

Our Ref: GBB1047A190415

Date: 30/04/2019

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** Grange Road  
**INVOLVING** GBB1047A **AND** SLS1203H **ON** 15/04/2019

We/I, **Messers Goldbell Leasing Pte Ltd** (Nric / ROC No: **199001196N**), the registered owners of m/vehicle - GBB1047A 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\$ 2,750-00** 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 SLS1203H when the same was involved in the aforesaid accident with our/my m/vehicle - GBB1047A.

We/I whereby you are the insurers of m/vehicle SLS1203H and the driver / owner was caused solely by the negligence of your insured and as a result there of our / my m/vehicle - GBB1047A has suffered loss and damage as follows:

(a) Cost of repairs	S\$	<u>2,750-00</u>
(b) LOU for pre-repair notice <u>02</u> days @ S\$ <u>80-00</u> [2986 cc]		<u>160-00</u>
(c) LOU Fee for <u>03</u> days @ S\$ <u>80-00</u> [2986 cc]		<u>240-00</u>
(d) GIA / LTA search fee		<u>2-00</u>
(e)		
<b>Total Amount</b>	<b>S\$</b>	<b><u>3,152-00</u></b>

We/I enclose herewith copies of the supporting documents for vehicle no. GBB1047A 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 GBB1047A  
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: GBB1047A190415

**Final Bill****Customer**Name: AIG Asia Pacific Insurance Pte LtdAddress Motor Claims Department78 Shenton Way #07-16AIG Building Singapore 079120Date: 30-04-19Vehicle No: GBB1047AModel/Make: Toyota Hiace  
Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Lh Bumper	\$ 796.80	\$ -
2	Bumper Bracket	\$ 380.40	\$ -
3	Head Lamp	\$ 930.70	\$ -
4	Head Lamp Clip 1 set	\$ 45.00	\$ -
5	Radiator	\$ 2,133.90	\$ -
6	Radiator Coolant	\$ 45.00	\$ -
7	Door "ROC" Sticker	\$ 48.00	\$ -
	To check all wiring & electrical component for proper function	\$ 80.00	\$ -
	To remove & replace radiator & conduct pressure test and bleed system	\$ 140.00	\$ -
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 500.00	\$ -
	To putty & spray painting & including touch up paint on accident affected	\$ 300.00	\$ -
	To apply Rust Proofing, reseal tuff-coating treatment on accident area	\$ 80.00	\$ -

Total Parts &amp; Labour of estimate for damaged vehicle

\$ 5,479.80

Total amount in Lump Sum Basis for repaired vehicle

\$2,750.00

SDLS: Two Thousand Seven Hundred Fifty Only

M/s Liu's Brother Auto Engrg Wks



**GENERAL  
INSURANCE  
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**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-19-061476  
Date of Request: 18/04/2019

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: 18/04/2019  
Enquiry By: Susan Low Siew Yian  
TP Vehicle No: SLS1203H  
Accident Date: 15/04/2019

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLS1203H	AIG Asia Pacific Insurance Pte. Ltd.	07/09/2018-06/09/2019	65-6419-3000

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.

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### TAX INVOICE

Our Ref No: GR-19-061476  
Date of Request: 18/04/2019

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: 18/04/2019  
Enquiry By: Susan Low Siew Yan  
TP Vehicle No: SLS1203H  
Accident Date: 15/04/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO  Cash  Cheque

## 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	16/04/2019 13:29
Date Of Accident	15/04/2019 12:20
Exact Location Of Accident	ALONG GRANGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1047A
<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-64942897

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
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	TAN KOK BENG
NRIC No	S1169507H
Date Of Birth	01/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1978
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81822387
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	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?	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)	2
Passenger 1	NAME: : TAN KIN TONG GENDER: : MALE

#### 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

I was traveling along Grange Road on the right lane as i wanted to turn right into Orchard Link ahead when car SLS1203H coming from behind on my left lane, cut across in front of my vehicle and its right rear side collided onto my vehicle front left side. Damages to my vehicle were on the front left side. No injuries were involved.

#### 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	SLS1203H
Vehicle Make/Model/Colour	MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG GUO ZHONG
NRIC/Passport Number	S8235104C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

*[Handwritten signatures]*

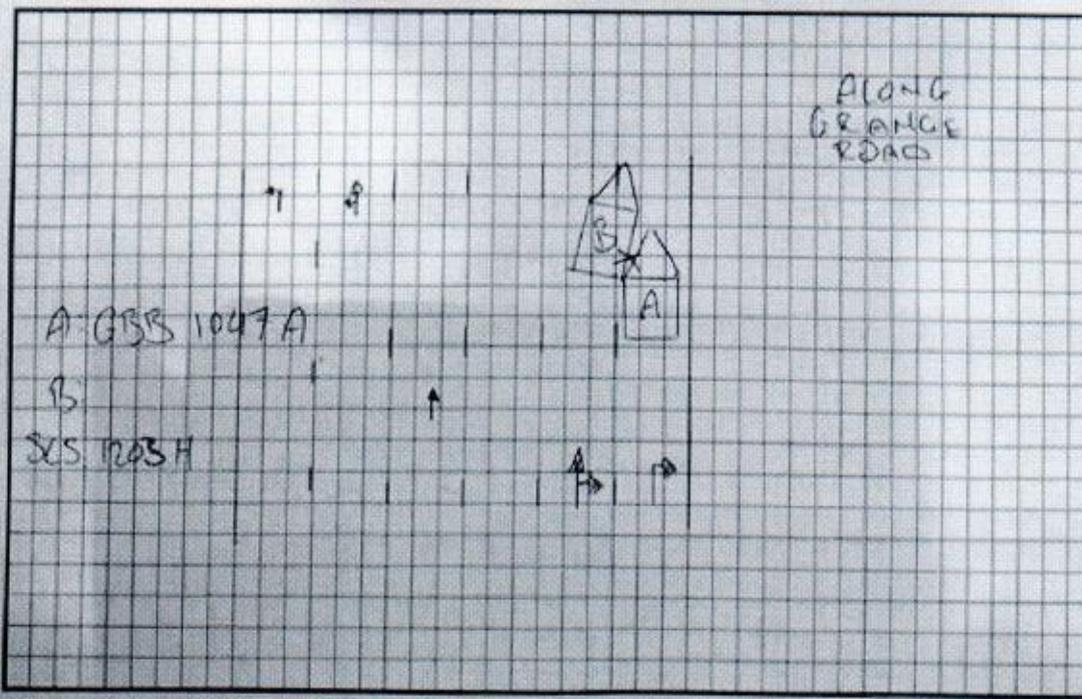
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Muhammad Faizal  
Sin Pabita

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : P1

GENDER: : FEMALE

ACCIDENT STATEMENT (2000 characters)

I was traveling along Grange Road on the right lane as i wanted to turn right into Orchard Link ahead when car SLS1203H coming from behind on my left lane, cut across in front of my vehicle and its right rear side collided onto my vehicle front left side. Damages to my vehicle were on the front left side. No injuries were involved.

Taxi Voucher No.:

DECLARATION

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

16 April 2019 at 11:28 AM

Date/Time:

16 April 2019 at 11:28 AM

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

Owner ID Type:	Company
Owner ID:	1196N

**Vehicle Details**

Vehicle No.:	GBB1047A
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	White
Secondary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	1KD1805447
Chassis No.:	JTFHT02PX00021837
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:	\$13,702.00
<b>Total Rebate Amount:</b>	<b>\$13,702.00</b>

**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 Apr 2019

OK