

for surveyor Mr. Wang

Strides Automotive Services Pte Ltd (Co.Reg.No:199004280Z)

60 Woodlands Industrial Park E4

Singapore 757705

Tel: 68662628 Fax: 63687421 Email: feiyuan@smrt.com.sg;wongkokwah@smrt.com.sg

INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|-----------------------|-------------------|
| Claim Type: | OD (Own Damage) | Ref. No: | WL/OCT2022/005 |
| Policy No: | MQ003159 | Date of Loss: | 30/09/2022 |
| Vehicle Reg. No.: | GBB9188Z | Driveable? | NO |
| Driver Age/Info: | 38 / MALE | Party At Fault: | UNKNOWN |
| TP Injury Involved? | NO | Third Party Involved? | NO |
| Insured/Claimant: | 200821561Z | Contact No: | +6597377350 |
| Driver: | HASAN MD | | |
| Make/Model: | NISSAN CABSTAR, 3.0 5M/T ABS 2DR 2WD EURO 5 (A) | Vehicle Reg. Date: | 14/07/2008 |
| Vehicle Colour: | Blue | Gen Condition: | Good |
| Engine No: | ZD30181277K | Chassis No: | JN1SC2F24Z0800396 |
| Odometer: | 0 KM | | |
| Paint Type: | | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 6 | | |
| Description of Accident/Loss | ACCIDENT INVOLVING GBB9188Z CATCHING FIRE ALONG RAFFLES CITY SHOPPING MALL LOADING BAY | | |
| Remarks: | PLEASE CONTACT PEH OR ESTHER AT TEL 6866-2673 OR 6555-5556 TO ARRANGE FOR SURVEY. | | |
| Present Location: | STRIDES AUTOMOTIVE SERVICES PTE LTD (WOODLANDS) | | |

COST OF CLAIMS

| | Amount |
|---------------------------|-----------------|
| Parts | 7,357.72 |
| Miscellaneous Items | 11.00 |
| Labour | 1,800.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (\$\$) | 9,168.72 |
| + GST 7.00% (\$\$) | 641.81 |
| Nett Amount (\$\$) | 9,810.53 |

This claim is handled by: PEH

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 10 Oct 2022)
Parts: N/A NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 (A) (Model not available in database)
Labour: Repairer's (Price-denominated Standard List)
Print Code: Strides Automotive Services Pte Ltd/GBB9188Z/10/10/2022 15:15
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

| No. | Qty | Part No. | Particulars | %Disc | %Depr | Amount |
|---|-----|----------|---|-------|-------|-------------|
| 1 | 1 | | *ENGINE WIRE HARNESS ? | 0.00 | 0.00 | *3,307.86 F |
| 2 | 1 | | *ALTERNATOR ? | 0.00 | 0.00 | *2,482.51 F |
| 3 | 1 | | *AIR CON COMPRESSOR ? | 0.00 | 0.00 | *1,638.87 F |
| 4 | 1 | | *ENGINE SEAT COVER INSULTOR <i>bunt</i> / | 0.00 | 0.00 | *746.00 F |
| Sub Total (\$\$) | | | | | | 8,175.24 |
| - Add. Disc. on L,N Items 10.00% (\$\$) | | | | | | 817.52 |
| Total Parts (\$\$) | | | | | | 7,357.72 |

F=Franchise part.

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 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00

Sub Total (\$\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

| | | | | |
|---|---|-----|-------|----------|
| 1 | REPLACE ENGINE COMPARTMENT DAMAGE PART DUE TO FIRE <i>photo?</i> | New | 300 ? | 1,000.00 |
| 2 | TO CHECK WIRING AND OTHER ENGINE COMPARTMENT ELECTRICAL SYSTEM IS IT DAMAGE DUE TO FIRE | New | 150 | 350.00 |
| 3 | TOP-UP AIR CON GAS (FLASH SYSTEM AND TOP UP AIR CON OIL) | New | 100 ? | 150.00 |
| 4 | SUNDRIES | New | 20 | 100.00 |
| 5 | BATTERY | New | X | 200.00 |

Gross Labour Cost (\$\$)

1,800.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Rasm
Hp 90010068

3 days

L/S

11/10/22 @ 1530

EXCESS: TBA

REVERT

Resum after repair

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 Submission | 06/10/2022 08:47 (SGT) |
| Reported by | Driver |
| Date of Accident | 30/09/2022 21:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | RAFFLE CITY SHOPPING MALL LOADING BAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBB9188Z |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | 200821561Z |
| Company Reg No | 2XXXXX561Z |
| Email Address | ebelpteld@gmail.com |
| Mobile Phone No | (Phone) +65-97377350 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-----------------------------------|
| Manufacturer | Nissan |
| Model | CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T |
| 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? | Yes |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2953 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | 22-MQ003159-R01 |

DRIVER

| | |
|-----------------|------------|
| Name of Driver | HASAN MD |
| Passport No/FIN | GXXXX322K |
| Date Of Birth | 24/04/1984 |
| Occupation | Outdoor |

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

22/05/2013
9 YEARS AND 4 MONTHS

Male
(Phone) +65-97377350

ebelpteltd@gmail.com
31 WOODLANDS CLOSE, #04-29, WOODLANDS HORIZON,

S737855

No
Employee
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

No Collision
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
1
No
-
No
1
No
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHMENT

ATTACHMENT(S)


Are accident photos available for attachment?
Was there any video captured by Car Camera?


Yes
No

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 willful 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 be 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 firms/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' law firms/law firms, may be 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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

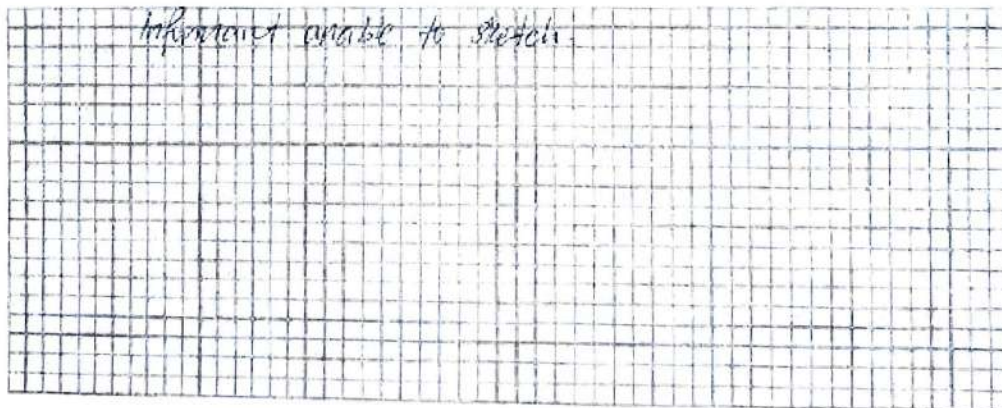

Policyholder's Signature / Date
& Time


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

Grace Ng
Witness by Reporting Centre
Personnel

Sketch Plan

Information unable to sketch



Describe Circumstance of Accident

I PARKED MY VEHICLE IN THE LOADING BAY AND TURNED OFF THE VEHICLE ENGINE AND ALIGHTED THE VEHICLE TO DO MY WORK. WHEN I RETURNED BACK TO MY VEHICLE I SAW MANY SECURITY GUARDS GATHERED AT MY LORRY. TO WHICH I REALISED MY VEHICLE HAD A LOT OF SMOKE AND THE PERSONNEL WHO WITNESS THE INCIDENT MANAGED TO PUT OUT THE FIRE. SCDF ARRIVE SHORTLY AND THEN INVESTIGATED THE MATTER.

Declaration

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



Policyholder's Signature /
Date & Time



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

Grace Ng

Witness by Reporting
Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|--|-----------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 561Z |
| Vehicle No.: | GBB9188Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 12 Oct 2022 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T |
| Primary Colour: | Blue |
| Manufacturing Year: | 2008 |
| Engine No.: | ZD30181277K |
| Chassis No.: | JN15C2F24Z0800396 |
| Maximum Power Output: | - |
| Open Market Value: | \$24,413.00 |
| Original Registration Date: | 14 Jul 2008 |
| First Registration Date: | 14 Jul 2008 |
| Transfer Count: | 3 |
| Actual ARF Paid: | \$1,221.00 |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| COE Expiry Date: | 13 Jul 2023 |
| COE Category: | E - Open Category |
| COE Period(Years): | 5 |
| PQP Paid: | \$16,100.00 |
| COE Rebate Amount: | \$2,423.00 |
| Total Rebate Amount: | \$2,423.00 |
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. | |

The information contained herein is correct as at 12 Oct 2022

OK

Nissan Cabstar (COE till 08/2024)

Overview

Financial

Accessories

Similar

Research

Photos

Map



Car Search

We Represent You

| | | | |
|--------------|------------------------------|---------------|--|
| Price | \$23,800 | Lifespan | 18-Aug-2029 |
| Depreciation | \$12,850 /yr | Reg Date | 19-Aug-2009 (1yr 10mths 6days COE left) |
| Mileage | N.A. | Manufactured | 2009 |
| Road Tax | N.A. | Transmission | Manual |
| Dereg Value | \$4,836 as of today (change) | Fuel Type | Diesel |
| COE | \$13,055 | OMV | \$27,652 |
| Engine Cap | 2,953 cc | ARF | \$1,383 |
| Curb Weight | 1,780 kg | No. of Owners | 3 |