

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS / EA120014738/Upd3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

GBJ 5387A

at Workshop m/s

1/u's 3rd

of

Insured:

GX18334

Policy No.

Claims No.

CDMCA20002012

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:

\$50k.

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

3

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

LTA 11900

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBJ 5387A

Yr Regn:

24/5/19

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

Truck / Trailer or

CA /

Make:

FRAY FIORINO CARGO 1248

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

32149

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

2FA22500006H34376

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/65R15

R:

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

TOYO / YOKO or

continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/12/20

D.O.I.

30/12/20

Survey held at

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

n/s frt

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

Date / Time

Action / Instruction

14/1/21

L/S \$2400 confirmed with Susan CRD \$3474.10, 59%

Date/Time, File Pass to?

☐

: Preli. Report

1) 14/1/21

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: MER-TP

Lump Sum / I.B.I. (\$ 2400)

**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: GBJ5387A201226

Final Bill

Customer	Page 01 - 02
Name: China Taiping Insurance (Singapore) Pte Ltd	Date: 30-12-20
Address: Motor Claims Department	Vehicle No: GBJ5387A
3 Anson Road #16-00	Model/Make: Fiat Fiorino Cargo
Springleaf Tower Singapore 079909	1.3 MTA E6 Glazed

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Bumper <i>grazed 1021.10</i>	\$ 1,245.50	<i>✓</i>
2	Bumper Clips 1 set <i>new 50.00</i>	\$ 65.00	<i>✓</i>
3	Fender <i>DS</i>	\$ 780.00	<i>✓</i>
4	Wheel Hub-Cap <i>R</i>	\$ 225.00	<i>SN X</i>
5	Door <i>n</i>	\$ 1,612.80	<i>X</i>
6	Door Outer Protector <i>grazed</i>	\$ 207.80	<i>✓</i>
7	Door "ROC" Sticker <i>new</i>	\$ 48.00	<i>SN 40 s.✓</i>
8	Door "Corporate" Advertisement & Artwork <i>new</i>	\$ 300.00	<i>SN 200 s.✓</i>
	To check all wiring & electrical component for proper function	\$ 50.00	<i>- 20</i>
	To apply Rust Proofing , reseal tuff-coating treatment on accident are	\$ 80.00	<i>- 30</i>
	To remove, replace and transfer door panel, fitting and mechanisms	\$ 80.00	<i>- 20x</i>
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 500.00	<i>- 480</i>
	To putty & spray painting & including touch up paint on accident aff	\$ 680.00	<i>- 400</i>

Total Parts & Labour of estimate for damaged vehicle

\$ 5,874.10

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Brother Auto Engrg Wks

not Authorized
Link
30/12/20
1/5 \$ 2400
3 days.
** Submit to insurance.*

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. 2058-90
102
1853.01
3023-01

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 Submission	29/12/2020 02:50 (SGT)
Date of Accident	26/12/2020 22:55 (SGT)
Exact Location of Accident	Choa Chu Kang, Singapore
Additional Location Information	Along Chua Chu Kang Ave 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5387A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXXX96N
Email Address	IsaacNgCL@goldbellcorp.com
Mobile Phone No	(Phone) +65-64942888
Alternative Phone No	(Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Fiorino
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-20095634
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SULAIMAN HAJA NAVAZ
NRIC No	SXXXX622D
Date Of Birth	25/07/1977
Occupation	Outdoor

Date Of Driving Pass	29/01/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94873677
Alt. Phone Number	-
Email Address	IsaacNgCL@goldbellcorp.com
Address	HDB Keat Hong Mirage, 816B Keat Hong Link
Address complement	13-65
Postcode	682816
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was going to Turn Left at a junction but I notice there was a van stationary on the side of the road. The van also has hazard lights on and was occupying the lane I wanted to go into. I carefully check my blindspot and turned onto the lane next to the van. Upon turning suddenly the van reverse onto my vehicle and hit the left side of my vehicle. The driver admitted that it was his mistake. We exchange particulars. No injury involved.

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 1

Vehicle Registration Number	GX1833Y
Vehicle Manufacturer	Mitsubishi
Vehicle Model	L300
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YEO KIM KOK
NRIC No	SXXX588H
Contact Number	(Phone) +65-93892666
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

GBJ5387A

IMPORTANT NOTICE

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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.
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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:

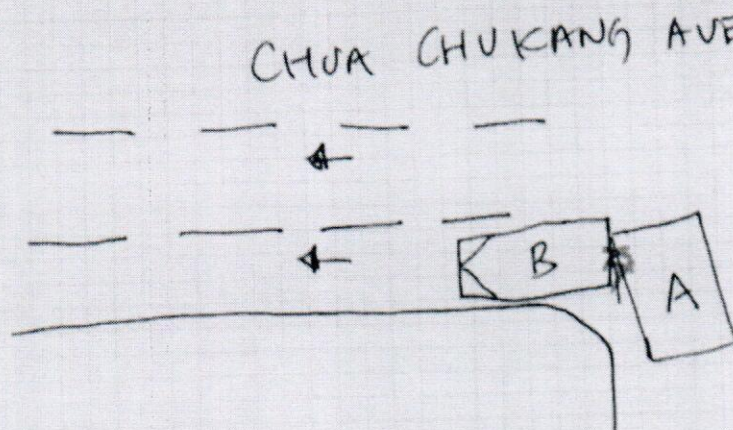
Driver's Signature
(If driver is not the policyholder)
Date & Time: **28 Dec 2020**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

SKETCH PLÀN #2

SKETCH PLAN



A - GBJ5387A.

B - GX1833Y
(REVERSING)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

VERIFY BY AJAX MARS (ARC)

ACCIDENT STATEMENT (2000 characters)

I was going to Turn Left at a junction but I notice there was a van stationary on the side of the road. The van also has hazard lights on and was occupying the lane I wanted to go into. I carefully check my blindspot and turned onto the lane next to the van. Upon turning suddenly the van reverse onto my vehicle and hit the left side of my vehicle. The driver admitted that it was his mistake.

We exchange particulars.

No injury involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

28 December 2020 at 10:46 AM

28 December 2020 at 10:46 AM