	00/3312 Rien3 1 259N
ASS	RIGNMENT
From: Date:	Veh No: GED 6315Y Yr Regn: 2015 174
Eslimated Cost;	Type: M.Car / M.Cycle / Bus / Yar / Lorry / Taxl / Prime Mover /
OD IRPIWS ITP RESIOD RESIEVALINVINV	Truck / Trailer or
To Inspect Vehicle No: 65065154	Make: NISSAN MY330 MACHINIZACO 2488
at Workshop m/s The CHORS MOTOR	Colour GREN A/C: Insured / Std / NI / I
ALZ COLLA CONTROL OF	Sp.Reading 83838 T/Radio: Insured / Std / NI /
of 913, BUKIN TIMAH RO	Eng/No:
Insured: FCI	CNO: JNIM C2E762 0003686.
Policy No.	Gen. Cond: Good / Falr Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	- 7
(Client's Record)	
Make of Veh:	Modi: NiP S/Rim / STD A/Rim or
	Tyre Size: F: 195815C
(Policy Condition)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Remark: The veh had commenced its N/S Of	
repair at the time of inspection.	10Y0/Y0KO or
Bal. or Market Value: 36 K	Front Rear
IDAC Accident Rport: Consistent? ; Yes or No	R/Bal. R/Bal. 6
GIA / PR Seen: Consistent? : Yes or No .	UBal. 6 mm UBal. 6
Est. Repairs: days Res.: Yes or No	D.O.A. 01/12/201
Lum Sum: % · 3 Val.: Yes or No	Survey held at TAN CHON'S
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Read O/S N/S U/C Rooftop or
Vehicle: IN / Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to c
Date: Person Contacted: Date/Time Action / Instruction	The Old I chassis frame I body structure uncold assists
Date / Time Action / Institute of 1	
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	and the second s
Dale/Time, File Pass to? Preit. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	. Transportation;
2) Ad	id Fee: : Site Insp (\$) _s+Rs_s
,	: Interview (\$) Photos
	: Tech, Invs (\$
Rept Formet:	(1 octi, 1105 ()) Ottoro
Repit Formet: Lump Sum / LO.J: (\$\frac{1}{2} \)	: VVEdicinal (\$

TAN CHONG MOTOR SALES PTE. LTD. 911, BUKIT TIMAH ROAD SINGAPORE 589623

03/12/2020

ESTIMATE

: ACCIDENT/BODY REPAIRS

WORKSHOP

: BUKIT TIMAH

CONTACT NO

: 4694091

REFERENCE

: INS/IC/LAW/0298/2020

DATE

: 02-DEC-2020

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

\$16-01 CITY HOUSE

S(068877)

TEL : 65073848

FAX :

ATTN: MOTOR CLAIM DEPT

OWNER'S NAME

: TRUE FITNESS PTE LTD

: 8 CLAYMORE HILL

#02-03 CLAYMORE POINT

S(229572)

TELEPHONE NO

: 86611410

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO

: TP-SH7519H

VEHICLE NO

: GBD6515Y

MODEL CODE : MVL2RDRE26KW3GBR-D

MODEL/YEAR

NISSAN NV350 PANEL VAN MT EURO 5

ENGINE NO

1 YD25359027A-VP

CHASSIS NO MILEAGE

: JN1MC2E26Z0003656

DATE IN

1 KM

LIABILITY

: 02/12/2020

0.00

EXCESS CLAUSE 1

0.00

ESTIMATE BY | LAWRENCE ACCIDENT DATE : 01/12/2020

DIRECT SETTLEMENT

OWNER CLAIMING LOSS OF USE / RENTAL

CAR IN WORKSHOP / CAR NOT WORKSHOP

KINDLY REVERT TO ME ASAP

EMAIL: lawrenceteo@tanchong.com

H / P: 94568832 FAX: 64697472

TAN CHONG MOTOR SALES PTE. LTD. BUKIT TIMAH W/SHOP SERVICE DEPARTMENT

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO GBD6515Y

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00	X
2	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	/
3	ZZ/001	REPAIR FLOOR BOARD AND RENEW REAR BUMPER, TAILGATE, END PANEL	1709.00	780
4	ZZ/002	S/PAINT REAR BUMPER, TAILAGTE AND END PANEL	1200,00	500
5	ZZ/003	TRANSFER TAILGATE MECHNICAL PARTS TO NEW DOOR	80.00	/
6	ZZ/004	RENEW REAR WINDSCREEN TO ASSIST REPAIR	180.00	
7	ZZ/005	CHECK OR RENEW REVSERE SENSOR	55.00	
		TOTAL LABOUR CHARGES	3435.00	

TAN CHONG MOTOR SALES PTE. LTD. BUKIT TIMAH W/SHOP SERVICE DEPARTMENT

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO GBD6515Y

DAMAGED	PARTS	ě	PRICES
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NO PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT REMA		
1 70KM/H /W /	70KM/H			9.00		
2 LABEL-8PAX ML	PAX-8			12.00		
3 GLASS-TAIL GATE No - plush	A0AXE-00606	891.00				
4 MBR-CROSS, TAIL OUTER ?	75615-3XA0A			147.10		
5 GROMMET BUMPER \$1.90 EA X 02 New /	01281-00711			3.80		
6 CLIP BUMPER \$1.30 EA X 02 par	01553-05323	2.60				
7 CLIP BUMPER \$8.10 EA X 07	85284-3XA0A	56.70				
8 BRKT-RR BUMPER CENTER 7	85040-VZ00A	171.90				
9 FACE-RR BUMPER de /	85022-3XA0A	667.20				
10 STRIKER-TAIL GA	90570-VW000	34.80				
11 LOCK & REMOCON 7	90500-3XA0A	287.10				
12 DOOR BACK &	K010M-3XBAA	1998.30				
13 EMBLEM-BACK DOO M	90892-3XY0A	64.90				
14 EMBLEM-BACK DOO M	90890-3XY0A	110.00				
15 EMBLEM-REAR ALL	400XL-06806	64.90				
16 SUNDRIES NEW /	NPN			100/00 20		
17 RUBBER-DUM	G2716-89900	63.80		•		
18 REAR W/SCREEN SEALANT W	SEALANT - 4			80.00		
19 SENSOR-REVERSE NW	SENSOR			250.00		
SUB TOTAL		4413.20				
LESS DISCOUNT (NETT-20.00%, LIST-30.00%,	S/NETT00%)	4413.20 882.64	V. 60000	0.00		
			27.00			
GRAND TOTAL		3530.56	0.00	601.90		
OVERALL TOTAL		4132.46	-			

TAN CHONG MOTOR SALES PTE. LTD. BUKIT TIMAH W/SHOP SERVICE DEPARTMENT

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO GBD6515Y

TOTAL LABOUR CHARGES

3435.00

TOTAL SPARE PARTS CHARGES

4132.46

GRAND TOTAL

7567.46 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME

SURVEYED DATE

AUTHORIZED DATE

EXCESS CLAUSE

LIABILITY

REMARKS

. Rasul-110 governous.

? Y days PP Ray be for 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:

570W20C20002 / Tan Chong Motor Sales Pte Ltd[589622] ENTRY DATE & TIME: 02/12/2020 13:05 (SGT) SUBMITTED BY: Lawrence Teo VERSION: 1 (02/12/2020 13:05 (SGT))



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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Please report <u>Correctly</u> the details of the accident to speed up the Callins process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.
- Any false reporting may be referred to the Police for Investigation.
 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.
 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	02/12/2020 13:05 (SGT)
Date of Accident	01/12/2020 13:54 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FULLERTON ROAD
Country/State of Loss	Singapore
IDETAILS OF	OWN VEHICLES
Vehicle Registration Number	GBD6515Y

Is company?	Yes
Name Of Registered Owner	TRUE FITNESS PTE LTD
Commence Don No.	11/1/1/1/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/

Company Reg No 1XXXXXX759N Email Address nicholas@truegroup.com.sg Mobile Phone No (Phone) +65-86611410 Alternative Phone No +65-92722822

VEHICLE PARTICULARS

INSURED/POLICYHOLDER

Nissan Nv350

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

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive

No Policy Number

2100405009 Cover Note Number

DRIVER

Name of Driver NICHOLAS STANLEY KRAAL NRIC No SXXXX313I

SECTION OF THE PROPERTY OF THE	18/88
Of Driving Pass	16/03/2015
of Driving Pass wing experience	5 YEARS AND 9 MONTHS
aving experience	Male
gender Mobile Number Mobile Number	(Phone) +65-86611410
Mobile Number Alt. Phone Number	* ** *********************************
	nicholas@truegroup.com.sg
	24B VERDUN ROAD
Address complement	248 VENDON NOAD
Postcode	207222
Postcode Is the driver the policyholder?	207282
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	•
Insurance company of other vehicle owned by briver	•
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN ONNATION OF THE MODIFIER	
Type of Accident	Collision - Head to Rear
Weather Conditions	
Road Surface	Clear
Road Sulface	Dry
OTHER INFORMATION	
Man any faraign vahiala involved in the assistant?	w.
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?	And the second s
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	:M2
soliciting/offering accident claims assistance?	No
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	
SEE ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
EDETAILS OF OTHER	R VEHICLE PROPERTY (1)
Vehicle Registration Number	0475104

Vehicle Registration Number	SH7519H
Vehicle Manufacturer	
Vehicle Model	_
Vehicle Variant	•
Vehicle Colour	2.55 2.45
Vehicle Category	Taxi
Name of Driver	LIM BOON TECK
Contact Number	(Phone) +65-98007874
Address	-
Address complement	•
Postcode	

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Nature Of Damage

petails of property damaged in accident

No. Of Passenger (Including Driver)

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SKETCH PLAN

IMPORTANT NOTICE

7-1-1-1-1-			
Vehicle No:			

- 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 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 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 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)
 - (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
 - 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.
 - my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, 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 managing 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.

iver's Signature

Policyholder's Signature

Date & Time: 2 NOV 2020 (If driver is not the policyholder)

Date & Time: 2 NOV 2020

11.00 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

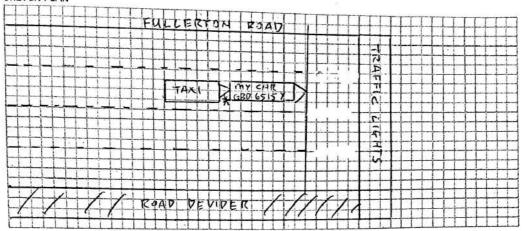
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ETCH PLAN #2

SKETCH PLAN



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DECLARATION

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

Policyholder's Signature

Date & Time: 2 NOV 2020

(1.00 A M GIARMAC Sketch Plan Form_V3

er's Signature

driver is not the policyholder)

Date & Time: 2 Nov 2020

11.00 AM

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: V

ov.sg/lta/vrl/action/enquireRebateByPublicBeforeDeregInput?FUNCTION_ID=F0304

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID:	759N
Vehicle No.:	GBD6515Y
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Dec 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.1	YD25359027A
Chassis No.:	JN1MC2E26Z0003656
Maximum Power Output:	
Open Market Value:	\$23,914.00
Original Registration Date:	09 Mar 2015
First Registration Date:	09 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$1,196.00
anasmani nashi kahita Caralle	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
COS Syplay Date:	08 Mar 2025
COE Expiry Date:	C - Goods Vehicle & Bus
COE Category:	C - Goods venicle & Bus 10
COE Period (Years):	\$53.202.00
QP Paid:	\$53,202.00 \$22,625.00
COE Rebate Amount: Total Rebate Amount:	\$22,625.00 \$22,625.00

ОК

