(08/11/13) wef

ASS. REC. BY: Rose

REF: CS/AG121012629/RIVF3

4774

COE EXPIRY: 2029/MAR

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SDH 3694

at Workshop m/s MTM

of 48, TOH GUAN RD EAST #01-115

Insured: AGI

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 211K

IDAC Accident Rport: 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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDH 3694 Yr Regn: 2009 / APR

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: NISSAN GTR 3.8A c.c 3799

Colour BLACK A/C: Insured / Std / NI / NA

Sp.Reading 184713 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: R35004270

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 285/35ZR20

R: 2"

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	12/12/21	D.O.I.	15/12/21

Survey held at MTM

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

O/S FRT

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

Date / Time Action / Instruction

REPAIR LIMIT - 186K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format :

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

MTM AUTOMOTIQ PTE LTD

48 Toh Guan Road East #01-141 Enterprise Hub S(608586)
Tel: 6271 2088 ROC No. : 202107073H

ESTIMATE

TO	: BUDGET DIRECT INSURANCE	DATE	: 15-Dec-2021
ATTENTION	: MOTOR CLAIM DEPARTMENT	JOB TYPE	: THIRD PARTY CLAIM
VEHICLE DETAILS		**ACCIDENT DETAIL**	
VEHICLE NO.	: SDH369Y	DATE	: 12-Dec-2021
MAKE / MODEL	: NISSAN GTR	TIME	: ~~21:00hr~~ 21:30 hr.
CHASSIS NO.	: R35004720		
VEHICLE REG DATE	: 20 Apr 2009		
OWNER INSURANCE	: Etiqa Insurance	POLICY NO	: MA013722
ESTIMATOR	: Donavan | HP: 97974474 | donavan.leong@mtmperformancegroup.com		

CLAIM DETAIL : LIST PRICE (S$)

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	Head Lamp RH ?	1	$ 2,138.00	$ 2,138.00
2	Front Fender Signal Lamp LH X	1	$ 152.00	$ 152.00
3	Front Fender Cowling LH X	1	$ 368.00	$ 368.00
			TOTAL PRICE :	$ 2,658.00
			LIST LESS 10% :	$ 265.80
			SUB TOTAL PRICE :	**$ 2,392.20**

CLAIM DETAIL : PARTS S/NETT

S/N	DESCRIPTION	QTY	UNIT S/N PRICE	TOTAL S/N PRICE
1	Carbon Fiber Front Bumper CON/	1	$ 15,800.00	$ 15,800.00
2	Front Bumper Retainer LH X	1	$ 128.00	$ 128.00
3	Front Bumepr Clips NA/	1	$ 89.00	$ 89.00
4	Headlamp Support Bracket LH ? X	1	$ 80.00	$ 80.00
5	Front Carbon Fiber Carnards CON/	2	$ 480.00	$ 960.00
6	Front Fender Cowling Clips LH X	1	$ 80.00	$ 80.00
7	Front Bumper Paint Protection Film NA/	1	$ 480.00	$ 480.00
8	Front Fender Paint Protection Film LH X	1	$ 280.00	$ 280.00
9	Joint Sealant X	1	$ 120.00	$ 120.00
10) CF Front Lip CON/			S/N TOTAL PRICE:	$ 18,017.00
			$1800/-	

AIM DETAILS: LABOUR AND SPRAY PAINTING

	DESCRIPTION	PRICE	ADJUST
1	Labor to rem-renew of parts for repairs.	$ 1,680.00	250

LABOUR TOTAL PRICE: $ 1,680.00

ESTIMATE REPORT

TOTAL PARTS PRICE :	$	20,409.20
TOTAL LABOUR PRICE :	$	1,680.00
TOTAL AMOUNT :	$	22,089.20

APPROVED DETAILS

NO.OF REPAIR DAYS : 3 days

P & P OR LUMPSUM :

SURVEYED BY : Rasul - Hp 90010068

CONTACT NUMBER : 90010068

E-MAIL :

Resy after repair

Required parts price checked

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 Authorised 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	13/12/2021 16:03 (SGT)
Date of Accident	12/12/2021 21:20 (SGT)
Exact Location of Accident	107 Jalan Bukit Merah, Block 107, Singapore 160107
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH369Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SHIN PENG TOMILSON
NRIC No	S8018477H
Email Address	ADVANCE.LOCKSMITH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90094714
Alternative Phone No	+65-90094714

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	GTR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3799

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA013722
Cover Note Number	-

DRIVER

Name of Driver	TAN SHIN PENG TOMILSON
NRIC No	S8018477H

Date Of Birth	13/06/1980
Occupation	Indoor
Date Of Driving Pass	25/09/2003
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90094714
Alt. Phone Number	+65-90094714
Email Address	ADVANCE.LOCKSMITH@YAHOO.COM.SG
Address	BLK 660A JURONG WEST STREET 64 #06-394
Address complement	-
Postcode	641660
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Parked Vehicle
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)	0
Has the driver been approached by unknown person(s) 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

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD1265G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAMIL BIN BABA
Contact Number	(Phone) +65-98437732
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 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 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	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

SKETCH PLAN #2

Describe Circumstances of the Accident

On 12.12.2021 at about 2.30PM, My vehicle A (SDH 3694) Was park at BLK 107 Sglan bukit ~~meth~~ merah carpark.

Suddenly a vehicle B (SJJ1265G) collied on the front right of my vehicle A via driving out of the carpark Lot beside ~~me~~ my vehicle A ~~on~~

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	477H
Vehicle No.:	SDH369Y
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Dec 2021
Vehicle Make:	NISSAN
Vehicle Model:	GT-R 3.8 A
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	VR38005905A
Chassis No.:	R35004270
Maximum Power Output:	353.0 kW (473 bhp)
Open Market Value:	$72,000.00
Original Registration Date:	20 Apr 2009
First Registration Date:	20 Apr 2009
Transfer Count:	1
Actual ARF Paid:	$72,000.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
COE Expiry Date:	31 Mar 2029
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	$33,018.00
COE Rebate Amount:	$24,080.00
Total Rebate Amount:	$24,080.00

The information contained herein is correct as at 15 Dec 2021

OK

Nissan GTR 3.8A (COE till 02/2029)

Price	$207,000		
Depreciation	$28,750 /yr	**Reg Date**	25-Feb-2009 (7yrs 2mths 9days COE left)
Mileage	104,000 km (8.1k /yr)	**Manufactured**	2008
Road Tax	$4,727 /yr	**Transmission**	Auto
Dereg Value	$22,992 as of today (change)	**OMV**	$81,300
COE	$31,933	**ARF**	$81,300
Engine Cap	3,799 cc	**Power**	353.0 kW (473 bhp)
Curb Weight	1,740 kg	**No. of Owners**	5