

22/03/2002

ASS. REC. BY:

REF:

CS/ICS19021454/24F3

Special Instruction:

Surveyor: Rasu

## ASSIGNMENT (Office)

From (Person): Desmond Lee of ECICS Date/Time: 04/12/09

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: YP 2554A Insured: GBC 1858X  
at Workshop m/s Sin Sheng Tel: 6863 9595 Pei Jin  
of No 8. Tuas Ave 18Policy No: \_\_\_\_\_ Claim No: DMCV1700054H 64942897  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_ 1212Make of Veh: \_\_\_\_\_ D.O.A. 21/5/17  
(Client's Record)

CA / REV / REP. / REV 24 HRS

(WP)

H.O.D. Endorsement:

Date/Time: 04/12/09 3.15PM Person Contacted: Pei Jin Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate ( )
	<u>YP 2554A -X</u>	
	<u>GBC 1858X -X</u>	

ASS. REC. BY: Poon

REF:

ICS

## ASSIGNMENT

From:

Date:

05/12/19

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

YP 2554A

at Workshop m/s

Sim Sheng

of

No. 8 Tuen Ave 18

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

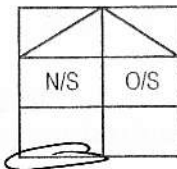
(Client's Record)

Make of Veh:

(Policy Condition)

W/P

Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

YP 2554A

Yr Regn:

2016 / May

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

Truck / Trailer or

Make:

MITSUBISHI Fuso FM65FM c.c 7545

Colour:

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

112794

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FM65FMA 30053

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80R22-5

R:

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

TOYO / YOKO or

Austone

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

21/05/19

D.O.I.

05/12/19

Survey held at

Sim Sheng

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

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Pls collect the accident report of 31/5/19, 07/12/19 & 21/5/17.  
Special case survey the above vehicle as at accident 21/5/17 &  
check consistency of damages.

GIA from Goldbell

11/2 GIA Report give by Goldbell 2 accident (Already inform Desmond)  
US \$850/- (Red \$5407-00, 86%)

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

17/4/20 Typist

Days Of Repair:

1

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / LBJ: \$

\$850/-

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

## 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 ability.
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 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	22/05/2017 14:09
Date Of Accident	21/05/2017 15:40
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2554A
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#### 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	MITSUBISHI
Model	FUSO-7.5 D FM65FM2RDEB (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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-16085360MFCV
Cover Note Number	

#### Driver

Name of Driver	TAN KHAR WUEI
Passport No/FIN	G7998483W
Date Of Birth	10/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2014
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82772386
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address  
 Postcode  
 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- HEAD TO REAR (TP HIT INSURED)  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? 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 PASIR RIS NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20170521/2097 :- ON THE 21/05/2017 AT ABOUT 1540HRS, I WAS TRAVELLING WITH MY LORRY (YP2554A) ALONG PIE. I WAS HEADING BACK TO MY OFFICE WHICH IS LOCATED AT CHANGI NORTH WAY. WHEN I APPROACHING THE EXIT TO NEW UPPER CHANGI ROAD EAST, THE VEHICLE IN FRONT OF ME SUDDENLY EMERGENCY BRAKE AND CAME TO A STOP. I THEN ALSO PERFORMED A EMERGENCY BRAKE AND MANAGED TO STOP IN TIME. HOWEVER, THE VAN (GBC1858X) WHICH IS FOLLOWING BEHIND ME WAS NOT ABLE TO STOP IN TIME AND HENCE IT COLLIDED ONTO MY REAR SIDE. SUBSEQUENTLY, BOTH OF US EXCHANGED OUR PARTICULARS AND WAIT FOR THE POLICE ARRIVAL. ABOUT AN HOUR LATER, TRAFFIC POLICE ARRIVAL AT SCENE. AFTER THE POLICE INTERVIEWED BOTH OF US, HE ASKED US TO LODGED A ACCIDENT REPORT AT THE NEARBY NPC. MY LORRY DOES NOT SUFFERED MUCH DAMAGE ON THE REAR. HOWEVER, THE VAN'S FRONT RIGHT SIDE WAS BADLY DAMAGED. NO ONE WAS INJURED AND NO GOVERNMENT PROPERTY WAS DAMAGED. THERE IS NO IN CAR CAMERA WAS INSTALLED IN MY LORRY.

#### 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 GBC1858X  
 Vehicle Make/Model/Colour  
 Details Of Properties VEH B  
 Name of Driver MUHAMMAD RASHID BIN ROSLI  
 NRIC/Passport Number S8637746B  
 Contact Number 94478170  
 Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT PORTION

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

## 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 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' law yers/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' law yers/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 law yers/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

	(A) VP 2554A (B) GBL 1858X
PIE towards Chngi (before Upper Chngi Rd East exit)	



### Sketch Plan #2

**Describe Circumstances of the Accident**

Refer to police report no. T/20170521/2097

### Declaration

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



Policyholder's Signature / Date &  
Time

*me*

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



Witnessed by Reporting Centre  
Personnel

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20170521/2097

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3  
Report No. T/20170521/2097

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2017 19:58	Vide Report No.:	Station Diary No.: 131
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### Informant's Particulars

Name of Informant: TAN KHAR WUEI			Address:	
ID Type / ID No.: FIN NO / G7998483W			Contact No.:	Mobile: 82772386
Nationality: MALAYSIAN			Home/Office:	
			Email:	
Sex: Male	Age: 28	Date of Birth: 10/09/1988	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class:	
			Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2017 15:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  BEFORE EXIT TO NEW UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1858X	Van				Seriously Damaged	0
YP2554A	Lorry				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20170521/2097

2 of 3

Report No: T/20170521/2097

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MUHAMMAD RASHID BIN ROSLI	ID No.	S8637746B
Related Vehicle	GBC1858X (Van)	Contact No.	94478170
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
<b>Driver</b>			
Name	TAN KHAR WUEI	ID No.	G7998483W
Related Vehicle	YP2554A (Lorry)	Contact No.	82772386
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 the 21/05/2017 at about 1540hrs, I was traveling with my lorry (YP2554A) alone on PIE. I was heading back to my office which is located at Changi North Way. When I approaching the exit to New upper changi road east, the vehicle in front of me suddenly emergency brake and came to a stop. I then also performed a emergency brake and managed to stop in time. However, the van(GBC1858X) which is following behind me was not able to stop in time and hence it cullied onto my rear side. Subsequently, both of us exchanged our particulars and wait for the police arrival. About an hour later, traffic police arrival at scene. After the police interviewed both of us, he asked us to lodged a accident report at the nearby NPC.

My lorry does not suffered much damage on the rear. However, the van's front right side was badly damaged.

No one was injured and no government property was damaged. There is no in car camera was installed in my lorry.

Police Report



SINGAPORE  
POLICE FORCE



T/20170521/2097

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20170521/2097

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:  
G /  
Sgt YAP SAU WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LIM JUN HUI, ADRIAN  
Contact No. 65476350

Authentication Stamp

NP185

Singapore Police Force

Signature Of Informant:

Date/Time:  
21/05/2017 19:58

Classification Of Case:

Accident Photo



Accident Photo



Text size + -

**Enquire PARF/COE Rebate for Registered Vehicle**  
Vehicle Owner Particulars

Owner ID Type:      Company



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 May 2017 / 10:18:28

Receipt Date/Time : 23 May 2017 / 10:18:28

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-170523-000439

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
	Result of Insurance Enquiry - SJA495G As at 20 May 2017/12:30:00 Insurance Co: NTUC INCOME INS CO-OP LTD GBB1768C (DoA:20/05/2017) Owner : GBL			
1	Insurance Enquiry - SJA495G Enquiry Fee 20170523101747886357	5.00	0.35	5.35
	<b>Sub-Total</b>	5.00	0.35	5.35
	Result of Insurance Enquiry - SGM3481Z As at 19 May 2017/13:45:00 Insurance Co: AXA INSURANCE PTE LTD GBE2403H (DoA:19/05/2017) Owner : GBL			
2	Insurance Enquiry - SGM3481Z Enquiry Fee 20170523101747950075	5.00	0.35	5.35
	<b>Sub-Total</b>	5.00	0.35	5.35
	Result of Insurance Enquiry - SJK4363A As at 21 May 2017/12:15:00 Insurance Co: NTUC INCOME INS CO-OP LTD GZ5113E (DoA:21/05/2017) Owner : GBL			
3	Insurance Enquiry - SJK4363A Enquiry Fee 20170523101747999468	5.00	0.35	5.35
	<b>Sub-Total</b>	5.00	0.35	5.35
	Result of Insurance Enquiry - GBC1858X As at 21 May 2017/15:40:00 Insurance Co: ECICS LIMITED YP2554A (DoA:21/05/2017) Owner : GBL			
4	Insurance Enquiry - GBC1858X Enquiry Fee 20170523101748053288	5.00	0.35	5.35
	<b>Sub-Total</b>	5.00	0.35	5.35
	<b>Total Before Rounding</b>	20.00	1.40	21.40
	<b>Rounding Difference</b>			0.00
	<b>Total Amount Payable</b>			21.40
	<b>Paid By</b>			
	20170523101756741 Direct Debit: eNETS Debit (Internet Banking)			21.40
	<b>Total</b>			21.40
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			21.40
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!



# SIN SHENG ENGINEERING SERVICES

NO 8, TUAS AVE 18,  
(Level 3), SINGAPORE 638892  
Tel No. : 6863-9595 Fax No. : 6863-6477  
E-Mail : sinsheng1981@gmail.com  
Buss. Reg. No. : 312029/00D

GOLDBELL LEASING PTE LTD  
59 SENOKO ROAD  
SINGAPORE 758123

Attention : Motor Claim Department  
Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES003012

Date : 05/12/2019  
Vehicle Num. : YP2554A  
Make/Model : MITSUBISHI FM 65-2016  
Chassis/Eng# : FM65FMA30053/6M60214446  
Accident Date : 21/05/2017  
Claim No. :  
Reference : GBC1858X  
Policy No. : D-16085360MFCV

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1	NETT ITEMS :		
2.	1	BUMPER, LHS <i>bt</i>		650.00
3.	1	REAR LAMP, LHS <i>bu</i>		200.00
4.	1	HYDRAULIC CYLINDER, BIG <i>X</i>		2,500.00
5.	1	HYDRAULIC CYLINDER, SMALL <i>X</i>		2,200.00
6.	1	RED/WHITE STICKER <i>rec</i>		60.00
		HYDRAULIC OIL <i>X</i>		120.00
		Nett Total S\$ :		5,730.00
		10.00% Discount S\$ :		573.00
				5,157.00
		LABOUR :		
		TO CHECK/REPAIR TAILGATE	150	850.00
		TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS		
		TO SPRAY PAINTING	100	250.00
		LOSS OF USE : 5 DAYS @ S\$220/DAY		
		Labour Total S\$ :		1,100.00

SIN SHENG ENGINEERING SERVICES

Total S\$ : 6,257.00

*1 day*  
*4/3*  
*05/12/19 @ 1610*  
*Resue after repair*