

Your Ref:

Lonpac Insurance Berhad
300 Beach Road #17-04 / 07
The Concourse
Singapore 199555
Motor Claims Department

Dear Sir / Madam

Traffic Accident Along Jellicoe Road
Involving GBJ3312D and GBM4070D On 20/12/2024

We/I, Goldbell Leasing Pte Ltd (NRIC / ROC No: 199001196N), the registered owners of m/vehicle - GBJ3312D at all material times of the above accident. Our/my vehicle was surveyed by "Lonpac" authorized appraiser and we/I based our/my claims on his recommendation for S\$ 400-00 being the repair for 02 Days (Strictly on a Without Prejudice Basis).

We/I have ascertained that you were the insurers of the driver of m/vehicle GBM4070D when the same was involved in the aforesaid accident with our/my m/vehicle - GBJ3312D.

We/I whereby you are the insurers of m/vehicle GBM4070D and the driver/owner was caused solely by the negligence of your insured and as a result there of our / my m/vehicle - GBJ3312D has suffered loss and damage as follows:

Cost of repairs	S\$	<u>400-00</u>
LOU for pre-repair notice 02 days @ S\$ <u>100-00</u> (2982 cc Lorry)		<u>200-00</u>
LOU Fee for <u>02</u> days @S\$ <u>100-00</u> (2982 cc Lorry)		<u>200-00</u>
Rental Fee Invoice No: _____		<u>2-18</u>
GIA / LTA search fee		_____
Towing Fee (Cash Sale No _____)		_____
Survey Fee		_____
Total Amount	S\$	<u>802-18</u>

We/I enclose herewith copies of the supporting documents for vehicle no. GBJ3312D as follows:-

- (i) Motor Accident Report & Documents;
- (ii) Repair Invoices;

Kindly look into the matter and let us/me hear from you on the settlement of our/my claims as soon as possible.

Please remit us/me your settlement sum in favor of M/s Liu's Brother Auto Engineering Workshop. Forward the cheque to No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883.

Thank you.

Yours faithfully,


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The owner of m/vehicle GBJ3312D
Messers Goldbell Leasing Pte Ltd
cc. Liu's Bro Auto Engineering Workshop

**Liu's Brother Auto Engineering Workshop**

No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883

UEN No: 53291793J

liusbro@gmail.com

Tel: 67411730

FINAL BILL

Name: Lonpac Insurance Berhad

Address: Motor Claims Department

300 Beach Road #17-04 / 07

The Concourse

Singapore 199555

Ref Date:

05/01/2025

Ref No:

GBJ3312D241220

Vehicle No:

GBJ3312D

Model / Make:

Toyota Dyna

Capacity: 2982 cc

150 5MT

Item #	Damaged Area	Description	Unit Price	Qty	Estimation / Quotation	N / SN	Cost Of Repair
1		To putty & spray painting & including touch up paint on accident affected areas			\$ 500.00		\$ 400.00
2		To apply Rust Proofing , reseal tuff-coating treatment on accident area			\$ 20.00		\$ -

Total Parts & Labour of estimate for damaged vehicle

\$ 520.00

Total amount in Parts By Parts Basis for repaired vehicle

\$ 400.00

SDL Four Hundred Only



Liu's Bro Auto Engrg Wks


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

GBM4070D

Date of Accident

20/12/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**

Period of Insurance **17/07/2024 - 16/07/2025**

Requested By **Susan Low (Liu's Brother Auto...**

Requested Date **24/12/2024 16:15**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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	24/12/2024 09:57 (SGT)
Reported by	Actual Driver
Date of Accident	20/12/2024 15:30 (SGT)
Exact Location of Accident	Jellicoe Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3312D
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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) +65-94561289
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	150 5MT
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	2982
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	JTFAT35Y00K212789
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	RUBEL IBRAHIM KHALIL
Passport No/FIN	GXXXX169R
Date Of Birth	12/11/1988
Occupation	Outdoor
Driving Pass Date	21/04/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94561289
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 2 TAMPINES PLACE
Address complement	-
Postcode	5288821
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	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
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 201224 AT ABOUT 1530HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (GBJ3312D) ALONG JELlicoe ROAD EN-ROUTE FROM BEDOK NORTH TOWARDS JALAN BESAR TO WORK PURPOSE, AS MY VEHICLE WAS STATIONARY ALONG JELlicoe ROAD SHORTLY AFTER, I FELT AN IMPACT ON MY RIGHT SIDE PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (GBM4070D) THAT WAS STATIONARY RIGHT SIDE OF VEHICLE A SUDDENLY WITHOUT NOTICE VEHICLE AND REVERSED COLLIDED ONTO VEHICLE A REAR RIGHT PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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	GBM4070D
Vehicle Manufacturer	Byd
Vehicle Model	ET3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

23/12/2024 - 20:30HRS



Describe Circumstances of the Accident

ON 201224 AT ABOUT 1530HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (GBJ3312D) ALONG JELICOE ROAD EN-ROUTE FROM BEDOK NORTH TOWARDS JALAN BESAR TO WORK PURPOSE, AS MY VEHICLE WAS STATIONARY ALONG JELICOE ROAD SHORTLY AFTER, I FELT AN IMPACT ON MY RIGHT SIDE PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (GBM4070D) THAT WAS STATIONARY RIGHT SIDE OF VEHICLE A SUDDENLY WITHOUT NOTICE VEHICLE AND REVERSED COLLIDED ONTO VEHICLE A REAR RIGHT PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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



23/12/2024 – 20:30HRS









IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA2H24CO0002 Vehicle Registration No: GBJ3312D
 Name (as shown in NRIC): Goldbell Leasing Pte Ltd NRIC/FIN/Passport No: 1XXXXX196N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 20/12/2024 Time of Accident: 15:30
 Place of Accident: Jellicoe Rd, Singapore
 Insurance Company: MS First Capital Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED VEHICLE PHOTOS

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 26.12.2024

