



Lin's Brother Auto Engineering Workshop
No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883

UEN No: 53291793J lllusbro@gmail.com

Tel: 67411730

ESTIMATE

Name: Liberty Insurance Pte Ltd
Address: Motor Claims Department
One Raffles Quay #25-01
North Tower Singapore 048583

Ref Date: 12/12/2024
Ref No: GBH5434H241207
Vehicle No: GBH5434H
Model / Make: Mitsubishi
Capacity: L200 D/Cab

Item #	Damaged Area	Description	Unit Price	Qty	Estimation / Quotation	N / SN	Cost Of Repair
1	Rear	Tailgate / <i>OR</i>	\$ 1,177.00	1	\$ 1,177.00	N	
2		Tailgate Lock (Rh,Lh) ?	\$ 195.00	2	\$ 390.00	N	
3		Tailgate Outer Handle / <i>CUT</i>	\$ 165.00	1	\$ 165.00	N	
4		Tailgate Hinge (Rh,Lh) X	\$ 135.00	2	\$ 270.00	N	
5		Tailgate Support Rubber (Rh,Lh) X	\$ 147.00	2	\$ 294.00	N	
6		3rd Brake Light / <i>OR</i>	\$ 197.00	1	\$ 197.00	N	
7		Mitsubishi Emblem / <i>MC</i>	\$ 47.00	1	\$ 47.00	N	
8		DHD Emblem / <i>MC</i>	\$ 60.00	1	\$ 60.00	N	
9		L200 Emblem / <i>MC</i>	\$ 38.00	1	\$ 38.00	N	
10		Sportero Emblem / <i>MC</i>	\$ 70.00	1	\$ 70.00	N	
11		No-Plate X	\$ 30.00	1	\$ 30.00		
12		No-Plate Base X	\$ 25.00	1	\$ 25.00		
13		No Plate Panel X	\$ 985.00	1	\$ 985.00	N	
14		Tail Lamp (Rh,Lh) / <i>BR</i>	\$ 330.00	2	\$ 660.00	N	
15		Fender (Lh) X <i>R</i>	\$ 2,150.00	1	\$ 2,150.00		
16		To check all wiring & electrical component for proper function	\$ 60.00	1	\$ 60.00	<i>30</i>	
17		Remove and refix rear tailgate components & wiper mechanism	\$ 100.00	1	\$ 100.00	<i>80</i>	
18		Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 1,200.00	1	\$ 1,200.00	<i>800</i>	
19		To putty & spray painting & including touch up paint on accident affected areas	\$ 900.00	1	\$ 900.00	<i>800</i>	
20		To apply Rust Proofing , reseal tuff coating treatment on accident area	\$ 80.00	1	\$ 80.00	<i>30</i>	
21		Remove and refix Fender Trim, Garnish & Etc	\$ 100.00	1	\$ 100.00	X	
		...					

Total Parts & Labour of estimate for damaged vehicle

\$ 8,998.00

Total amount in Lumpsum Basis for repaired vehicle

\$ -

SDL

Liu's Bro Auto Engrg Wks

Steve CLKK)
18/12/24, 12:00pm
m R
L/S
4 ALM
5 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	GBH5434H
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Dec 2024
Vehicle Make:	MAZDA
Vehicle Model:	L200 DOUBLE CAB 2.4 MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	4N15UCP2578
Chassis No.:	MMCJJKL20JH012334
Maximum Power Output:	-
Open Market Value:	\$22,503.00
Original Registration Date:	06 Jul 2018
First Registration Date:	06 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$23,505.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 Jul 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$16,336.00
COE Rebate Amount:	\$5,825.00
Total Rebate Amount:	\$5,825.00
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 11 Dec 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	09/12/2024 08:36 (SGT)
Reported by	Actual Driver
Date of Accident	07/12/2024 12:50 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5434H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-96391774
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L200
Variant	DOUBLE CAB 2.4
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	2442
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	MMCJJKL20JH012334
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D24102460MFCV

DRIVER

Name of Driver	CHAI SZE BING
NRIC No	SXXXX569A
Date Of Birth	04/06/1996
Occupation	Outdoor
Driving Pass Date	29/01/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96391774
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	471 SEGAR ROAD #03-248
Address complement	-
Postcode	670471
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

ON 07/12/2024 AT ABOUT 1250HRS, VEHICLE A (GBH5434H) WAS STATIONARY DUE TO RED LIGHT WHEN SUDDENLY VEHICLE B (YQ8314G) CAME FROM THE REAR AND COLLIDED. NO POLICE OR AMBULANCE ATTENDED.

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	YQ8314G
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Vehicle Manufacturer	Isuzu
Vehicle Model	NNR85UH4A MT D/AB
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SELLADURAI SELVA
Passport No/FIN	MXXXX509J
Contact Number	(Phone) +65-93525041
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 center 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.

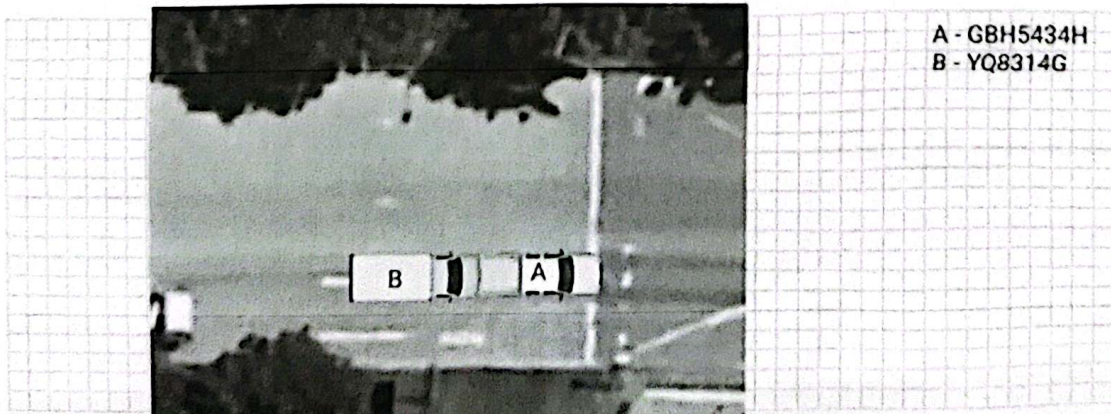
Policyholder's Signature / Date & Time

Sketch Plan

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

07122024 1730hrs

Witnessed by Reporting Centre Personnel



A - GBH5434H
B - YQ8314G

Describe Circumstances of the Accident

ON 07/12/2024 AT ABOUT 1250HRS, VEHICLE A (GBH5434H) WAS STATIONARY DUE TO RED LIGHT WHEN SUDDENLY VEHICLE B (YQ8314G) CAME FROM THE REAR AND COLLIDED. NO POLICE OR AMBULANCE ATTENDED.

Declaration

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
07122024 1730hrs

Witnessed by Reporting Centre Personnel