

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT120012701/UR23**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

65G 6069C

at Workshop m/s

1.25 km

of

Insured:

GBA 6527D

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

43k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lrm Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 29140

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GRG 6069C

Yr Regn:

9.17

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

Truck / Trailer or

CA1

Make:

FIAT Doblo

c.c

1598

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

106604

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

2FA26300006H18145

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modi:

NI / S/Rim / STD A/Rim or

Tyre Size:

F:

195/60216

R:

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

TOYO / YOKO or

Continental

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

12/11/20

D.O.I.

18/11/20

Survey held at

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

Rear

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

Date / Time

Action / Instruction

24/11/20 LTA 2700 confirmed with Susan (Red 4890.30, 64%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 24/11/20-TypistDays Of Repair: 4Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS SI☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

) TOTAL

Report Format: TPLump Sum / L.B. (\$ 2700)

TOTAL

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

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

ROB No: 532917931 . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbro@gmail.com

Invoice/Ref No: GBG6069C201112

Estimate**Customer**Name: China Taiping Insurance (Singapore) Pte LtdDate: 16-11-20Address Motor Claims DepartmentVehicle No: GBG6069C3 Anson Road #16-00Model/Make: Fiat Doblo CargoSpringleaf TowerSingapore 079909

Maxi 1.6 MTJ AMTGlaze

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Bumper <i>DD 734.34</i>	\$ 745.00	
2	Bumper Clips 1 set <i>rec 50</i>	\$ 65.00	
3	Bumper Reinforcement <i>Dis 520.92</i>	\$ 752.00	
4	Bumper Reverse Sensor <i>should</i>	\$ 220.00	SN 2009/N
5	Number Plate & Base <i>suc</i>	\$ 48.00	SN X
6	Number Plate Outer Garnish <i>CNE</i>	\$ 387.00	
7	Rear Lh Tailgate <i>2</i>	\$ 2,395.00	X
8	Tailgate Weatherstrip <i>2</i>	\$ 344.50	X
9	Tailgate "Maxi" Emblem <i>rec 62.50</i>	\$ 86.00	
10	Tailgate "Doblo" Emblem <i>rec 80.20</i>	\$ 118.00	
11	Tailgate "90" Emblem <i>rec 60.00</i>	\$ 97.50	
12	Tailgate "MultiJet" Emblem <i>rec 95.00</i>	\$ 119.60	
13	Tailgate "70 KM/H" Sticker <i>rec</i>	\$ 15.00	SN 10 S/N
14	Tailgate Glass Sealant <i>11</i>	\$ 80.00	SN X
15	Tail Lamp <i>420.50</i>	\$ 462.70	
16	Bumper Bracket <i>11</i>	\$ 155.00	X
	Remove and refix rear tailgate components & wiper mechanism	\$ 80.00	X
	Remove and refix rear bumper reverse sensor	\$ 120.00	- 50
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc's	\$ 700.00	- 400
	To putty & spray painting & including touch up paint on accident affected area	\$ 600.00	- 550

Total Parts & Labour of estimate for damaged vehicle

\$ 7,590.30

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Brother Auto Engrg Wks

not Authorised
Liu
18/11/20
2/s # 2700 4 days
the photo after repair

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:

P- 2410.46
10%
P- 2169.41
S.W- 210.00
L- 1000.00
3379.41
202
2702.43



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-20-141480

Date of Request: 16/11/2020

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 16/11/2020

Enquiry By Susan Low Siew Yian

TP Vehicle No. GBA6527D

Accident Date 12/11/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBA6527D	China Taiping Insurance (Singapore) Pte. Ltd.	25/09/2020-24/09/2021	6389 6111

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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Phone: +65 6224 0010 Fax: +65 6224 0030

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TAX INVOICE

Our Ref No: GR-20-141480

Date of Request: 16/11/2020

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 16/11/2020

Enquiry By Susan Low Siew Yian

TP Vehicle No. GBA6527D

Accident Date 12/11/2020

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:

☒ [X] 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	13/11/2020 12:33
Date Of Accident	12/11/2020 17:40
Exact Location Of Accident	UBI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6069C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	ISAACNGCL@GBL.COM.SG
Mobile Phone No	(LOCAL) +65-90050125
Alternative Phone No	OFFICE-64942897
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (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-20095634
Cover Note Number	

Driver

Name of Driver	CHUA PENG HONG
NRIC No	SXXXX761E
Date Of Birth	07/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1972
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90050125
Fax Number	
Contact Number	
Email Address	GOH.LAILEONG@RAMKY.COM.SG

Address	BLK 349 UBI AVENUE 1 #02-1041
Postcode	400349
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 - HEAD TO REAR
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

- REFER TO POLICE REPORT -

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	GBA6527D
Vehicle Make/Model/Colour	TOYOTA HIACE
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)

1

DETAILS OF INJURED PERSON 1

Name

CHUA PENG HONG

Approximate Age

Injuries Sustain

PAIN IN NECK, LEFT KNEE AND FINGER

Injured person in which vehicle?

GBG6069C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

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.
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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.

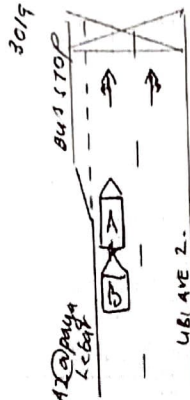
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/11/20 @ 1205H

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

Sketch Plan #2

SKETCH PLAN



A - GB9 6069C
B - GBA 657D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

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: 15/11/2020 17:05h

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201112/2115

1 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No: T/20201112/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2020 20:11		Vide Report No.:	Station Diary No: 29
Informant's Particulars			
Name of Informant: CHUA PENG HONG		Address: APT BLK 349 UBI AVENUE 1 #02-1041 SINGAPORE 400349	
ID Type / ID No.: NRIC NO / S0165761E		Contact No.: Home/Office: Mobile: 90050125	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 07/05/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PEST CONTROL DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident			
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/11/2020 17:40
Type of Location:			
Location: UBI AVENUE 2			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow:		Traffic Control:	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
GBA6527D	Van	TOYOTA	HIACE MANUAL	Blue	No Damage	0
GBG5069C	Van	FIAT	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE	White	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/201112/2115

2 of 4

Report No T/20201112/2115

Police Station Of Origin:
MacPherson NPP
54 Phipp Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA PENG HONG	ID No.	S0165761E
Related Vehicle	GBG6069C (Van)	Contact No.	90050125
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my van (GBG6069C) along the said incident location.

A few moments later, while I was driving, suddenly I heard a loud sound coming from my rear.

I then decided to stop my van to make a check. However a van (GBA6527D), with company decal (JAE Auto Pte Ltd, 3018 Ubi Rd 1 #01-121, Tel: 67453833) horned me and told me to stop at the nearest bus stop.

After the driver of (GBA6527D) and I stopped at the bus stop, the both of us came out of our vehicle.

I then decided to call the rental company for my van but the driver of (GBA6527D) told me he do not have time to wait as he is rushing for something.

I then told the driver of (GBA6527D) to exchange both of our particulars but he does not wish to give.

He then asked for my phone number and told me that he will contact me soon about this matter.

Subsequently the driver of (GBA6527D) drove off.

As such I am lodging this report to claim insurance from the driver of (GBA6527D) because up till now, I did not received any calls regarding the accident.

I wish to state that the driver of (GBA6527D) is a male Malay, in his 60s, about 1.7m tall, medium build size, wearing spectacles.

I also wish to state that due to the impact, I felt slightly giddy and my left 4th finger is feeling a bit of discomfort.

Police Report



SINGAPORE
POLICE FORCE



T/20201112/2115

3 of 4

Report No. T/20201112/2115

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20201112/2115

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

4 of 4

Report No. T/20201112/2115

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:

G4

Sgt 2 MUHAMMADNOORZAINALL BIN
ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

Date/Time:

12/11/2020 20:11

Classification Of Case

Authentication Stamp

NP158

