

ASS. REC. BY:

REF:

C12 / CS/CTI24110461/Kvh3

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured: SGT 6995B

Policy No.

Claims No. SNM24D206530

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

\$ 99k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

/

Repudiate

21/8/25

submit preli report-revised fig \$10,790.00 check items \$2585

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Veh No:

SNE 3280X Yr Regn: 03, 22

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

Truck / Trailer or

Make:

Toy / Trace (A) Ambulance

Colour:

Silver C.G. 2754

Sp. Reading

92332 A/C: Insured / Std / NI / NA

Eng/No:

T/Radio: Insured / Std / NI / NA

C/No:

G04 22. 32004161

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195R 15 XR

R:

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

Front

Rear

R/Bal.

9 mm

R/Bal.

9 mm

L/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

19/11/24

D.O.I.

26/11/2024

Survey held at

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

1st N/S &amp; O/S Fnt

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

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

888G

### Vehicle Details

Vehicle No.:

SNE3280X

Vehicle to be Exported:

Yes

Intended Deregistration Date:

25 Nov 2024

Vehicle Make:

TOYOTA

Vehicle Model:

HIACE COMMUTER 2.8 GL AUTO

Primary Colour:

Silver

Manufacturing Year:

2021

Engine No.:

1GD8847913

Chassis No.:

GDH2232004161

Maximum Power Output:

-

Open Market Value:

\$56,827.00

Original Registration Date:

04 Mar 2022

First Registration Date:

04 Mar 2022

Transfer Count:

0

Actual ARF Paid:

\$0.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

03 Mar 2032

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Rebate Amount:

\$0.00

**Total Rebate Amount:**

**\$0.00**

### Message

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 25 Nov 2024

OK

## 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	20/11/2024 14:30 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 05:30 (SGT)
Exact Location of Accident	420 Ang Mo Kio Ave 10, Singapore
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE3280X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOODWILL AMBULANCE SERVICES PTE LTD
Company Reg No	1XXXXX888G
Email Address	INFO@GOODWILLAMBULANCE.COM
Mobile Phone No	(Phone) +65-92995542
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0004207_02

#### DRIVER



Name of Driver	NOORAIN BINTE ROSLAN
NRIC No	SXXXX179B
Date Of Birth	05/11/1985
Occupation	Outdoor
Driving Pass Date	30/04/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87740024
Alt. Phone Number	-
Email Address	NOORAINROSLAN1985@GMAIL.COM
Address	420 ANG MO KIO AVE 10
Address complement	#03-1141
Postcode	560420
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT NO. T/20241119/2023

#### 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	SGT6995B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGY3854T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

## WITNESS DETAILS

### WITNESS 1

Name	CLAUS
Phone	(Phone) +65-82075053
Email	-

**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 Actual 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 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 receiving 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 (Name as in NRIC/ID card)

Sketch Plan

Refer to the police report T/20241119/2023



Describe Circumstance of the Accident

Refer to the Police report T/20241119/2023

I (Owner/In-charge/Driver) \_\_\_\_\_ NRIC NO: \_\_\_\_\_ Vehicle No: \_\_\_\_\_


will be sending my above stated damaged vehicle to Company name: \_\_\_\_\_


for my vehicle damaged repairs and insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharge Goldbell Engineering Pte Ltd.

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

  
Policyholder's Signature

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

 Kim Yn Siew  
Witnessed by Reporting Officer Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20241119/2023

1 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20241119/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/11/2024 11:48		Vide Report No.: F/20241119/0037		Station Diary No.: 55	
<b>Informant Details</b>					
Name of Informant: NOORAIN BINTE ROSLAN			Address: 420 ANG MO KIO AVENUE 10 #03-1141 SINGAPORE 560420		
ID Type / ID No.: NRIC NO / S8538179B			Contact No.: Home/Office: Mobile: 87740024		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 05/11/1985	Type of Informant: Vehicle Owner		
Race: Malay			Language:		
Occupation: Ambulance driver			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/11/2024 08:15	Type of Location: Car Park
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicles Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT6995B	Motor car				Slightly Damaged	0
SGY3854T	Motor car				Slightly Damaged	0
SNE3280X	Ambulance				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

T/20241119/2023

2 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20241119/2023

**CONTINUATION OF REPORT****Brief Details.**

On 19/11/2024 at around 0815hrs, my neighbor alerted me that my ambulance had been involved in a hit-and-run accident and he saw one car (SGT6995B, driver was in a white top) hit unto the front left side of my ambulance. Due to this it caused my ambulance to hit another party (SGY3854T). Traffic police was activated to scene and was able to establish where the defendant stayed however there was no response from the unit. The front left side of my ambulance has dents and parts of it are cracked as well. Traffic Police IO Haslinda then advised me to lodge a traffic accident report regarding this issue. My ambulance was parked at carpark lot 726 Blk 420 Ang Mo Kio



**SINGAPORE  
POLICE FORCE**



T/20241119/2023

3 of 3

Report No. T/20241119/2023

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

## CONTINUATION OF REPORT

Signature of Officer Recording The F / SGT 1 Lai Shihao	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / SI IRMAN BIN MOHAMAD SAID Contact No.: 65476145	

NP168

Signature Of Informant:	
Date/Time: 19/11/2024 11:48	
Classification Of Case:	





## ESTIMATE

Date : 25/11/2024  
To : CHINA TAIPING INSURANCE  
(SINGAPORE) PTE. LTD.  
Attn. :  
Office / Mobile :  
Email Address :

Reg No : SNE3280X  
Model : TOYOTA HIACE  
Chassis No : GDH2232004161  
Engine No : 1GD8847913  
Quotation No. : 222813  
Ref. No. :  
D.O.A. : 19/11/2024  
Policy No. : D22MFL0004207\_02  
Claim Type : TP CLAIM - CHINA TAIPING  
Workshop : ANG MO KIO

From : GOLDBELL ENGINEERING PTE LTD  
Attn. : KONYINSIEW  
Office / Mobile : +65 6861 0007  
Email / Fax No. : KonYinSiew@goldbell.com.sg

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		FRONT BONNET <i>K X</i>	1	0.00	0	0.00	0.00
2		FRONT BONNET HINGE LH <i>M X</i>	1	0.00	0	0.00	0.00
3		FRONT BONNET HINGE RH <i>K X</i>	1	0.00	0	0.00	0.00
4		LH FRONT CORNER PANEL <i>R X</i>	1	0.00	0	0.00	0.00
5		FRONT GRILLE UPPER <i>?</i>	1	0.00	0	0.00	0.00
6		FRONT GRILLE LOWER <i>CM</i>	1	0.00	0	0.00	0.00
7		FRONT GRILLE INNER BASE <i>?</i>	1	0.00	0	0.00	0.00
8		HEADLAMP LH <i>M/CAR</i>	1	0.00	0	0.00	0.00
9		HEADLAMP RH <i>SUX</i>	1	0.00	0	0.00	0.00
10		FRONT BUMPER <i>CM</i>	1	0.00	0	0.00	0.00
11		FRONT BUMPER RETAINER LH <i>M/X</i>	1	0.00	0	0.00	0.00
12		FRONT BUMPER RETAINER RH <i>?</i>	1	0.00	0	0.00	0.00
13		FRONT BUMPER GRILLE LH <i>SUX</i>	1	0.00	0	0.00	0.00
14		FRONT BUMPER GRILLE RH <i>SUX</i>	1	0.00	0	0.00	0.00
15		RH FRONT DOOR <i>M</i>	1	0.00	0	0.00	0.00
16		RH FRONT DOOR HINGE UPPER <i>R X</i>	1	0.00	0	0.00	0.00
17		RH FRONT DOOR HINGE LOWER <i>R X</i>	1	0.00	0	0.00	0.00
18		RH FRONT DOOR SIDE STEP <i>SUX</i>	1	0.00	0	0.00	0.00
19		FRONT SUPPORT PANEL <i>?</i>	1	0.00	0	0.00	0.00
20		FRONT SUPPORT PANEL BRACKET LH <i>?</i>	1	0.00	0	0.00	0.00
21		FRONT SUPPORT PANEL BRACKET RH <i>?</i>	1	0.00	0	0.00	0.00
22		FRONT SUPPORT PANEL CENTER BRACKET <i>?</i>	1	0.00	0	0.00	0.00

PARTS TOTAL :

0.00

NOT AUTHORIZED  
Repairing B4 claim  
3 days

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:



### ESTIMATE

Date	: 25/11/2024	Reg No	: SNE3280X
To	: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	Model	: TOYOTA HIACE
Attn.	:	Chassis No	: GDH2232004161
Office / Mobile	:	Engine No	: 1GD8847913
Email Address	:	Quotation No.	: 222813
		Ref. No.	:
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 19/11/2024
Attn.	: KONYINSIEW	Policy No.	: D22MFL0004207_02
Office / Mobile	: +65 6861 0007	Claim Type	: TP CLAIM - CHINA TAIPING
Email / Fax No.	: KonYinSiew@goldbell.com.sg	Workshop	: ANG MO KIO

### SPECIAL NETT ITEMS

1	OUTER UNDER VIEW MIRROR GARNISH COVER SET (AFTER MARKET)	1	250.00	7
2	HEADLAMP GARNISH COVER SET (AFTER MARKET)	1	300.00	12
3	COMPANY BODY STICKER	1	500.00	300.00
4	RH FRONT WHEEL ALUMINIUM COVER	1	680.00	12
5	RH FRONT TYRE (BRIDGESTONE 195/R15)	1	120.00	X

PARTS TOTAL: 1850.00

### LABOUR CHARGES

1	TO REMOVE, REFIX & REPAIR AFFECTED DAMAGED PARTS. INCLUDING KNOCK OUT, WELD AND STRAIGHTEN ON THE AFFECTED PARTS	1800.00	1500
2	TO TRANSFER DOOR COMPARTMENT / WINDOW GLASS / REGULATOR / LOCK / MECHANISM, ETC	350.00	200
3	TO TRANSFER, CHECK, RECONNECT ALL NECESSARY WIRING SYSTEM AND FUNCTIONALLY	150.00	300
4	TO CONDUCT 4 WHEEL ALIGNMENT	150.00	600
5	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC	1400.00	900

LABOUR TOTAL : 3,850.00

SUB-TOTAL : 5,700.00

GST @ 9% for \$ 5,700.00 513.00

GRAND TOTAL (S\$) : 6,213.00





# GOLDBELL ENGINEERING

Industrial Vehicles. Financial Services.  
41,000 Served. And Counting.

## GOLDBELL ENGINEERING PTE LTD

Main Office: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3676

Finance: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6862 3500

Website: [www.goldbell.com.sg](http://www.goldbell.com.sg)

Co Reg No.: 198003963G

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### ESTIMATE

Date	: 25/11/2024	Reg No	: SNE3280X
To	: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	Model	: TOYOTA HIACE
Attn.	:	Chassis No	: GDH2232004161
Office / Mobile	:	Engine No	: 1GD8847913
Email Address	:	Quotation No.	: 222813
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From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 19/11/2024
Attn.	: KONYINSIEW	Policy No.	: D22MFL0004207_02
Office / Mobile	: +65 6861 0007	Claim Type	: TP CLAIM - CHINA TAIPING
Email / Fax No.	: KonYinSiew@goldbell.com.sg	Workshop	: ANG MO KIO

PREPARED BY : KONYINSIEW

DATE / TIME : \_\_\_\_\_

SURVEYOR : \_\_\_\_\_

MOBILE NO : \_\_\_\_\_

OFFICE FAX NO : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

EXCESS AMOUNT : \_\_\_\_\_

REPAIR TYPE : PART-BY-PART / LUMPSUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS : \_\_\_\_\_

REMARKS : \_\_\_\_\_