

ASS. REC. BY:

REF:

CS / INC 20012905 / T1td3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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
	<input checked="" type="checkbox"/>

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: G9BF6017H Yr Regn: 2017 Jan

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

Truck / Trailer or

Make: Mitsubishi Canter C.C. 2998Colour: White A/C: Insured / Std / NI / NASp. Reading: 47633 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEA01BA20320

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/45R: 2-107

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

TOYO / YOKO or AsstoneFront R/Bal. 6 mmRear R/Bal. 6/1 mmL/Bal. 6 mmU/Bal. 6/6 mmD.O.A. _____ D.O.I. 24/11/20Survey held at Vanda Eng

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

O/S Rear

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

Date / Time Action / Instruction

FINALIZE AT \$200, 2DAYS

RED: 20;9%

Date/Time, File Pass to?

☐ : Prell. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

Lump Sum / B.I. / _____)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



Venda Engineering & Trading Pte Ltd

Quotation

From :

GOLDBELL LEASING PTE LTD
59 SENOKO ROAD
SINGAPORE 758123

Officer in Charge : SOON TAT NG
Tel :
Email :

Customer :

GOLDBELL LEASING PTE LTD
59 SENOKO ROAD
SINGAPORE 758123

Attn :
Tel : 6494 2800
Fax No. : 6861 7097

Quotation No. : CQO20-1110059	Quotation Date : 23/11/2020	Terms : 30 DAYS
Vehicle No. : GBF6017H	Chassis No. : FEA01BA20330	Policy Number :
Model : CANTER FEA01BR2SDEB (CBU)	Date of Accident :	
Third Party Insurer :	TP Vehicle No. :	
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
	GBF6017H			200
1	PUTTY AND SPRAY PAINT REAR RIGHT CARGO BOX	1	220.0000	220.00

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:

taufik 97493749/67418434
WP 24/11/20
2 days
Resurvey after repair
taufik@lkkauto.com

Sub Total	220.00
Discount	(0.00)
GST(7.00%)	15.40
Total (SGD)	235.40

VENDA ENGINEERING & TRADING PTE LTD

We accept the above quotation.

Authorised Signature

Please conduct the survey at
Venda Engineering @ 8 Tuas Avenue 18 Level 5 Singapore 638892

Customer's Name & Signature
Company Stamp/Date



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	GBF6017H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Dec 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR2SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C34004
Chassis No.:	FEA01BA20330
Maximum Power Output:	-
Open Market Value:	\$28,020.00
Original Registration Date:	05 Jan 2017
First Registration Date:	05 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$1,401.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jan 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$39,068.00
COE Rebate Amount:	\$23,482.00
Total Rebate Amount:	\$23,482.00

The information contained herein is correct as at 23 Nov 2020

OK

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	17/11/2020 12:07
Date Of Accident	13/11/2020 13:40
Exact Location Of Accident	JUNC OF PIONEER NORTH RD / INTERNATIONAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6017H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01BR2SDEB (CBU) (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29131844
Cover Note Number	
Driver	
Name of Driver	AMIR MAHMOOD
NRIC No	SXXXX818Z
Date Of Birth	06/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87558837
Fax Number	
Contact Number	
EMail Address	TRANSHUB@SINGNET.COM.SG

Address	BLK 162 YISHUN ST 11 #04-234
Postcode	760162
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	SIDE SWIPE
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?	
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: : NOT APPLICABLE 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 13/11/2020 AT AROUND 1:40PM, I WAS DRIVING MY TRUCK ON LANE 2 OF PIONNER NORTH ROAD JUNCTION WITH INTERNATIONAL, TURNING RIGHT INTO INTERNATIONAL ROAD WHEN VEHICLE B WHICH WAS BEHIND ME AND ON LANE 1 TURNING RIGHT TOO INTO INTERNATIONAL ROAD, DROVE UP AND FILTERED INTO MY LANE AND COLLIDED INTO MY TRUCK. MY TRUCK SUSTAINED REAR RIGHT SIDE DAMAGES. NO ONE WAS INJURED.

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

Vehicle Registration Number	PC3292Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	VEH B
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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 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:

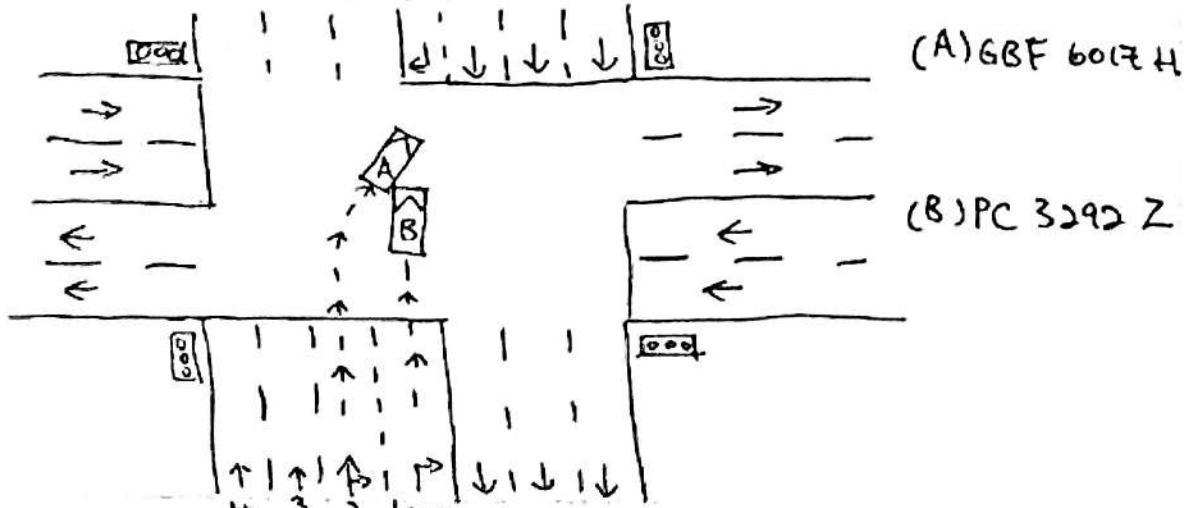
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/11/2020 at around 1.40 p.m., I was driving my truck (Veh. A GBF 6017 H) on Lane 2 of Pioneer North Road junction with International, turning right into International Road when Veh. B (PC 3292 Z), which was behind me and on lane 1 turning right too into International Road, drove up and filtered into my lane and collided into my truck. My truck sustained rear right side damages. No one was injured.

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:

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