

(08/11/13) Wef

ASS. REC. BY:

REF:

CS/SMR24/16/196/Rnp3

3254

## ASSIGNMENT

From:

Date:

Veh No:

GB4 6632-B

Yr Regn:

20/7/86P

Estimated 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 Inspect Vehicle No:

GB4 6632B

Make:

Nissan Cabstar 3.0 SM/T

C.C. 2953

at Workshop m/s

TC AUTO CLINIC

Colour:

Grey

AC:

Insured / Std / NI / NA

of

1, SIXTH LOKYANG RD

Sp. Reading:

102508

T/Radio:

Insured / Std / NI / NA

Insured:

SMR

Eng/No:

Policy No.

C/No:

JN15C2F24Z0860064

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:

Mod: Nil / S/Rim / STD A/Rim or

(Policy Condition)

9-10

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

31K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

Tyre Size:

F:

195/70R15Z

R:

155R15Z

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

TOURADO

Front

Rear

R/Bal.

7

mm

R/Bal.

5/5

mm

L/Bal.

7

mm

L/Bal.

5/5

mm

D.O.A.

11/11/24

D.O.L.

18/11/24

Survey held at

TC AUTO CLINIC

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time Action / Instruction

REPAIR LMT 19K

We will be advising our principal a cost of repair P/P \$3,436.80/- with 04 days of repair (red, \$1584.32, 31%)

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech. Invs (\$  
☐ : Weekend (\$)

) : B + RS \$

) : Photos

) : Others

Report Format :

Lump Sum / I.B.I. (\$) )

TOTAL

TC AUTOCLINIC PTE LTD  
1 SIXTH LOK YANG ROAD  
SINGAPORE 628099

ESTIMATE : ACCIDENT/BODY REPAIRS

REFERENCE : 088/IC/TC/HO/2024

DATE : 11-NOV-2024

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

#16-01 CITY HOUSE

S(068877)

TEL : 65073848

FAX :

ATTN:MOTOR CLAIM DEPT

OWNER'S NAME : MICROTECH ENGINEERING PTE LTD

ADDRESS : 10 ENTERPRISE ROAD

ENTERPRISE 10

S(629822)

TELEPHONE NO :

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO : STRIDES TAXI 3RD PARTY DIRECT

VEHICLE NO : GBG6632B

MODEL CODE : SWS2RBFF24MHV-AA-A

MODEL/YEAR : CABSTAR 3.0 5MT ABS AIRBAG EU5

ENGINE NO : 2D30025030N

CHASSIS NO : JN18C2F24Z0860061

MILEAGE : 1 KM

DATE IN : 11/11/2024

LIABILITY : 0.00

EXCESS CLAUSE : 0.00

ESTIMATE BY : HO YUE MENG

ACCIDENT DATE : 11/11/2024

TC AUTOCLINIC PTE LTD  
1 SIXTH LOK YANG ROAD  
SINGAPORE 628099

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO GBG6632B

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	NPI	SUPPLY & INSTALL NUMBER PLATE & HOLDER INCLUDING PARTS-REAR	45.00	/
2	RSI	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00	/
3	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	/
4	ZZ/001	REMOVE/INSTALL REAR GATE ASSY AND AFFECTED PORTION REPAIR REAR FLOOR PANEL ASSY	1290.00	860
5	ZZ/002	RESPRAY PAINT REAR GATE ASSY AND REAR FLOOR PANEL	1140.00	570
6	ZZ/003	CHECK REAR LIGHTINGS AND WIRING SYSTEM	20.00	/
TOTAL LABOUR CHARGES			2650.00	

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SINGAPORE 628099

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO GBG6632B

		DAMAGED PARTS & PRICES		
S/NO PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT REMARKS
1 SUPPORT-SIDE GATE,LH <i>X</i> nn	93851-2T202	203.80		
2 SUPPORT-SIDE GATE,RH <i>X</i> nn	93850-2T202	203.80		
3 GATE ASSY-REAR <i>bf</i> /	93400-2T230	1624.50		
4 BRACKET-LICENCE PLATE <i>X</i> nn	96205-01W00	26.30		
5 SENSOR-REVERSE <i>cm</i> /	SENSOR			250.00
6 LAMP ASSY-REAR COMBI,RH <i>cm</i> /	26550-MA00C	296.50		
7 LAMP ASSY-REAR COMBI,LH <i>X</i> nn	26555-MA00C	296.50		
SUB TOTAL		2651.40	0.00	250.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)		530.28	0.00	0.00
GRAND TOTAL		2121.12	0.00	250.00
OVERALL TOTAL		2371.12		

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED



MC AUTOCLINIC PTE LTD  
1 SIXTH LOK YANG ROAD  
SINGAPORE 628099

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO GBG6632B

TOTAL LABOUR CHARGES	2650.00
TOTAL SPARE PARTS CHARGES	2371.12
GRAND TOTAL	5021.12 *

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME

SURVEYED DATE

AUTHORIZED DATE

EXCESS CLAUSE

LIABILITY

REMARKS

: Regn - 4p9w1w68  
: 18/11/24 4 days  
: 0.00  
: 0.00  
: Reg by paint

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

**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 First Submission	11/11/2024 11:49 (SGT)
Reported by	Actual Driver
Date of Accident	11/11/2024 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF JURONG WEST ST 93 TO UPPER JURONG ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6632B
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MICROTECH ENGINEERING PTE LTD
Company Reg No	1XXXXX325G
Email Address	leo.chen@microtech-sg.com
Mobile Phone No	(Phone) +65-88789460
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MZC04467-R01

### DRIVER

of Driver	CHEN ZHEN
No	SXXX697Z
Date Of Birth	01/07/1985
Occupation	Indoor
Driving Pass Date	20/12/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88769460
Alt. Phone Number	-
Email Address	leo.chen@microtech-sg.com
Address	APT BLK 257B, BOON LAY DRIVE, #07-241
Address complement	-
Postcode	642237
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

REFER TO ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6042Z
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Manufacturer  
Model  
Variant  
Colour  
Category  
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)

-  
-  
-  
-  
Taxi  
-  
-  
-  
-  
-  
-  
-

## IMPORTANT NOTICE

## SKETCH PLAN

- 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 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.



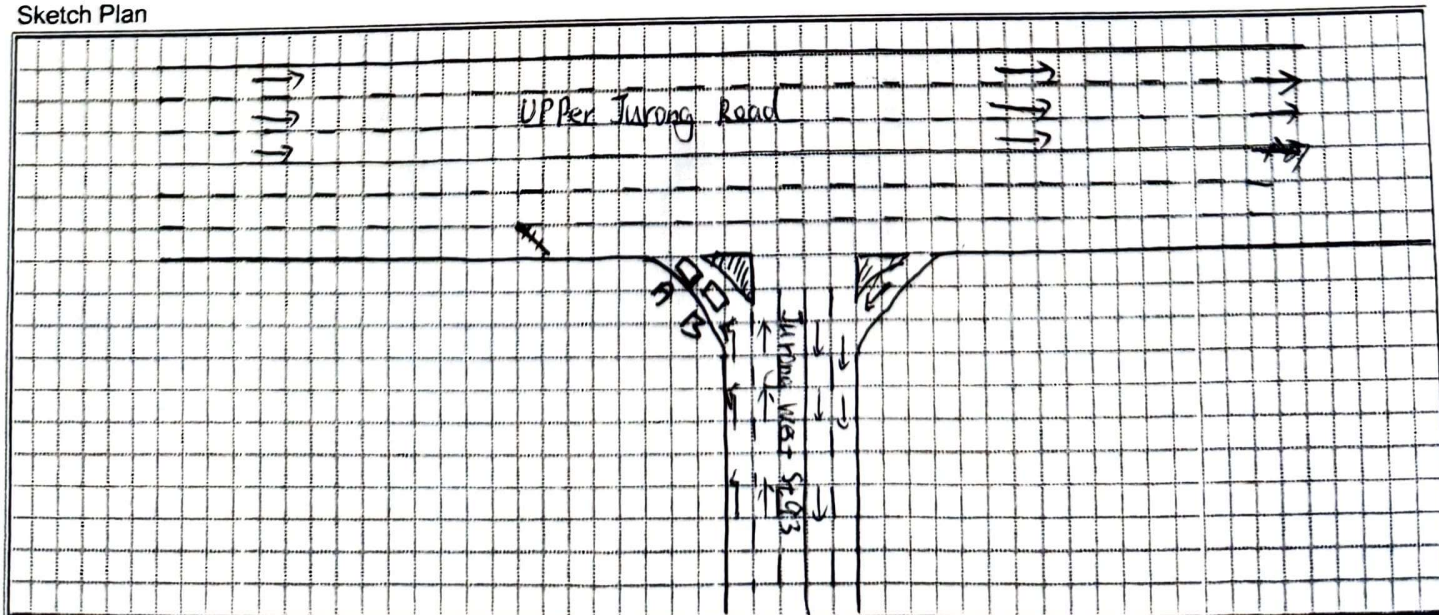
Policyholder's Signature / Date & Time

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

TC ASSOCIATES PTE LTD  
1 SOUTH LOK YANG ROAD  
SINGAPORE 628088  
TEL: 6262 2212  
FAX: 6262 3882

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan





On November 11, 2024, at approximately 7:45 a.m., the driver of Vehicle A (GBG6632B) was driving from Jurong West St. 93, turning onto Upper Jurong Road, and stopped in the waiting area before entering the main road to allow traffic on the main road to pass before merging. While waiting, the driver suddenly felt an impact from behind, which pushed the vehicle forward a short distance. After confirming there were no injuries and that the surroundings were safe, the driver exited to check. It was found that the rear of Vehicle A had been hit by the following vehicle, with license plate SHD 60422 and the driver's identification number S1384711H.

The driver of the following vehicle (SHD 60422, Vehicle B) then moved the car toward the left side of the road to allow vehicles behind to pass. After getting out, the driver of Vehicle B (SHD 60422) apologized to the driver of Vehicle A (GBG6632B), admitting fault, saying he had not noticed the vehicle in front while looking to the right.


Both drivers confirmed that there were no injuries. They then exchanged contact information and identification numbers, took photos of the scene, and left the site.

Declaration


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

  
Policyholder's Signature / Date & Time



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

IC AUTOMOTIVE PTE LTD  
1 SIXTH LOK YANG ROAD  
SINGAPORE 628099  
TEL: 6262 2212  
FAX: 6262 3892

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Nissan Cabstar 3.0M










**\$31,988** Instalment \$951/mth

PREMIUM AD

 Shortlist  Loan Calculator



Overview Financial Photo Research

Depreciation	 \$11,290 / year
Reg. Date	20-Sep-2017 (2yrs 10mths COE left)
Lifespan	 19-Sep-2037
Manufactured	 2016
Mileage	-
Transmission	Manual
Engine Cap	2,953 cc
Curb Weight	 1,800 kg
Fuel Type	Diesel
COE	 \$42,809
OMV	 \$26,468
ARF	 \$1,324
Dereg Value	 \$12,127 as of today
No. of Owners	 2



> **Back to OneMotoring**

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	325G
<b>Vehicle Details</b>	
Vehicle No.:	GBG6632B
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Nov 2024
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	ZD30025030N
Chassis No.:	JN1SC2F24Z0860061
Maximum Power Output:	-
Open Market Value:	\$26,468.00
Original Registration Date:	26 Sep 2017
First Registration Date:	26 Sep 2017
Transfer Count:	1
Actual ARF Paid:	\$1,324.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Sep 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,212.00
COE Rebate Amount:	\$11,460.00
<b>Total Rebate Amount:</b>	<b>\$11,460.00</b>
<b>Message</b>	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 19 Nov 2024

OK