

ASS. REC. BY:

REF: TU 1

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: _____

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.Bal. or Market Value: 891K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 033 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

Veh No: YQ 35254Yr Regn: 041 21

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

Truck / Trailer or

Make: Mit Canterc.c. 2908Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 139739

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 12EB71EA33045Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Mil / S/Rlm / STD A/Rlm orTyre Size: F: WestlakeR: Haida 215/73R17-50

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 9 mmL/Bal. 9 mmL/Bal. 9 9 mmD.O.A. 28/12/24D.O.I. 9/1/2025

Survey held at _____

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

o/s body

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

) S - RS. SI

) Fuel

) Others

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

☐

Report Format :

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

TOTAL



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

Co. Reg. No.: 198003963G

Page 1 / 2

ESTIMATE

Date : 02/01/2025
To : INDIA INTERNATIONAL INSURANCE
PTE LTD
Attn. :
Office / Mobile :
Email Address :

Reg No : YQ3525Y
Model : FEB71ER4SDEN CBU MT

Chassis No : FEB71EA35045

Engine No : 4P10E47716

Quotation No. : 225562

Ref. No. :

D.O.A. : 28/12/2025

Policy No. : DMCG24004326

Claim Type : TP CLAIM - INDIA

Workshop : ANG MO KIO

From : GOLDBELL ENGINEERING PTE LTD

Attn. : KONYINSIEW

Office / Mobile : +65 6861 0007

Email / Fax No. : KonYinSiew@goldbell.com.sg

SPECIAL NETT ITEMS

1	ALUMINIUM COMPOSITE PANEL	1	2400.00
2	COMPANY LOGO STICKER	1	850.00
PARTS TOTAL:			3250.00

LABOUR CHARGES

1	TO REMOVE AND REINSTALL ALUMINIUM PIPO ON TOP AND BOTTOM. TO REMOVE AND REPLACE ALUMINIUM COMPOSITE PANEL.	1000.00
---	---	---------

LABOUR TOTAL : 1,000.00

SUB-TOTAL : 4,250.00

GST @ 9% for \$ 4,250.00 382.50

GRAND TOTAL (S\$) : 4,632.50

*Not Authorized
Punay Bkpaing
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:

FUSO

AIRMAN.

biSAFE
STAR



ISO 9001





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	30/12/2024 08:57 (SGT)
Reported by	Actual Driver
Date of Accident	28/12/2024 10:20 (SGT)
Exact Location of Accident	83 Marine Parade Central, Singapore 440083
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3525Y
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JAPAN HOME (RETAIL) PTE. LTD
Company Reg No	2XXXXX632E
Email Address	toh.kimchooi@japanhome.com.sg
Mobile Phone No	(Phone) +65-82929533
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	FEB71ER4SDEN (CBU)
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	2998
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	FEB71EA35045
Effective Date/Time of Ownership	-

INSURANCE COMPANY

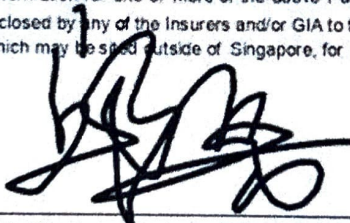
Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG24004326

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 used 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

28/12/2024 - 17:00HRS

A-YQ3525Y
B- YQ8884C

83 MARINE PARADE CENTRAL LOADING BAY

