

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

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

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbro@gmail.com

Invoice/Ref No: YN6152K190223

**Estimate**

Customer

Name: Lonpac Insurance Berhad

Address Motor Claims Department

300 Beach Road #17-04 / 07

The Concourse

Singapore 199555

Date:

28-02-19

Vehicle No:

Model/Make: Mitsubishi

Canter FEB21ER3SDEB (CBU)

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Bumper <i>Bul 1010-33</i>	\$ 1,117.20	
2	Bumper Outer Protector <i>Re/to</i>	\$ 341.80	
3	Signal Lamp <i>015 320</i>	\$ 313.60	
4	Side Lamp <i>015</i>	\$ 235.20	
5	Head Lamp <i>015</i>	\$ 672.70	
6	Door <i>015</i>	\$ 2,001.50	
7	Door "Corporate" Advertisement & Artwork 1 set <i>015</i>	\$ 600.00	
	To check all wiring & electrical component for proper function	\$ 50.00	
	To apply Rust Proofing , reseal tuff-coating treatment on accident area	\$ 50.00	
	To remove, replace and transfer door panel, fitting and mechanisms	\$ 60.00	
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 520.00	
	To putty & spray painting & including touch up paint on accident affected	\$ 600.00	

Total Parts &amp; Labour of estimate for damaged vehicle

\$6,562.00

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



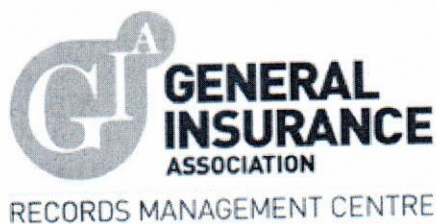
M/s Liu's Brother Auto Engrg Wks

*Not Authorised*  
*LKK**A/S \$ 2100*  
*427**P-190083*  
*25%*  
*1425.69*  
*2645.69*

LKK Auto Consultant is hence notify the Resurvey of the following:

- To resurvey the vehicle after spray painting
- To do a full survey of the damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No time limitation(s) is allowed
- Supplier's liability must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-19-032693  
Date of Request: 28/02/2019

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP  
1 Kaki Bukit Ave 6 #01-01  
Auto Bay@Kaki Bukit  
Singapore 417883

Dear Sir/Madam,

Enquiry Date 28/02/2019  
Enquiry By Jasmine Low Lay Hong  
TP Vehicle No. SKB9303B  
Accident Date 23/02/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKB9303B	Lonpac Insurance Bhd	16/07/2018-15/07/2019	+65 62507388

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



## 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 Authorised 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 Report	24/02/2019 14:07
Date Of Accident	23/02/2019 16:55
Exact Location Of Accident	CHANGI BEACH CARPARK 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6152K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82814133

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	

### Driver

Name of Driver	SIMION JOHN PETER
NRIC No	G7299040X
Date Of Birth	20/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83600326
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

My vehicle was parked at Changi Beach carpark 4 in the lot when car SKB9303B on my right side, reverse parking and its left rear collided onto my vehicle front right side.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9303B
Vehicle Make/Model/Colour	HONDA/CITY 1.5L I-VTEC AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HANG YUXUAN
NRIC/Passport Number	S8947349G
Contact Number	87485876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : PASSENGER 1

GENDER: : FEMALE



# Sketch Plan

## SKETCH PLAN

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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 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/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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

Muhammad Faizal

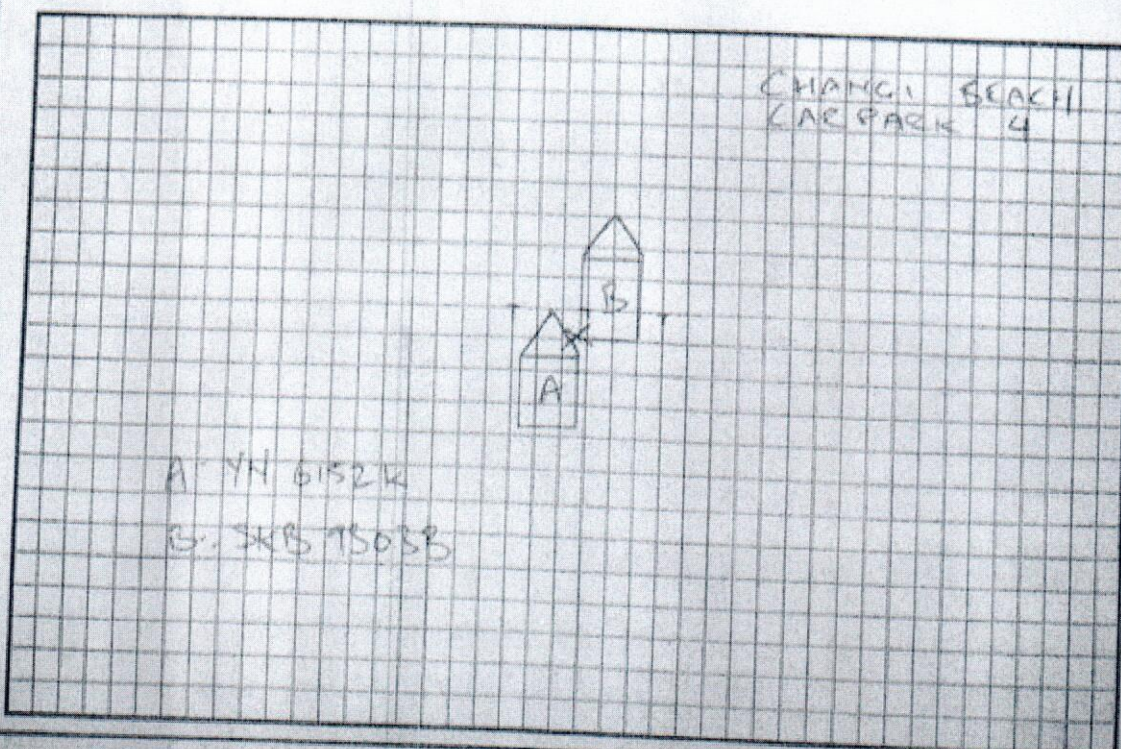
Bin Pabla

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan





[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Owner ID:

**Vehicle Details**

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

**Intended PARF Rebate Details**

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

**Intended COE Rebate Details**

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

**Total Rebate Amount:**

Company

1196N

YN6152K

No

28 Feb 2019

MITSUBISHI

CANTER FEB21ER3SDEB (CBU)

White

2014

4P10B30339

FEB21EA00703

-

\$31,715.00

03 Sep 2014

03 Sep 2014

1

\$1,586.00

No

-

\$0.00

02 Sep 2024

C - Goods Vehicle &amp; Bus

10

\$35,961.00

\$19,798.00

\$19,798.00

The information contained herein is correct as at 28 Feb 2019

OK

Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

My vehicle was parked at Changi Beach carpark 4 in the lot when car SKB9303B on my right side, reverse parking and its left rear collided onto my vehicle front right side.

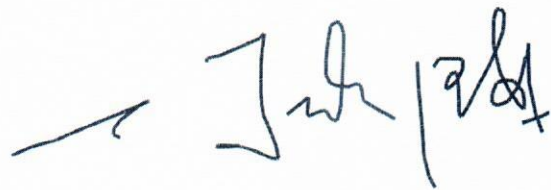
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 February 2019 at 12:45 PM

Date/Time:

24 February 2019 at 12:45 PM