ASS. REC. BY: COM. REF: CUBILITY 2	1008960 Rim3 8916
	SSIGNMENT COE FOR MENT
From: Date: Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: XO 2698 T at Workshop m/s GOLD BELL ENLINEGRING of 8/1/4/5 NVE 18 Insured: (() Policy No. Claims No.	Veh No: XD 3698T Yr Regn: 3008 / MAL. Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: M(Rubbs M) FVS13P 4R069 c.c (2882 Colour 4R060 A/C: Insured / Std / NI / NA Sp.Reading 364901 T/Radio: Insured / Std / NI / NA Eng/No: C/No: FVS13 Gen. Cond: Good / Fair Poor / Burnt
Sum Insured: Excess: (Client's Record) Make of Veh:	Steering: Inorder / Jammed / Leaked / Burnt or Brake: norder / Jammed / Leaked / Burnt or Modi: Nill S/Rim / STD A/Rim or Tyro Size: F: 315/80 R 225
repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No	Tyre Size: F: 315 80 R 22.5 R:
CA / REV / REP. / 24 HRS Vehicle: IN / 0 Date:Person Contacted:	OUT Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or REAR NS The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Report Format : Lump Sum / I.B.I: (\$	Fee: : Site Insp (\$)
,	TOTAL



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

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

		ESTIMATE					
Date	:	30/08/2021	Reg No	:	XD269	8T	
То	:	INDIA INTERNATIONAL INSURANCE PTE LTD	Model	:	FV51JP	4RDEA C/C	
Attn.	:		Chassis No	:	FV51JF	PA00303	
Office / Mobile	:		Engine No	:	6M704	14452	
Email Address	:		Quotation	No. :	14057		
_			Ref. No.	:		VC/SALES-H	Q/156-2408
From	:	GOLDBELL ENGINEERING PTE LTD	D.O.A.	:	24/08/		
Attn. Office / Mobile	:	CATHERINECHONGKL	Policy No. Claim Type	. :		1000434-R00 AIM - INDIA	
Jilice / Wiobile	•		Claim Type	•		NATIONAL IN	ISURANCE
mail / Fax No.	:	CatherineChongKL@goldbell.com.sg	Workshop	:	8 TUAS	S AVE 18	
S/N Part No		Description	Oty	<u>U/Pric</u>	e %	Net Price	Ext Price
1		LOWER STEP 17	1	850.0		J=0J=0J=0J0000000000000000000000000000	850.00
2		LAMP, REAR COMB RHX SVR	1	230.7			230.73
3		LAMP, REAR COMB LH X SVR	1	230.7			230.73
4		BRACKET,RR COMBINATION LAMP,RH		80.8			80.83
5	_	BRACKET,RR COMBINATION LAMP,LH' X	SVR ¹	80.8	3 0	80.83	80.83
SUPP PARTS	3	LAMP,LICENSE PLATE \$79.18 DISLODGE	PARTS	TOTAL:			1,473.12
PECIAL NETT	IT	<u>EMS</u>					
1		BOLT AND NUT SET	1			{	W 125.00
2		60 KM/H STICKER A	1				15.00
3		COMPANY STICKER X NN	1				200.00
			PARTS TO	TAL:	-		340.00
BOUR CHARG	<u>iES</u>						
1		TO REMOVE AND REFIX LOWER STEP				5,	700.0 700.0
2		TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN,ETC				60	798 <u>.</u> 6
3		TO REMOVE AND REPAIR FOR REAR DECK					X 800.0
4		TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC				(05	1200.0
			LABOUR	TOTAL :			3,400,0
			SUB-TO	TAL:			5,213.
			GST @ 7	7% for \$	5,213.1	12	364.
			CDAND	TOTAL	(C+) -		5,578.













dustrial 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.sq Co. Reg. No.: 198003963G

Page

2 / 2

ES'	TT	М	Δ	Т	F
			_		_

Date

30/08/2021

To

INDIA INTERNATIONAL INSURANCE

PTE LTD

Attn.

Office / Mobile

Email Address

From Attn.

GOLDBELL ENGINEERING PTE LTD

Office / Mobile :

CATHERINECHONGKL

Email / Fax No. : CatherineChongKL@goldbell.com.sg

Reg No Model

: XD2698T

FV51JP4RDEA C/C

Chassis No

Engine No

: 6M70414452

Quotation No.

140575

Ref. No.

GBE/SVC/SALES-HQ/156-2408 : 24/08/2021

D.O.A. Policy No. Claim Type

21-MM000434-R00

FV51JPA00303

TP CLAIM - INDIA INTERNATIONAL INSURANCE

Workshop

: 8 TUAS AVE 18

PREPARED BY: CATHERINECHONGKL

DATE / TIME : 01/09/21 @ 1056

SURVEYOR : RASIL

MOBILE NO : 90010018

OFFICE FAX NO:

EXCESS AMOUNT : __

REPAIR TYPE:

EMAIL ADDRESS: _____

AUTHORISATION:

PART-BY-PART (LUMPSUM)

AUTHORISED / NOT AUTHORISED X BEFORE PAINT AFTER PAINT

RE-SURVEY: NO. OF DAYS:

REMARKS :

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 willful misrepresentation or witholding of material facts may allow insurance companies to repudiate

5. Internation provided must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must provide must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible accurate any wind must be as traditional accurate as possible. Any wind must be as traditional accurate as possible accurate any wind must be as traditional accurate as possible accurate any wind must be as traditional accurate as possible accurate any wind must be as traditional accurate as possible accurate any wind must be as traditional accurate any wind must be as tradit and must be as traditional accurate any wind must be as traditi 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 25/08/2021 10:23 (SGT) Date of Accident 24/08/2021 08:50 (SGT) **Exact Location of Accident** AYE, Singapore Additional Location Information ALONG AYE EXIT CLEMENTI AVE 6 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Manual 12882

Vehicle Registration Number XD2698T INSURED/POLICYHOLDER Is company? Name Of Registered Owner PECK TIONG CHOON LEASING PTF LTD Company Reg No 1XXXXX891W **Email Address** catherine.tan@pecktiongchoon.com Mobile Phone No (Phone) +65-65917890 Alternative Phone No (Office) +65-65917890

VEHICLE PARTICULARS

Mitsubishi Fv51jp 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

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage ThirdParty Fleet Policy No Policy Number 21-MM000434-R00 Cover Note Number

DRIVER

Name of Driver **TIAN HENGHENG** Passport No/FIN GXXXX274N

Accident report SG0F218P0002

ade Company No. 1 July 10 Passenger III

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

Vehicle Registration Number	PC4531C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	_

Was the accident reported to the police?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Was there any audio recorded?

REFER TO SKETCH PLAN

ATTACHMENT(S)

Was notice of intended Prosecution given?

Are accident photos available for attachment?

Was there any video captured by Car Camera?

ode rance Company Name ure Of Damage stails of property damaged in accident to. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 w orkshop 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

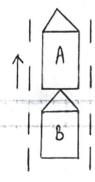
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: XD2698T

Veh B: PC 4531C



ALONG AYE

74 4211 SAAL BEL 17 53 72 31 8 24 8 31	英国下和王岛海军业例在3、在路中间;
下从母的中心人名的第二次你家你才用了!	
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Declaration

IWe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	891W
Vehicle No.:	XD2698T
Vehicle to be Exported:	No No
Intended Deregistration Date:	01 Sep 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FV51JP4RDEA
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	6M70414452
Chassis No.:	FV51JPA00303
Maximum Power Output:	
Open Market Value:	\$85,912.00
Original Registration Date:	01 Aug 2008
First Registration Date:	01 Aug 2008
Transfer Count:	0
Actual ARF Pald:	\$4,296.00
PARF Eligibility:	. No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
COE Explry Date:	31 Jul 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$16,100.00
COE Rebate Amount:	\$6,163.00
Total Rebate Amount:	\$6,163.00

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.

The information contained herein is correct as at 01 Sep 2021

Mitsubishi Fuso Super Great FV51J Tipper (COE till 06/2023)

rice	\$33,800	Lifespan ⑦	26-Jun-2028	
epreciation ⑦	\$18,610 /yr	Reg Date	27-Jun-2008 (1yr 9mths 25days COE left)	
lileage	N.A.	Manufactured ⑦	2008	
load Tax ⑦	N.A.	. Transmission	Manual	
ereg Value ⑦	\$6,125 as of today (change)	Fuel Type	Diesel	
0E ⑦	\$16,859	OMV ⑦	\$83,835	
ngine Cap	12,882 cc	ARF ①	\$4,192	
urb Weight ⑦	11,040 kg	No. of Owners ①	More than 6	
ype of Vehicle	Truck			