ASSIGNMENT

From: Date:	Veh No: GRM 24027 Yr Regn: 2023, Feb.
Eslimaled Cost:	Type: M.Gar / M.Cycle / Bus / (an)/ Lorry / Taxl / Prime Mover /
OD (TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	Make: Nissan NV350 cc 1998
at Workshop m/s	Colour Silver No: Insured/Std/Ni/NA
of	Sp.Reading 11012. T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JMMH?EZ6ZOU00979
Claims No.	Gen. Cond; Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake; Inorder/ Jammed / Leaked / Burnt or
Make of Veh: (Policy Condition)	Modl: (NII) / S/Rim / STD A/Rim or / 80 Rts Tyre Size: F: 195/80 Rts
Remark: The veh had commenced its N/S O/S	R: A
repair at the time of inspection.	TOYO (YOK) or
Bal. or Market Value: \$82K.	Front Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal. G mm R/Bál. G mm
GIA / PR Seem Consistent? : Yes or No	L/Bal. C mm L/Bal. C mm
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. U1 28/23
Lum Sum: % 3 Val.: Yes or No	Survey held at Elivent who.
CA REV REP. 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop- or
Date:Person Contacted: Vehicle: IN / OUT	The 11/C / Changin frame / Dodg Start
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to?	
. Fran. Kabott	Days Of Repair:
1) : Final Report F	Resurvey No. of Trip: Survey Fee:
2) Add Fee:	:Site Insp (\$) S+8S SI
	: Interview (\$) Photos
Reput Forest:	Tech, Invs (\$) Others
Lump Sum/LB.k.r;	:Weel:end (\$
	TOTAL

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO: GBM2402T

MAKE & MODEL: NISSAN NV350

CHASSIS NO: JN1MA2E26Z0000429

DATE: 28 JULY 2023

CLAIM TYPE: TP CLAIM

D.O.A: 16 JULY 2023

M/S: INCOME INSURANCE LTD

ESTIMATION ON REPAIR COST & REPLACEMENT OF PARTS

P	a	r	t	s

S/No.	QTY	DESCRIPTION	CONDITION	LIST PRICE		TOTA	AL LIST PRICE
1	1	Rear Windscreen		\$	991.00	\$	991.00 🟋
2	1	Rear Bootlid		\$	1,817.90	\$	1,817.90
3	1	Rear Bootlid Lock		\$	319.30	\$	319.30
4	1	Rear Bootlid Insulator		\$	220.40	\$	220.40
5	1	Rear Bootlid Weatherstip Rubber		\$	149.50	\$	149.50 🕇
6	1	LH Tailamp		\$	275.30	\$	275.30
7	1	Rear Bumper		\$	720.60	\$	720.60 de /
8	1	Rear End Panel		\$	186.80	\$	186.80 7
9.	1	Rear Step Panel		\$	191.50	\$	191.50
10				\$	-	\$	-
			TOTAL PARTS			\$	4,872.30

SUB TOTAL PRICE \$ 4,872.30 LESS 10% 487.23 **TOTAL PRICE** 4,385.07

Special Nett

S/No.	QTY	DESCRIPTION COND	CONDITION		UNIT S/NETT		UNIT S/NETT TOTAL		S/NEII	
1 1	1	Rever Sensor		\$	250.00	\$	250.00	wonus		
1				Ś	30.00	\$	30.00	er		
2	1	70 km/h Sticker		ζ.	94.00	Ś	94.00	ei-		
3	1	URVAN Emblem		2	40.00	ć	40.00			
4	1	No Plate		<u>ې</u>		ر ر	130.00			
5	1	Nissan Logo		\$	130.00	\$		4		
6	1	PanPacific Metal Plate		\$	80.00	\$	80.00			
7	1	1 Set Rear Bumper Clip		\$	50.00	\$		some/		
L	L	1 Section Sample and	TOTAL S/NETT			\$	674.00	1		

<u>Labour</u> (<u>DESCRIPTION</u> <u>REMARKS</u>	ADJUSTERS PRICING	WORKSHOP PRICING	1
1	To cut/weld damaged panels, knock inner panels & align rear bootlid,		\$ 1,000.00	600
2	To remove & replace damaged parts.		\$ 80.00	30
3	To apply anti rust coat and Tuff Kote repaired areas To check and rectify lighting & wiring.		\$ 60.00	ا مَا
- 4	To remove & refit reverse sensor.		\$ 60.00	
5	To Spray painting for Rear Portions & affected areas.		\$ 1,000.00	1 7
6			\$ 250.00	
7	To remove and refit rear windscreen			30
8	To conduct water leakage tests to ensure proper air and sealing.	\$ -	\$ 2,530.00	

Total Cost of Repairs

\$ 7,589.07

Tayth 9749949/62513561 faufilm Collin Consultants hence in the Repairt of the following:

To resurvey before aller spray paint

To display damaged part(s) during in the party survey is on a "Without"

Ply Many before party

Third party survey is on a "Without"

No ite as modification, s) to allowed

Supplementary item, s) most be resisted to final approval from institution. (Total Parts + Total S/Nett + Total Labour Cost)

LKK Auto Consultants hence notify

- 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 illess' modification(s) is allowed.
- Supplementary item;
 most be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer Signature:



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
- 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 17/07/2023 21:31 (SGT) Reported by **Actual Driver** Date of Accident 16/07/2023 14:20 (SGT) Exact Location of Accident Lor 6 Toa Payoh, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLES

Vehicle Registration Number GRM2402T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD Company Reg No 2XXXXX635R Email Address ppemclaims@gmail.com Mobile Phone No (Phone) +65-87233003 Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 1978 file or new war in an early Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to

your vehicle? The second secon Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

India International Insurance Pte Ltd D19MFL0005549 03

No - Claiming third party

Commercial vehicle

Auto

1998

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NEO AH WHATT SXXXX877B 03/11/1967 Outdoor

Date Of Driving Pass 27/01/2011 Driving experience 12 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-83112520 Alt. Phone Number Email Address ppemclaims@gmail.com Address 37 CIRCUIT ROAD #12-405 Address complement Postcode 370037 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 . OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Yes 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 PASSENGER 2 Name UNKNOWN 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 ON 16/07/2023 AROUND 1420HRS I VEHICLE (A) BEARING REGISTRATION NUMBER (GBM2402T) WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION OF TOA PAYOH LOR 6, SUDDENLY VEHICLE (B) BEARING REGISTRATION NUMBER (SNC8707K) FAILED TO BRAKE IN TIME AND REAR ENDED VEHICLE (A). NOBODY WAS INJURED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
- B. Consent under the Personal Data Protection Act (PDPA)

Tunderstand, acknowledge, agree and consent that:

(a) My insurer it, 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.
- (ii) 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 involvedisclosure 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,d.sclose 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.

FLASH ACCIDENT REPORTING OFFICER
FRO VICKY

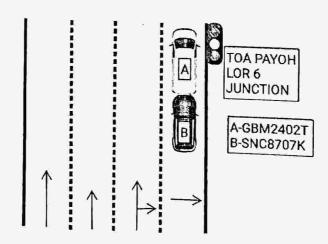
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

16072023 -1730



Describe Circumstances of the Accident

(B) BEADING DI	EGISTRATIO	N NUMBER (SN	CLE (A) BEARING RE FJUNCTION OF TOA NC8707K) FAILED TO RING THE ACCIDENT) BRAKE IN TIME A	MBER (GBM2402T) UDDENLY VEHICLE AND REAR ENDED
			·		
		, a	а		

Declaration

IWe declare the foregoing particulars are true in every respect

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

16072023 -1730

FLASH ACCIDENT
REPORTING OFFICER FRO VICKY

Witnessed by Reporting Centre Personnel