	SSIGNMENT			
From: Date:	Veh No: 68E1594X- Yr Regn: 2015, Sept			
Estin ated Cost:	Type: M.Car / M.Cycle / Bus / Van Lorry / Taxi / Prime Mover /			
OD / TP/WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Insped Vehicle No:	Make: Nissan Cabster c.c 2953			
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA			
of	Sp.Reading 371197. T/Radio: Insured / Std / NI / NA			
nsur@d:	Eng/No:			
Policy No.	C/No: INISC2F1420-85.7403			
Claints No.	Gen. Cond. Good / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: morder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil JS/Rim / STD A/Rim or			
	Tyre Size: F: 195RIJE Falker-			
(Policy Condition)	R: 165R13C Aciva			
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO/YOKO or 2			
dal. or Market Value:	Front Rear			
DAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. 06 mm			
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 0(2 mm L/Bal. 010 mm			
est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 1904 23.			
um Sum: % 3 Val.: Yes or No	Survey held at Chery Miles.			
	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS  Vehicle: IN / O				
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision			
Date / Time Action / Instruction				
77111				
6 23 Adrian Knalised LS & 7100/ 8	days with repairer. (Red 11, 739.30, 62%)			
M. ( 02				
MV: 32K				
PV: 7-81C				
- /				
PV: 7-81C				
PV: 7-81C				
PV: 7-81C Nett: 24,2K	Days Of Repair:			
PV: 7-81C Nett: 24,2K	Days Of Repair: 8  Resurvey No. of Trip: Survey Fee:			
PV: 7-81C Nett: 34,2K  ate/Time, File Pass to? : Preli. Report : Final Report				
PV: 7-8 IC Nett: 24.2 IC ate/Time, File Pass to?  : Preli. Report : Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:			
PV: 7-8 IC Nett: 24.2 K  ate/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to?	Resurvey No. of Trip:  Survey Fee:  Transportation:			

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Company
Owner ID:	531Z
Vehicle Details	
Vehicle No.:	GBE1594X
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Apr 2023
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	ZD30001099N
Chassis No.:	JN1SC2F24Z0857403
Maximum Power Output:	•
Open Market Value:	\$25,089.00
Original Registration Date:	15 Sep 2015
First Registration Date:	15 Sep 2015
Transfer Count:	0
Actual ARF Paid:	\$1,255.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Sep 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$32,240.00
COE Rebate Amount:	\$7,708.00
Total Rebate Amount:	\$7,708.00

The information contained herein is correct as at 24 Apr 2023

New Cars Used Cars Car Loan Rental Cars Sell Cars Directory Products Insurance Articles Forum Resources



\$L0P234H0003 / Lee Sheng Auto Pte Ltd ENTRY DATE & TIME: 17/04/2023 17:00 (SGT) SUBMITTED BY: Kuah Lay Hoon VERSION: 1 (17/04/2023 17:00 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 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.

- 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 17/04/2023 17:00 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/04/2023 18:40 (SGT) Exact Location of Accident Singapore Additional Location Information PIE EXIT 9 (TOWARDS JURONG) Country/State of Loss ..... Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBF1594X

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner RUI GE ENTERPRISE (S) PTE LTD Company Reg No 200707531Z Email Address ALLAN8514@YAHOO.COM Mobile Phone No (Phone) +65-91144009 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Nissan Model Cabstar 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? No - Claiming third party Vehicle Category ..... Goods vehicle Transmission ..... Manual 2953

#### **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129957021

#### DRIVER

Name of Driver MIRZA MOHAMMAD ABDUS SALAM Passport No/FIN G2795075U Date Of Birth 07/09/1982 Occupation Outdoor

Date Of Driving Pass 03/11/2021 Driving experience 1 YEAR AND 5 MONTHS Gender Mobile Number (Phone) +65-90412820 Alt. Phone Number Email Address ALLAN8514@YAHOO.COM Address 40 KAKI BUKIT CRESCENT Address complement Postcode Is the driver the policyholder? 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 Chain Collision Weather Conditions ..... Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 7 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 UNKNOWN Gender Male PASSENGER 2 Name UNKNOWN Gender ..... Male PASSENGER 3 Name UNKNOWN Gender ..... Male PASSENGER 4 UNKNOWN Gender ...... Male PASSENGER 5 Name UNKNOWN Gender ..... Male PASSENGER 6 Name UNKNOWN Gender Male DETAILS OF POLICE ACTION

1.	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against wildin:	-
CIDOLINGTANOSO OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE SKETCH PLAN.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMU5307T
Vehicle Manufacturer	Mazda
Vehicle Model	
Vehicle Variant	Cx-5
Vehicle Colour	-
Vehicle Category	
Name of Driver	Private car
Contact Number	- (DI) - 05 00070050
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1
DETAILS OF OTHER	R VEHICLE PROPERTY 2
DETAILS OF OTHER	R VEHICLE PROPERTY 2
Vehicle Registration Number	SLZ952Z
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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)	-
Of Fasseriger (including Differ)	2
PASSENGER 1	

UNKNOWN

Female

Gender .....

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 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)

Lunderstand, 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' law yers/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
- (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 melling 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Salom

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

Policyholder's Signature / Date &

Sketch Plan

17.04.2023 11:00 Am Witnessed by Reporting Centre Personnel

	122-67-1		***************************************			
-4	2008/14	147700	0/1	/ <u> </u>	-22	K 4011
//2	<del>/                                    </del>					
			4	1//2	4G7.	
7//	L_//76X/	CAR COM	110000	July 1		
	$\sim$				4//	79//0/
70	(TX6/), (	TREAMY	4/0	10000	200	1-120-
		/-/-/			72/ (	
_// <	7 (46/)	146/1 /	10 00	1 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	tra I	1.
1			7	4 / 3/27		
1/1	4 17022	Mure	Forka.	1 / h=	ton 4	
						71614
1	ALC SIII	C30#1		2 Pole		
			<u> </u>	2/5/6	<i>441</i>	
					*	
***************************************						
***************************************						
***************************************						
***************************************						
***************************************						
***************************************						
aration						
eclare the	foregoing particulars are	true in every respect				
EPTE						
67	(0)					
<b>5</b> (	(3)	Salam 17			/X	
	<b>E</b> Y	- 019 W 17	AU. ALAS	× 1.	1 11	

# CHENG MOTOR WORK CO

1 KAKI BUKIT AVE.6 #01-83 SINGAPORE 417883 Tel:65551185 Fax:65551184

H/P: 96713335

E-mail:chengmotor27@yahoo.com

JN18(2 F 24 2085 7403

India International Insurance Pte. Ltd. 64 Cecil Street #04/#05 IOB Building Singapore 049711

Attn: motor claims Dept

18/4/2023

### Estimate cost of repair vehicle no: GBE1594X

Nett Items	
2pcs Tail lamp \$248.60x2	497.20 248 60
2pcs Tail lamp Panel \$163.40x2	326.80 (63.40.
End panel Park	680.00
Tail gate Rex	1399.70 ←
Tailgate Sticker NISSAN NO	106.10
2pcs Tailgate Handle \$65x2	130.00 +
2pcsTail gate side Lock \$232.20x2	464.40
3pcs Tail gate Hinges \$57.20 her	171.60 +
Spare Tyre Holder Lock	551.80 356,
Spare tyre Holder Plate	67.90
4pcs stopper \$30x4	120.00 +
Number Plate Lamp New	48.80 +
Number Plate Panel Bey	79.20
Emblem CABSTAR Nu	80.00
Front windscreen moulding **	321.00 t
Front wiper panel Revis	494.60
Front Panel Device	1412.70
Emblem 'CABSTAR'	45.40
Front Grille Cul-	438.40
Front grille LOGO M	55.10
2pcs front Headlamp \$473.40x2	946.80 748.
2pcs front headlamp lower garnish \$75x2 $$	150.00 🗡
Front bumper Delad	993,40
Front bumper reinforcement	634.60
Front bumper top garnish	48.00 <del>**</del> .
10pcs front bumper clip \$6.50x10	65.00 ₹,
Air con cooling coil unit	891.80

Air con cooling coil Air con blower unit Air con Heater unit 450.00 508.40

S/nett Rear stand bar Best. Yellow Sticker Man 13 Pax Sticker 2 70 km Sticker 7 Pax Sticker New IU bracket New Gum Nen 2pcs number plate 3cct Revene Sensor Da d Rever Senzor Browlet. Cruly

To knocking, cutting, welding, renew floor panel, side gate, Tail gate and all the damage parts. To spray paint on the damage parts. To remove, refit front windscreen To remove, refit front dashboard To remove, renew air con unit To refill air con gas **Tuff Kote** To check wiring.

To serve serve sersor

LKK Auto Consultants hence notify the Repairer of the following:

- To resurve sfore/after spray painting
   To display dumaged 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

300.00 200 150.00 80 20.00 15 20.00 /5 20.00 25.00 60.00 1 80.00 280. 1500.00 1300.00 800 150.00 280.00 - 7-203 -200.00 ? X 120.00 7 60 100.00 5 3 45.00 18,839,30 Adrin G 2/5 19/04/23. 08 Days.

FIS: 7-11C