

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Rear

R/Bal.

L/Bal.

D.O.I.

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

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

Date / Time

Action / Instruction

COE unit 25-3-2022 LTA \$4187
 Net \$5813

22/4/21 4/5 \$2550 Confirmed with Surfer.
 (Red: 3173.50 - 55%)

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

) __ \$ + RS, __ \$

) Photos

) Others

)

Report Format :

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

TOTAL

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	10/04/2021 11:32 (SGT)
Date of Accident	09/04/2021 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	319 Serangoon Ave 2, Block 319, Singapore 550319
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3921H
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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 MANUAL
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
Transmission	Manual
CC	0

INSURANCE COMPANY

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

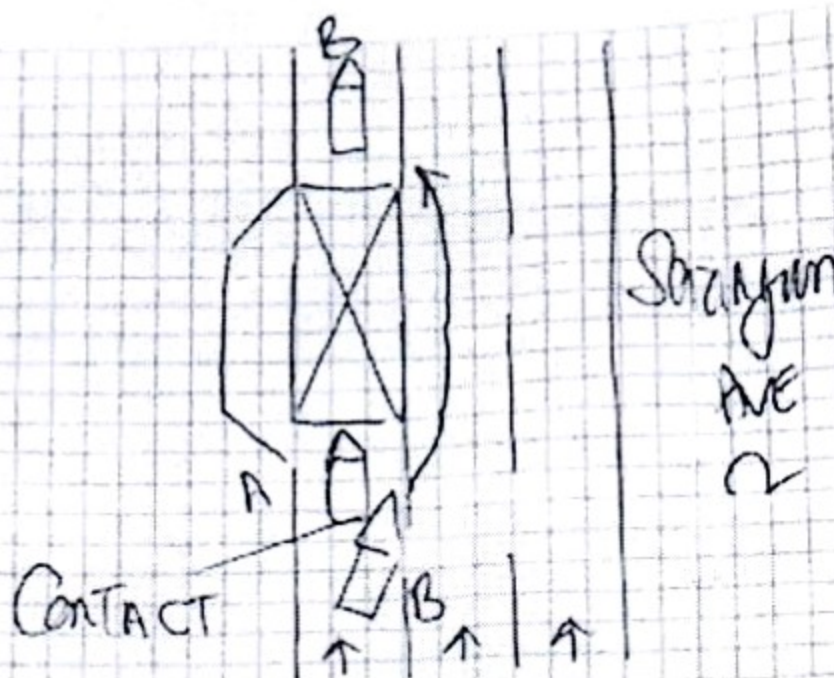
DRIVER

Name of Driver	TAN BOON TIONG
NRIC No	SXXXX439B

Contact Number	(Phone) +65-9668226
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

CH PLAN

A-GBC3921H
B-SLV6979D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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



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2 vehicles

hiace

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Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection hiace	Any	Any	2012	Any	Any	Any	Available
 Toyota Hiace 3.0M Fuel Type: Diesel 1 Ownership, Easy For Loading And Unloading Of Goods. Ideal For Business Usage, Spacious. High COE Value. We Provide 100% Loan For In House Finance. High Trade In Are Welcome! ABWIN (1994) Pte Ltd Posted: 10-Apr-2021 Tags: 2012 Toyota Hiace, Toyota Hiace, Toyota, Hiace	\$27,800	\$17,260 /yr	23-Nov-2012	2,982 cc	-	Van	Available
 Toyota Hiace Commuter 3.0A High Roof Fuel Type: Diesel Free New Brilliant Silver Paintwork! 3 Months Warranty Guaranteed! Options To Buy With New 5/10 Years COE Or Drive Till 04/2022! Lucrative Packages That Includes Warranty Plus Servicing Plus Repairs. Flexible Financing Options With Low Interest Rates. Trade In Arr... Car (S) Pte Ltd Posted: 08-Apr-2021 Tags: 2012 Toyota Hiace, Toyota Hiace, Toyota, Hiace	\$21,800	\$21,980 /yr	11-Apr-2012	2,982 cc	-	Bus	Available

Save this search criteria, to get email alerts whenever a match is found.

Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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**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: liusbro@gmail.com

Invoice/Ref No: GBC3921H21

Estimate**Customer**

Name: MSIG Insurance (Singapore) Pte Ltd

Date: 12-04-21

Address: Motor Claims Department

Vehicle No: GBC3921H

4 Shenton Way #21-01

Model/Make: Toyota Hiace

SGX Centre 2

Singapore 068807

Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Body Panel (Fender) o/s Body no/cr	\$ 1,718.50	
2	Tail Lamp o/s	\$ 365.10	
3	Tail Lamp Panel o/s	\$ 936.20	X
4	Corner Panel garnish	\$ 165.80	
5	Corner Panel Garnish Bracket	\$ 31.50	X
5	Bumper	\$ 496.40	
5	Bumper Clips 1 set	\$ 48.00	
6	Bumper Bracket o/s	\$ 202.00	
7	1 set Bumper Reverse Sensor	\$ 220.00	SN X
	To check all wiring & electrical component for proper function	\$ 60.00	20
	Remove and refix rear bumper reverse sensor	\$ 120.00	40
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 700.00	680
	To putty & spray painting & including touch up paint on accident affected area	\$ 600.00	450
	To apply Rust Proofing , reseal tuff-coating treatment on accident area	\$ 60.00	40

Total Parts & Labour of estimate for damaged vehicle

\$ 5,723.50

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Bro Auto Engrg Wks

not Authorized
LKK
13/4/21
L/S \$ 2550
Why? h/b After repair
5 days.

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-2640.20
252
P-1980.15
L-1230.00
3210.15
202
2568.