

(08/11/14)

Surveyor

TTCUM

REF:

CS/MSG-2/005569/Btf3

Denise

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBE 2813H

at Workshop m/s Bifrost Auto

of 8 Rak: Bt Ave & Premier #01-49

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

Bal. or Market Value: 12,000/2

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBE 2813 H Yr Regn: 10/10/2007

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

Truck / Trailer or

Make: Mercedes Benz Vito c.c 2148

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 383082 T/Radio: Insured / Std / NI / NA

Eng/No: 64698051387932

C/No: WDF6970523350282

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: 225/60/16 MAIRUITY

R: 225/60/16 MATRAC

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

TOYO / YOKO or

Front R/Bal. 5 mm

Rear R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 20/3/2021 D.O.I. 7/5/2021

Survey held at Bifrost Auto

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

Range 3,000/2 - 4,000/2

Recommended COR is 4/5 \$3,550/2 TTCUM 14/5/2021

MV 12,000/2

PV 5,641/2

NV 6,359/2

TTCUM 14/5/2021

9/5/2021

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

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

) S + RS \$

) Photos

) Others

TOTAL

Report Format :

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

Survey
7/5/2021
1457 hrs
Terim
lin

Resurvey
10/5/2021
1056 hrs
Terim
lin

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT #01-49 SINGAPORE 415875

Tel: +65 64524457

Company Reg No: 201929175W

Vehicle No:
Model and make:
Chassis No:

GBE2813H
Mercedes Benz 2007

Qty Spare Parts

- 1 Front bumper
- 1 Front bumper RH side bracket
- 1 Front bumper reinforcement
- 1 RH headlamp assy
- 1 Front apron panel
- 1 Front grille
- 1 Front grille emblem
- 1 Front RH fender
- 1 Front RH fender splash shield

List Price (\$)

\$ 886.00	1,360.90	BR ✓
\$	✓ 93.80	BR ✓
\$	✓ 837.52	BT ✓
\$ 680.00	894.00	BR ✓
\$	✓ 448.62	BR ✓
\$ 340.00	580.39	DIS ✓
\$ 68.00	128.01	NEC ✓
\$	✓ 429.17	BR ✓
\$	153.48	NDX

\$ 3,233.11	3,564.99
-10% \$ 3,233.31	356.50
\$ 3449.80	3,208.49

Qty Spare Parts

- 1set Front bumper clips
- 1set Front apron panel clips
- 1 Front RH fender sticker

Special Nett (\$)

\$ 30.00	60.00	NEC ✓
\$	60.00	NNX
\$ 90.00	180.00	NEC ✓

(To provide invoice)

Labour and painting

Labour charges to remove, check, replace and reinstall damages bodyparts.
To panel beating, cut / weld and re-align all affected panels

\$ 400.00 700.00 ✓

Spray painting on affected panels

\$ 450.00 800.00 ✓

Check wiring and lighting system

\$ 70.00 NNX

Apply rust coating on affected areas

\$ 50.00 NNX

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:

Lump sum repair
Repair days 5

Total:

\$ 5,128.49

L/S 3,550.12

Terim
lin
14/5/2021

@20%
4,419.80
883.96
3535.84

SV0L213R0004 / VICOM LTD (VAC) - Kaki Bukit [415933]
ENTRY DATE & TIME: 27/03/2021 09:43 (SGT)
SUBMITTED BY: Siti Fadhlon Abdul Kader
VERSION: 1 (27/03/2021 09:43 (SGT))

Your NCD will be affected due to late reporting

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	27/03/2021 09:43 (SGT)
Date of Accident	20/03/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GAMBAS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2813H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAVID BEAUTY TRADING
Company Reg No	5XXXX409B
Email Address	liaoxiulin81@icloud.com
Mobile Phone No	(Phone) +65-90605638
Alternative Phone No	+65-90605638

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	MERCEDES BENZ / VITO115E EU4
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	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101226836-02
Cover Note Number	-

DRIVER

Name of Driver	ZHOU GUOWEI
NRIC No	GXXXX578W

Date Of Birth	20/06/1969
Occupation	Outdoor
Date Of Driving Pass	17/08/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90605638
Alt. Phone Number	-
Email Address	liaoxiulin81@icloud.com
Address	BLK 129 YISHUN STREET 11 #02-281
Address complement	-
Postcode	760129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210320/2063;

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	FBP9393Z
Vehicle Manufacturer	Sym
Vehicle Model	SYM / JOYRIDE S 200I ABS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP9393Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 willful 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 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.
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.



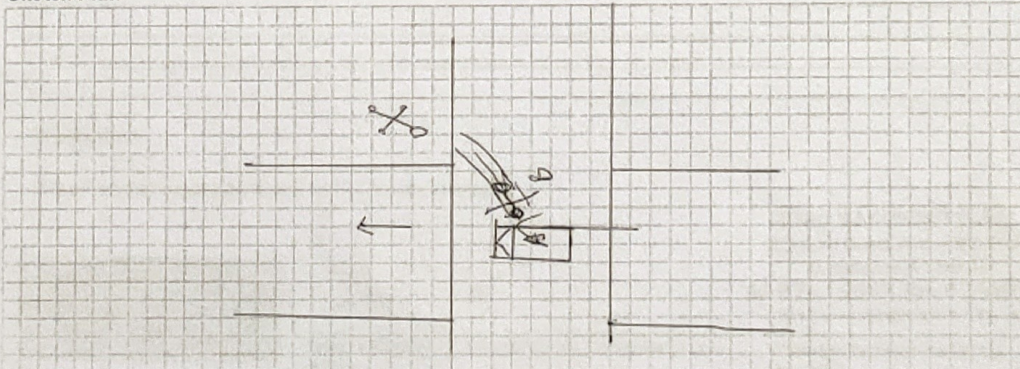
David

Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

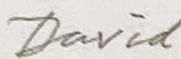
Sketch Plan



A: GBE 2813 H

B: FBP 9393 2

The information on this label is correct as of 09/10/2013



IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-0.

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210320/2063

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20210320/2063

CONTINUATION OF REPORT

Driver			
Name	ZHOU GUOWEI	ID No.	80528704
Related Vehicle	GBE2813H (Van)	Chassis No.	80528704
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class of Driving Licence & Expiry Date
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/03/2021 at about 1330hrs, I was travelling in my vehicle with the plate number GBE2813H along Yishun Avenue 7 towards Gambus Avenue. I did not manage to stop at the traffic light when the light was turning yellow. At that point of time, me and my wife did not spot the motorcycle turning towards Sembawang Road. Suddenly, the motorcycle which is from Gambus Avenue turning towards Sembawang Road. The motorcycle which was turning to Sembawang road had hit onto the side of my vehicle. The rider then fell on the road. Traffic police had attended to my accident vide report L/20210320/0109. The rider was conveyed by the ambulance. The damages on my vehicle are the right lamp was broken and also dented at the driver right hand side. I was advise by the traffic police to make a traffic accident report.

Describe Circumstances of the Accident

As per Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



David

Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	409B
Vehicle Details	
Vehicle No.:	GBE2813H
Vehicle to be Exported:	No
Intended Deregistration Date:	09 May 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO115E EU4
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	64698051387932
Chassis No.:	WDF63970523350282
Maximum Power Output:	-
Open Market Value:	\$53,745.00
Original Registration Date:	10 Oct 2007
First Registration Date:	10 Oct 2007
Transfer Count:	4
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Sep 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$20,268.00
COE Rebate Amount:	\$5,641.00
Total Rebate Amount:	\$5,641.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	
Transfer of ownership or deregistration is not allowed for this vehicle.	

The information contained herein is correct as at 09 May 2021

OK

MV 12,000 ✓
PV 5,641 ✓
NV 6,359 ✓

TGLim hi
9/5/2021