

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/MSG21000603/U+d3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

GBE 13034

at Workshop m/s

14580

of

Insured:

FBE 5259M

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:

438

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 1576

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBE 13034

Yr Regn:

4/9/15

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

Truck / Trailer or

CM/

Make:

Toyota Hiace

C.C

2982

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

282553

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT02P000159371

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 R15

R:

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

TOYO / YOKO or

Austone

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

mm

D.O.A.

5/1/21

D.O.I.

13/1/21

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.

19/1/21 m/s \$2300 confirmed with Surben.
CRed: 3633-70, 620/0

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

FBE5259M

Date of Accident

05/01/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance MSIG

Period of Insurance 18/05/2020 - 20/05/2021

Requested By Susan Low (Liu's Brother Auto...

Requested Date 12/01/2021 15:14

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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	07/01/2021 14:58 (SGT)
Date of Accident	05/01/2021 15:35 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	LOYANG AVE TOWARDS TAMPINES AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1303U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacNgCL@goldbellcorp.com
Mobile Phone No	(Phone) +65-64942888
Alternative Phone No	(Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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

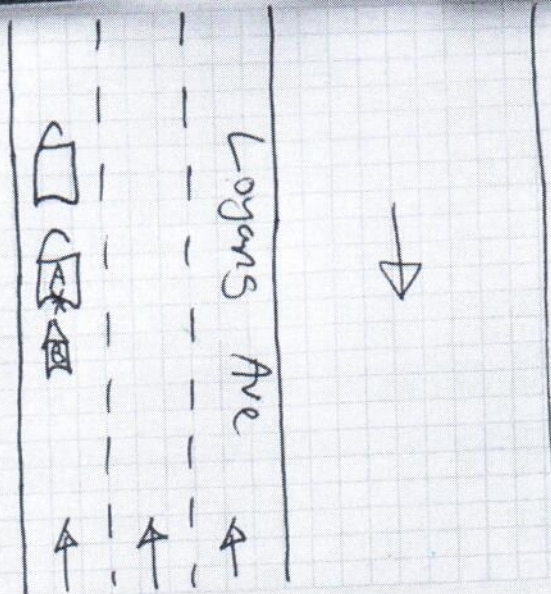
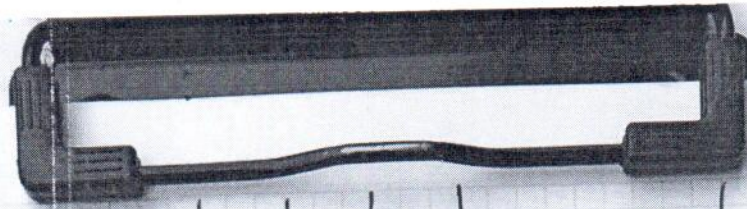
Name of Driver	LOKE TECK SOON, MARCUS
NRIC No	SXXXX621F
Date Of Birth	19/05/1999
Occupation	Outdoor

Vehicle Registration Number	FBE5259M
Vehicle Manufacturer	Yamaha
Vehicle Model	YZF-R15
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	HAYATINNUFUS BINTI ABDUL HALIM
NRIC No	SXXXX886J
Contact Number	(Phone) +65-92298490
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	NA
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger 1
Gender	Female

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

A: GBE 1303U

B: FBE 5259M

DECLARATION

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

VERIFIED BY: [illegible]

SKETCH PLAN #2

**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: GBE1303U210105

Estimate**Customer****Name:** MSIG Insurance (Singapore) Pte Ltd**Date:** 12-01-21**Address** Motor Claims Department**Vehicle No:** GBE1303U

4 Shenton Way #21-01

Model/Make: Toyota Hiace

SGX Centre 2 Singapore 068807

Van Turbo 5 DR Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Tailgate <i>Body m 1942.10</i>	\$ 1,956.20	X
2	Tailgate Lock <i>826</i>	\$ 394.90	X
3	Tailgate Rubber <i>nn</i>	\$ 455.00	X
4	Tailgate "Toyota Logo" Motif <i>nn 68.10</i>	\$ 167.00	X
5	Tailgate "70 KM/H" Sticker <i>nn</i>	\$ 15.00	SN 105.2
6	Number Plate "Metal" <i>nn</i>	\$ 35.00	SN X
7	Bumper <i>DE 488.10</i>	\$ 599.50	1 ✓
8	Bumper Clips 1 set <i>nn</i>	\$ 65.00	SN 405.2
9	Bumper Reverse Sensor <i>11</i>	\$ 220.00	SN X
10	End Panel Outer <i>nn</i>	\$ 566.10	X
11	End Panel Sealants <i>nn</i>	\$ 80.00	SN X
12	Tailgate Windscreen Glass Sealant <i>nn</i>	\$ 50.00	SN 405.2
	Remove and refix rear tailgate components & wiper mechanism	\$ 80.00	60
	Remove and refix rear bumper reverse sensor	\$ 80.00	40
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 700.00	320
	To putty & spray painting & including touch up paint on accident affect	\$ 500.00	350
	Remove & reinstall Tailgate Glass to facilitate repairs	\$ 120.00	✓ 30
	To apply Rust Proofing , reseal tuff-coating treatment on accident area	\$ 50.00	30

Total Parts & Labour of estimate for damaged vehicle

\$ 6,133.70

Total amount in Lump Sum Basis for repaired vehicle

SDLS: _____



M/s Liu's Brother Auto Engrg Wks

not Authorised
1/5 @ 2300
3 days
13/1/21
Whisper to the eye
Submit

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- 2498.30
257
9-1873.72
S.N-90.00
L-920
2883.72
202
2306