

ESTIMATE

Date	: 23-10-2020	Reg No	: GBD7131P
To	: ERGO INSURANCE PTE. LTD.	Model	: FEA01BR1SDEB CBU AMT
Attn.	:	Chassis No	: FEA01BA10018
Office /	:	Engine No	: 4P10B49855
Mobile	:		
Email Address	:	Quotation No.	: 120525
		Ref. No.	: GBE/SVC/SALES-HQ/49-1910
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 19-10-2020
Attn.	: CATHERINECHONGKL	Policy No.	: CV1/GA537721
Office /	:	Claim Type	: TP CLAIM - ERGO INSURANCE
Mobile	:		
Email / Fax	: CatherineChongKL@goldbell.com.sg	Workshop	: 8 TUAS AVE 18
No.	:		

S/N	Part No	Description	Qty	U/Price	Net Price	Ext Price
1		MIRROR, OUTSIDE RR VIEW	1	97.95	97.95	97.95 <i>avg</i>
2		STAY, RR VIEW MIRROR -RH	1	435.13	435.13	435.13 <i>?</i>
3		COVER, RR VIEW MIRROR STAY	1	13.71	13.71	13.71 <i>?</i>
4		COVER, FR BMPR CORNER, RH	1	307.97	307.97	307.97 <i>his</i>
PARTS TOTAL :						854.76

LABOUR CHARGES

1	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC	600	900.00
2	SUNDRIES	20	30.00

LABOUR TOTAL : 930.00

SUB-TOTAL : 1,784.76

GST @ 7% for \$ 1,784.76 124.93

GRAND TOTAL (S\$) : 1,909.69

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:



GOLDBELL ENGINEERING

Inspection Vehicles, Financial Services,
Road Served, And Counting.

GOLDBELL ENGINEERING PTE LTD
Main Office 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3675
Finance 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6862 3500
Website: www.goldbell.com.sg
Co Reg No: 198003963G

PREPARED BY : CATHERINECHONGKL

DATE / TIME : 29/10/20 12pm

SURVEYOR : Tanjun

MOBILE NO : 97495749

OFFICE FAX NO :

EMAIL ADDRESS : tanjun@khandu.com

EXCESS AMOUNT :

REPAIR TYPE : PART-BY-PART / LUMP SUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

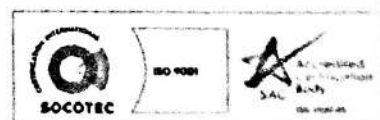
RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS : 02

REMARKS :



AIRMAN.



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 21/10/2020 13:47
Date Of Accident 19/10/2020 13:10
Exact Location Of Accident JOO CHIAT ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7131P
Insured/Policyholder
Name Of Registered Owner FOOD FRESH PTE. LTD.
Co Reg No 2XXXXX538E
Email Address SALES@FOODFRESH.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-69501888
Vehicle Particulars
Manufacturer MITSUBISHI
Model CANTER-3.0 D FEA01BR1SDEB (M)
Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSE
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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number CV1/GA537721
Cover Note Number
Driver
Name of Driver TAO ZHIRONG
Passport No/FIN GXXXX798X
Date Of Birth 13/12/1975
Occupation OUTDOOR
Date Of Driving Pass 12/11/2018
Driving Experience 1 YEAR AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84018201
Fax Number
Contact Number
EMail Address NOEMAIL

Address BLK 363A SEMBAWANG CRESCENT #11-363
Postcode 751363

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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) 2

Passenger 1
NAME: : JIN LONG
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT : T/20201021/2034

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number YM7197E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful 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:

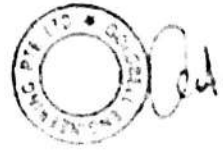
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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' 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



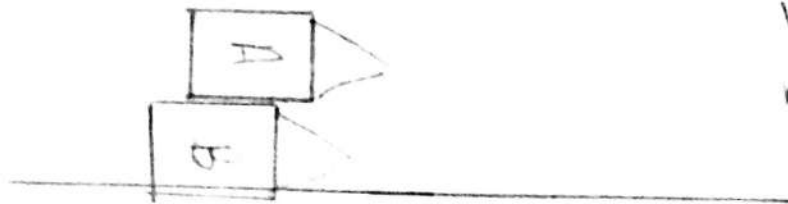
Driver's Signature
(If driver is not the policyholder)
Date & Time



Reporting Centre Personnel's Signature
Name: (100) W. L. Loh
NRIC/IN No: (100) W. L. Loh

Accident Sketch Plan

SKETCH PLAN



Vehicle A - 6ED7131P

Vehicle B - 7M7177E

Two-lane Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report T/ 20001021 / 2004

DECLARATION

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

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: Oday H. Ling
NRIC ID No: 60157172



**SINGAPORE
POLICE FORCE**



T/20201021/2034

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20201021/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2020 11:53		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: TAO ZHIRONG			Address: C/O 15 Senoko Drive #06-01 Food Fresh Pte Ltd SINGAPORE 758202		
ID Type / ID No.: FIN NO / G8635798X			Contact No.: Home/Office: Mobile: 84018201		
Nationality: CHINESE			Email: eileen.hong@foodfresh.com.sg		
Sex: Male	Age: 44	Date of Birth: 13/12/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry: 16/08/2023		

General Information of the Accident

Type of Accident:	Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/10/2020 13:10	Type of Location: Straight Road
Location: JOO CHIAT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
G8D7131P	Lorry				Slightly Damaged	1
YM7197E	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201021/2034

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20201021/2034

CONTINUATION OF REPORT

Driver			
Name	TAO ZHIRONG		ID No. G8635798X
Related Vehicle	GBD7131P (Lorry)		Contact No. 84018201
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 16/08/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/10/2020 at about 1307hrs, I was driving my company vehicle, GBD7131P. I drove along Joo Chiat Road and stopped along the road as my colleagues wanted to alight the vehicle. I put on the hazard light and they went down the vehicle. After they alighted the vehicle, I was still sitting in the driver's seat. Before I wanted to move off, a lorry came from behind and drove past my vehicle. It hit onto the right side of my side mirror and damage my right front bumper. It did not stopped and drove away. Fortunately, my in-car camera has recorded the incident and I am able to retrieve the vehicle plate number: YM7197E through the video recording.



**SINGAPORE
POLICE FORCE**



T/20201021/2034

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Report No. T/20201021/2034

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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 WOOL ZHAO HONG

Signature Of Informant:

ZR

Signature Of Interpreter:
Not applicable

Date/Time:
21/10/2020 11:53

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force