

Our Ref: GBB872R190309

Date: 16/04/2019

Your Ref:

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #07-16
AIG Building
Singapore 079120
Attn: Motor Claims Department

Dear Sir / Madam

TRAFFIC ACCIDENT ALONG Junction Of Selegie Road / Sungei Road

INVOLVING GBB872R **AND** SLQ7119P **ON** 09/03/2019

We/I, **Messers Goldbell Leasing Pte Ltd** (Nric / ROC No: **199001196N**), the registered owners of m/vehicle - GBB872R at all material times of the above accident. Our/my vehicle was surveyed by "AIG Asia" authorized appraiser and we/I based our/my claims on his recommendation for **S\$ 1,200-00** being the repair for 03 Days (Strictly on a Without Prejudice Basis).

We/I have ascertained that you were the insurers of the driver of m/vehicle SLQ7119P when the same was involved in the aforesaid accident with our/my m/vehicle - GBB872R.

We/I whereby you are the insurers of m/vehicle SLQ7119P and the driver / owner was caused solely by the negligence of your insured and as a result there of our / my m/vehicle - GBB872R has suffered loss and damage as follows:

(a) Cost of repairs	S\$	<u>1,200-00</u>
(b) LOU for pre-repair notice <u>02</u> days @ S\$ <u>80-00</u>		<u>160-00</u>
(c) LOU Fee for <u>03</u> days @ S\$ <u>80-00</u>		<u>240-00</u>
(d) GIA / LTA search fee		<u>7-45</u>
(e)		
Total Amount	S\$	<u>1,607-45</u>

We/I enclose herewith copies of the supporting documents for vehicle no. GBB872R as follows:-

- (i) Motor Accident Report;
- (ii) Repair Invoices and documents;

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,



The owner of m/vehicle GBB872R
Messers Goldbell Leasing Pte Ltd
cc. Liu's Bro Auto Engrg Ws

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

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

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

Invoice/Ref No: GBB872R190309

Final Bill**Customer**

Name: ALG Asia Pacific Insurance Pte Ltd

Date: 16-04-19

Address Motor Claims Department

Vehicle No: GBB872R

78 Shenton Way #07-16

Model/Make: Toyota Hiace

ALG Building Singapore 079120

Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Rh Bumper	\$ 599.30	\$ -
2	Bumper Clips 1 set	\$ 48.00	\$ -
3	Tail Lamp	\$ 303.10	\$ -
4	Tail Lamp Lower Garnish	\$ 165.10	\$ -
	To check all wiring & electrical component for proper function	\$ 50.00	\$ -
	Remove and refix rear bumper reverse sensor	\$ 80.00	\$ -
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 500.00	\$ -
	To putty & spray painting & including touch up paint on accident affected	\$ 500.00	\$ -
	To apply Rust Proofing, reseal tuff-coating treatment on accident area	\$ 50.00	\$ -

Total Parts & Labour of estimate for damaged vehicle

\$ 2,295.50

Total amount in Lump Sum Basis for repaired vehicle

\$1,200.00

SDLS: One Thousand Two Hundred Only



M/s Liu's Brother Auto Engrg Wks

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Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Mar 2019 / 18:36:46

Receipt Date/Time : 18 Mar 2019 / 18:36:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190318-003822

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference****No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLQ7119P

As at 09 Mar 2019/13:05:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SLQ7119P

Enquiry Fee

20190318183504458689

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

xxxxxxxxxxxx4559 Credit Card:
Visa/MasterCard

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 1196N

Vehicle Details

Vehicle No.: GBB872R
Vehicle to be Exported: No
Intended Deregistration Date: 18 Mar 2019
Vehicle Make: TOYOTA
Vehicle Model: HIACE MANUAL
Primary Colour: White
Manufacturing Year: 2008
Engine No.: 1KD1813104
Chassis No.: JTFHT02P500023009
Maximum Power Output: -
Open Market Value: \$24,647.00
Original Registration Date: 21 Jul 2008
First Registration Date: 21 Jul 2008
Transfer Count: 1
Actual ARF Paid: \$1,233.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 20 Jul 2023
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
PQP Paid: \$16,100.00
COE Rebate Amount: \$13,970.00
Total Rebate Amount: \$13,970.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 18 Mar 2019

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 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	10/03/2019 22:31
Date Of Accident	09/03/2019 13:05
Exact Location Of Accident	JUNCTION OF SELEGIE ROAD / SUNGEI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB872R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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
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	IVYN TOH
NRIC No	S9522957C
Date Of Birth	03/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87798669
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 898B WOODLANDS DRIVE 50 #02-236
Postcode	731898
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190311/2004 :- ON 09/03/19 AT ABOUT 1305HRS, I WAS DRIVING ALONG SELEGIE ROAD ON THE SECOND LANE FROM THE RIGHT. I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN AS I WANT TO TURN RIGHT ONTO SUNGEI ROAD. AS THE TRAFFIC LIGHT TURNED GREEN, I DROVE AND TURN RIGHT ONTO SUNGEI ROAD AND I STAYED IN MY LANE. SUDDENLY, I FELT AN IMPACT FROM THE REAR RIGHT SIDE OF MY VAN. I THEN REALIZED THAT ANOTHER CAR (SLQ7119P) HAD COLLIDED ONTO THE REAR RIGHT SIDE OF MY VAN. I EXCHANGED PARTICULARS WITH THE SAID DRIVER AND TOOK PHOTOGRAPHS OF OUR VEHICLES. WE THEN LEFT THE SCENE. I SUFFERED BACK AND NECK INJURIES FROM THE ACCIDENT AND WAS GIVEN 3 DAYS OF MC. MY COMPANY HAD ASKED ME TO DO A TRAFFIC POLICE REPORT AS I WAS DRIVING THE COMPANY'S VAN.

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	SLQ7119P
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED RAFAE S/O S A MAIDEEN BATCHA
NRIC/Passport Number	S6807538F

Contact Number	90728295
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LEFT SIDE PORTION
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	IVYN TOH
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	GBB872R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	(DRIVER)
Postcode	

Sketch Plan

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 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. 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



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

[illegible]

Refer to police report

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

Date & Time: GBB372R

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190311/2004

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No: T/20190311/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 01:45	Vide Report No	Station Diary No. 11
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Informant's Particulars

Name of Informant: IVYN TOH			Address: APT BLK 898B WOODLANDS DRIVE 50 #02-235 SINGAPORE 731898	
ID Type / ID No: NRIC NO / S9522957C			Contact No. Home/Office: Mobile: 87798669	
Nationality SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 23	Date of Birth: 03/07/1995	Type of Informant: Driver	
Race: Chinese			Language	Institution / School Name
Occupation DELIVERY SERVICE			Driving Licence Information Class: 3 Date of Expiry	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2019 13:05	Type of Location: X-Junction
Location: Along Road 1 SELEGIE ROAD SUNGEI ROAD At the cross junction of Selegie road and Sungei Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB872R	Van	TOYOTA			Slightly Damaged	0
SLQ7119P	Car	MERCEDES BENZ			Slightly Damaged	2

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



Report No: T20190311



Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	IVYN TOH	ID No.	S9522957C
Related Vehicle	GBB872R (Van)	Contact No.	87798669
Hospital/Clinic	888 PLAZA FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	10/03/2019	Date Discharge	10/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED RAFEE S/O S A MAIDEEN BATCHA	ID No.	S6807538F
Related Vehicle	NIL	Contact No.	90728295
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/03/2019 at about 1305hrs, I was driving along Selegie road on the second lane from the right. I was waiting for the traffic light to turn green as I want to turn right onto Sungei Road. As the traffic light turned green, I drove and turn right onto Sungei Road and I stayed in my lane. Suddenly, I felt an impact from the rear right side of my van. I then realized that another car (SLQ7119P) had collided onto the rear right side of my van. I exchanged particulars with the said driver and took photographs of our vehicles. We then left the scene. I suffered back and neck injuries from the accident and was given 3 days of MC. My company had asked me to do a traffic police report as I was driving the company's van.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190311/2004

3 of 3

Report No. T/20190311/2004

2nd Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No. 1800-7679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

L/
Sgt 2 KOH YAO ZU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case

TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No. 65476204

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant

Date/Time:
11/03/2019 01:45

Classification Of Case: