

**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: liusbros@gmail.com

Invoice/Ref No: GBF2210S200615

Estimate**Customer**

Name: Somp Insurance Singapore Private Limited

Date: 16-06-20

Address: Motor Claims Department

Vehicle No: GBF2210S

50 Raffles Place #05-01 / 06

Model/Make: Toyota Hiace

Singapore Land Tower Singapore 048623

DX 3.0 M

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Lh Door <i>DO/3ent 0149810 152</i>	\$ 1,568.30	X
2	Door Mirror Assy <i>AA</i>	\$ 1,165.00	X
3	Door "ROC" Sticker <i>na</i>	\$ 48.00	SN 305.~
4	"Corporate" Advertisement & Artwork Detail <i>na</i>	\$ 250.00	SN 2305.~
	To check all wiring & electrical component for proper function	\$ 50.00	- 20
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 200.00	- 150
	To putty & spray painting & including touch up paint on accident affected area	\$ 300.00	- 1
	To remove, replace and transfer door panel, fitting and mechanisms	\$ 80.00	X
	To apply Rust Proofing, reseal tuff-coating treatment on accident area	\$ 50.00	- 30

Total Parts & Labour of estimate for damaged vehicle

\$ 3,711.30

Total amount in Lump Sum Basis for repaired vehicle

SDLS: _____



M/s Liu's Brother Auto Engrg Wks

Not Authorized
LM
1/5 1500/-
17/6/20
2 days.

148J.57

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: _____

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	15/06/2020 19:17
Date Of Accident	15/06/2020 15:45
Exact Location Of Accident	21 TUAS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2210S
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	ISAACNGCL@GBL.COM.SG
Mobile Phone No	(LOCAL) +65-91953146
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D X (M)
Exact Purpose for which vehicle was being used at time of accident	DELIVERY

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-17087422MFCV
Cover Note Number	

Driver

Name of Driver	ELANGOVAN VIJAYKUMAR
Passport No/FIN	GXXXX386L
Date Of Birth	16/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91953146
Fax Number	
Contact Number	
Email Address	PEST@PREMIERECO.COM.SG

Address	BLK 320 JURONG EAST STREET 31 #08-72
Postcode	600320
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 - OPENING DOOR OF VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN
	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

ON 15.06.2020 AT ABOUT 1550HRS, MY VEH A GBF2210S WAS PARKED AT 21 TUAS STREET. I WAS SITTING ON THE LEFT SIDE SLIDE DOOR SECTION. MY COLLEAGUE ZUL ASYRAF, G8686315X, WAS STANDING ON THE LEFT FRONT DOOR WRITING A REPORT. THE BIG FRONT DOOR WAS AJAR. VEH B XD7348X COMING FROM THE OPPOSITE DIRECTION, WAS PASSING BY MY VEH A WHEN VEH B'S LEFT BACK DOOR OF THE CONTAINER TRC8455P SWUNG OPEN AND HIT VEH A'S LEFT FRONT DOOR WHERE MY COLLEAGUE WAS STANDING. THE VEH A DOOR SLAMMED INTO MY COLLEAGUE'S LEFT THIGH. MY COLLEAGUE EXPERIENCES PAIN AND IS LIMPING.

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	XD7348X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOLANJINATHAN VENKATESAN
NRIC/Passport Number	0XXXXX7021
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

ZUL ASYRAF (COLLEAGUE OF GBF2210S)

Approximate Age

Injuries Sustain

LEFT THIGH PAIN, LIMPING

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

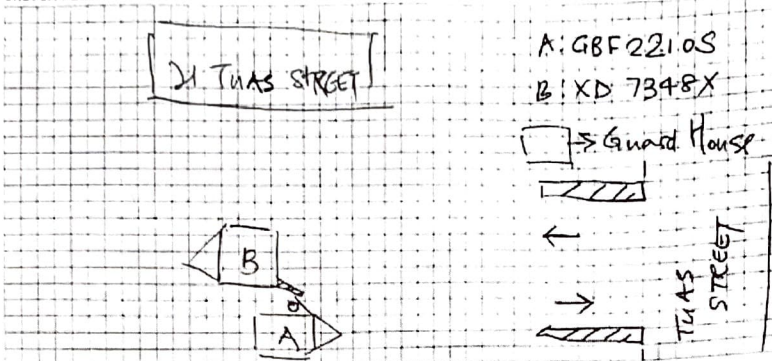
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15-06-2020 at about 1550hrs my veh A GBF2210S was parked at 21 Tunas Street. I was sitting in the left side slide door section. My colleague Zul Asyraf G8686315X was standing on the left front door writing a report. The left front door was ajar. Veh B XD F348X coming from the opposite direction, was passing by my veh A when Veh B left back door of the container TRC 8455P. swung open and hit veh A left front door where my colleague was standing. The veh A door slammed into my colleague left thigh. My colleague experience pain and is limping.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

15-06-2020
1715 hrs

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

Kyau Yang

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	GBF2210S
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jun 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 M
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2599566
Chassis No.:	KDH2010192577
Maximum Power Output:	-
Open Market Value:	\$30,750.00
Original Registration Date:	03 Aug 2016
First Registration Date:	03 Aug 2016
Transfer Count:	1
Actual ARF Paid:	\$1,538.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Aug 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$5,076.00
COE Rebate Amount:	\$3,109.00
Total Rebate Amount:	\$3,109.00

The information contained herein is correct as at 17 Jun 2020

OK

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Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Jun 2020 / 14:38:01

Receipt Date/Time : 16 Jun 2020 / 14:38:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200616-002167

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - XD7348X				
As at 15 Jun 2020/15:45:00				
Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - XD7348X Enquiry Fee 20200616143627718499	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
426588XXXXXX8946		eNETS Credit Card		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.