:-				9 10 ES
L	1	1	REAR TAILGATE		\$	N	3,306.00
L	2	2	REAR TAILGATE ABSORBER	The second second	\$	m	501.40
_	3	1	REAR TAILGATE LOCK	Andrew Street	\$	N	176.30
Ľ	4		REAR TAILGATE CENTRE PANEL		\$	Ph	350.00
5		_	REAR TAILGATE EMBLEM		\$	Na	94.00
6	-		REAR TAILGATE LOGO "QASHQAU"		\$	N	94.00
7	_	$\overline{}$	REAR TAILGATE LOGO "PURE DRIVE"		\$	N,	94.00
8		$\overline{}$	EAR TAIL LAMP RH	a familiar land	\$	m	323.70
9	1	F	EAR TAIL LAMP LH		\$	Sa	
10	1	R	EAR BUMPER		SCP	1/Bu	
11	1		EAR BUMPER SIDE RETAINER LH	Y	\$	pij	The set that the setting
12	1	R	EAR BUMPER SIDE RETAINER RH		\$		47.70
3	1	R	EAR BUMPER SPONGE	- 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$		1 141.40
4	1	RI	AR REINFORCEMENT		\$	R	
5	1	RE	AR BUMPER REFLECTOR LH	11 11	\$	R	TV T
5	1	RE	AR BUMPER REFLECTOR RH		\$	J,	. 01.50
\perp	1	RE	AR LAMP LH	The Principle Sky and San San	\$	Pz	01.170
	1	RE.	AR LAMP RH		\$	1/2	110
	1	REA	AR END PANEL	The state of the s	\$		282.30 482.60
	1	RE/	R END PANEL TOP GARNISH	A CONTRACTOR OF THE CONTRACTOR	\$	P	Sang Life of
	1	REA	R FENDER LH	A CONTRACTOR	\$	1 10 11 1	
	1	REA	R FENDER INNER SHIELD LH		\$	- K	
	1	REA	R FENDER RH	- 10 1 102	\$		1,347.90
	1	REA	R FENDER INNER SHIELD RH	Tark to	\$	- R	
	1		ING COVER		\$		202.00
	1	REAL	TAILGATE WEATHERSHIELD		_		
	1				\$	· ·	n 167.0
11.	\dashv		P 200				
			700	OTAL VIOLET		I Part	70
				OTAL - LIST ITEM	2		11 456 8

LIST ITEM LIST

10%

TOTAL

11,456.80 1,145.68 10,311.12

ACCORD AUTO SERVICES PTE LTD

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Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

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4 SENTON WAY #21-01

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SINGAPORE 068807

ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE:

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VEHICLE NO:

SNB294S

VEH MAKE/MODEL: NISSAN QASHQAI

YOM:

2016

CHASSIS NO:

SJNFBAJ11U1651369

DATE OF ACCIDENT: 30.12.2022

	J.	SPECIAL NETT ITEMs:-	and the same of th		
1	SET	REAR NUMBER PLATE WITH FRAME	1	\$	آمر 50.00
2	SET	REVERSE SENSOR	The second secon	\$	Than 350.00
3	SET	REAR BUMPER CLIPS		\$	14 45.00
4	SET	REAR END PANEL TOP GARNISH CLIPS		\$	√~ 35.00
5	SET	REAR INNER COMPARTMENT CLIPS	The first of charges and	\$	na 35.00
6	SET	REAR BOOT INNER TRIM BOARD CLIPS	the state of the s	\$	12 55.00
7				1	
8			Total - SN Item	\$	570.00
Т		Labour Charges:-	10 N		
1	11.	SPRAY PAINT ON ALL AFFECTED AREA	A STATE OF THE STA	\$	1,200.00
		LABOUR REMOVE/REFIX ACCIDENT DAM CUT WELD AND REALIGN ACCIDENT AFF		\$	1,200.0
	7	O CHECK WIRING SYSTEM & LIGHT		\$	120.0
14,	Т	O APPLY ANTI RUST TREATMENT		\$	120.0
	Т	O REMOVE/REFIX/REPLACE REAR REVE	RSE CAMERA	\$	150.0
		O REMOVE/REPLACE REAR INNER COM EAT TO FACILITIES REPAIR	PARTMENT, MECHEMISM, CAR	\$	en 250.
	TO	REMOVE/REFIX REVERSE SENSOR		\$	120.
	TC	REMOVE/REFIX REVERSE CAMERA		\$ /	epealer 120.
		REMOVE/REFIX/REPLACE REAR TAILO OILER MECHANISM & ETC	GATE TO NEW, REAR TOP	\$	na 200
3" 1	то	REMOVE/REFIX/REPLACE REAR WIND	SCREEN TO NEW TAILGATE	\$	AN 150
11 1		H. C.	K Auto Consultants hence notify	\$	3,630
(Li., m.l.s.		the	e Repairer of the following:		The second secon
		•1	o resurvey before/after spray painting Total	al \$	14,51
		•1	o display damaged part(s) during resurvey Parts prices are subject to confirmation GS	T S	1,16
			hird party survey is on a "Without Prej ic tion		15,67
		• N • S	lo illegal modification(s) is allowed supplementary item(s) must be resurveyed subject to final approval from Insurance C	and	Page
		Act	knowledged by Repairer		
			nature:		
		Dai			

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 witholding 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.

4. The issue and acceptance of this Form by insurance companies is not an authission of policy liability of the part of the policy for a few fasts and the policy for a few fasts 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

31/12/2022 10:52 (SGT) **Date of Submission** Reported by 30/12/2022 10:18 (SGT) 531 Upper Cross Street #01-07, Hong Lim Complex, Singapore Date of Accident **Exact Location of Accident** 050531 ALONG UPPER CROSS STRETT BEFORE NEW BRIDGE ROAD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Nissan

SNB294S Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? MUHAMMAD FARHAN BIN KAMAROSAMAN Name Of Registered Owner SXXXX792I NRIC No FARHAN1209@GMAIL.COM **Email Address** (Phone) +65-97919652 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Qashqai Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto **Transmission** 2000 CC

INSURANCE COMPANY

ECICS Limited Name of Insurance Company MPC22P00233500 Policy Number / Cover Note Number

DRIVER

MUHAMMAD FARHAN BIN KAMAROSAMAN Name of Driver SXXXX792I NRIC No 12/09/1985 Date Of Birth

SKETCH PLAN

IMPORTANT NOTICE

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

- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Eability.
- 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 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.

Me

T 31/12/22 10.17cm Olicyholder's Signature / Date & Time Driver's Signature

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

the

& Time

Witnessed by Reporting & (Name as in NRIC/ID care

ntre Personnel

VEH A: 5NB 2945 VEH B: 5169212 VEH C: 5NB 6-50

Sketch Plan

