

ASS. REC. BY:

REF:

EQ1

Kenneth

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:

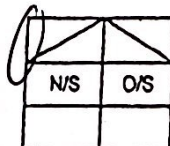
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

3/12

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGS 3631 B yr Regn: 031 07

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

Truck / Trailer or

Make:

Mit Land GLX c.c. 1584

Colour:

m. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

195.559

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Jmy STC S3A7U 005354

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 / 60 R15

R:

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

24/11/20

D.O.I.

25/11/2020

Survey held at

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

N/S/F

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

LUMP SUM \$5250, 4DAYS

RED:6752.39; 56%

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / I.B.I. (\$

TOTAL



GOLDBELL ENGINEERING

Industrial Vehicles. Financial Services.
41,000 Served. And Counting.

GOLDBELL ENGINEERING PTE LTD
Main Office: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3676
Finance: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6862 3500
Website: www.goldbell.com.sg
Co. Reg No. 198003963G

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ESTIMATE

Date : 25/11/2020
To : EQ INSURANCE COMPANY LTD.
Attn. :
Office / Mobile : *Not Authorized*
Email Address : *61 Day & After Price*
From : GOLDBELL ENGINEERING PTE LTD
Attn. : KONYINSIEW
Office / Mobile : +65 6861 0007
Email / Fax No. : KonYinSiew@goldbell.com.sg

Reg No : SGS3631B
Model : MITSUBISHI LANCER 1.6 A
Chassis No : JMYSTCS3A7U005354
Engine No : 4G18HS0321
Quotation No. : 122537
Ref. No. :
D.O.A. : 24/11/2020
Policy No. : DMPCSNAA00022712006
Claim Type : TP CLAIM - EQ
Workshop : 8 TUAS AVE 18

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price	
1		BONNET	1	986.30	-10	887.67	887.67	✓
2		BONNET LOCK	1	256.30	-10	230.67	230.67	X
3		BONNET HINGE LH	1	155.10	-10	139.59	139.59	✓
4		BONNET HINGE RH	1	155.10	-10	139.59	139.59	✓
5		FRONT GRILLE	2	223.50	-10	201.15	402.30	X
6		FRONT EMBLEM	1	65.80	-10	59.22	59.22	✓
7		FRONT BUMPER	1	796.30	-10	716.67	716.67	✓
8		FRONT BUMPER RETAINER LH	1	35.00	-10	31.50	31.50	✓
9		FRONT BUMPER RETAINER RH	1	35.00	-10	31.50	31.50	✓
10		FRONT FOG LAMP LH	1	240.00	-10	216.00	216.00	✓
11		FRONT FOG LAMP RH	1	240.00	-10	216.00	216.00	X
12		FRONT FOG LAMP COVER LH	1	75.00	-10	67.50	67.50	✓
13		FRONT FOG LAMP COVER RH	1	75.00	-10	67.50	67.50	✓
14		FRONT BUMPER LOWER SKIRT	1	480.00	-10	432.00	432.00	✓
15		HEADLAMP LH	1	875.00	-10	787.50	787.50	✓
16		HEADLAMP RH	1	875.00	-10	787.50	787.50	X
17		HEADLAMP BRACKET PANEL LH	1	199.60	-10	179.64	179.64	✓
18		HEADLAMP BRACKET PANEL RH	1	199.60	-10	179.64	179.64	✓
19		FRONT REINFORCEMENT	1	497.60	-10	447.84	447.84	✓
20		FRONT FENDER LH	1	480.00	-10	432.00	432.00	✓
21		FRONT FENDER INNER SHEILD LH	1	178.40	-10	160.56	160.56	✓

PARTS TOTAL : 6,612.39

SPECIAL NETT ITEMS

1	FRONT FENDER INNER SHIELD CLIPS (SET)	1	30.00	✓
2	FRONT BUMPER CLIPS (SET)	1	30.00	✓
3	FRONT TYRE LH (195/60 R15)	1	150.00	X
4	FRONT RIM LH	1	250.00	X
5	FRONT GRILLE CLIPS (SET)	1	30.00	X

PARTS TOTAL: 490.00

Industrial Vehicles. Financial Services.
41,000 Served. And Counting.

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ESTIMATE

Date	: 25/11/2020	Reg No	: SGS3631B
To	: EQ INSURANCE COMPANY LTD.	Model	: MITSUBISHI LANCER 1.6 A
Attn.	:	Chassis No	: JMYSTCS3A7U005354
Office / Mobile	:	Engine No	: 4G18HS0321
Email Address	:	Quotation No.	: 122537
		Ref. No.	:
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 24/11/2020
Attn.	: KONYINSIEW	Policy No.	: DMPCSNA00022712006
Office / Mobile	: +65 6861 0007	Claim Type	: TP CLAIM - EQ
Email / Fax No.	: KonYinSiew@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

LABOUR CHARGES

1	TO REMOVE, REFIX & REPAIR AFFECTED DAMAGED PARTS. INCLUDING KNOCK OUT, WELD AND STRAIGHTEN ON THE AFFECTED PARTS	2400.00
2	TO REPAIR AND ALIGN RH FRONT FENDER	nn 150.00 λ
3	TO CHECK AND RECONNECT ALL NECESSARY WIRING	201 150.00
4	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC	1400 2100.00
5	TO CONDUCT FOUR WHEEL ALIGNMENT	nn 100.00 X

LABOUR TOTAL :	4,900.00
SUB-TOTAL :	12,002.39
GST @ 7% for \$ 12,002.39	840.17
GRAND TOTAL (\$\$) :	12,842.56

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 at request.

ACCIDENT STATEMENT

Date Of Report 24/11/2020 16:49
Date Of Accident 24/11/2020 14:55
Exact Location Of Accident PUNGGOL FIELD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS3631B
Insured/Policyholder
Name Of Registered Owner YIP CHUN WAI DARYL (YE JUNWEI)
NRIC No SXXXX135C
Email Address DARYLYIP.CW@GMAIL.COM
Mobile Phone No (LOCAL) +65-97940158
Alternative Phone No OFFICE-97940158

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER-1.6 (A)

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 PRIVATE CAR

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMPCSN00022712006
Cover Note Number

Driver

Name of Driver YIP CHUN WAI DARYL (YE JUNWEI)
NRIC No SXXXX135C
Date Of Birth 18/09/1980
Occupation OUTDOOR
Date Of Driving Pass 04/05/1999
Driving Experience 21 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97940158
Fax Number
Contact Number OFFICE-97940158
Email Address DARYLYIP.CW@GMAIL.COM

Address BLK 226C SUMANG LANE
#11-234
Postcode 823226
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
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) 1

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

REFER TO SKETCH PLAN

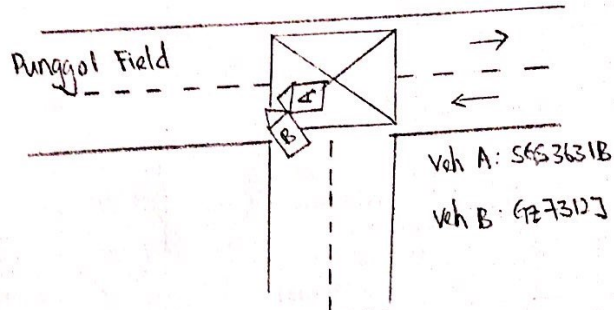
Attachment(s)

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 GZ7312J
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)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/2020 @2.55pm, I am travelling along Punggol Field. Suddenly the vehicle B come out from the exit and hit into my vehicle LH front portion.

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: Kon Yin Siew
NRIC/FIN No.:

