

Our Ref: GBL2109X210915

Date: 25/09/2021

Your Ref:

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909
Attn: Motor Claims Department

Dear Sir / Madam

Traffic Accident Along AYE Towards Tuas
Involving GBL2109X **and** GBC9827H **On** 15/09/2021

We/I, Goldbell Leasing Pte Ltd (NRIC / ROC No: 199001196N), the registered owners of m/vehicle - GBL2109X at all material times of the above accident. Our/my vehicle was surveyed by "China Taiping" authorized appraiser and we / I based our / my claims on his recommendation for S\$ 2,006-01 being the repair for 03 Days (Strictly on a Without Prejudice Basis).

We/I have ascertained that you were the insurers of the driver of m/vehicle GBC9827H when the same was involved in the aforesaid accident with our/my m/vehicle - GBL2109X.

We/I whereby you are the insurers of m/vehicle GBC9827H and the driver/owner was caused solely by the negligence of your insured and as a result there of our / my m/vehicle - GBL2109X has suffered loss and damage as follows:

Cost of repairs	S\$	<u>2,006-01</u>
LOU for pre-repair notice 02 days @ S\$ <u>80-00</u> [1597 cc - 05 Mths New Van]		<u>160-00</u>
LOU Fee for <u>03</u> days @S\$ <u>80-00</u> [1597 cc - 05 Mths New Van]		<u>240-00</u>
Rental Fee Invoice No: _____		<u>2-00</u>
GIA / LTA search fee		_____
Towing Fee (Cash Sale No _____)		_____
Survey Fee		_____
Total Amount	S\$	<u>2,408-01</u>

We/I enclose herewith copies of the supporting documents for vehicle no. GBL2109X as follows:-

- (i) Motor Accident Report & Documents;
- (ii) Repair Invoices;

Kindly look into the matter and let us/me hear from you on the settlement of our/my claims as soon as possible.

Please remit us/me your settlement sum in favor of M/s Liu's Brother Auto Engineering Workshop.
Forward the cheque to No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883.

Thank you.

Yours faithfully,

f-----
The owner of m/vehicle GBL2109X
Messers Goldbell Leasing Pte Ltd
cc. Liu's Bro Auto Engineering Workshop

**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@ymail.com

Invoice/Ref No: GBL2109X210915

Final Bill**Customer**

Name: China Taiping Insurance (Singapore) Pte Ltd
Address: Motor Claims Department
3 Anson Road #16-00
Springleaf Tower Singapore 079909

Date: 25-09-21

Vehicle No: GBL2109X

Model/Make: Nissan NV200
1.6 (A) Petrol

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Bumper	\$ 624.80	\$ 624.80
2	Bumper Clips 1 Set	\$ 30.00 SN	\$ 30.00
3	Bumper Sponge	\$ 122.00	\$ 122.00
4	End Panel	\$ 285.30	\$ -
5	Tail Lamp	\$ 252.10	\$ 252.10
6	Tailgate	\$ 1,835.20	\$ -
	Total		\$ 1,028.90
	Parts Less 10%		\$ 102.89
	Total Parts After Less 10%		\$ 926.01
6	Rear Bumper Reverse Sensor	\$ 250.00 SN	\$ 200.00
7	Tailgate "70 KM/H" Sticker	\$ 15.00 SN	\$ 10.00
8	Tailgate "6 PAX" Sticker	\$ 15.00 SN	\$ 10.00
9	"Corporate" Advertisement & Artwork	\$ 150.00 SN	\$ 100.00
	To check all wiring & electrical component for proper function	\$ 30.00	\$ 20.00
	Remove and refix rear bumper reverse sensor	\$ 50.00	\$ 40.00
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 500.00	\$ 400.00
	To putty & spray painting & including touch up paint on accident affected area	\$ 500.00	\$ 300.00

Total Parts & Labour of estimate for damaged vehicle

\$ 4,659.40

Total amount in Lump Sum Basis for repaired vehicle

\$ 2,006.01

SDLS: _____



M/s Liu's Brother Auto Engrg Wks

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBC9827H

Date of Accident

15/09/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **09/01/2021 - 08/01/2022**Requested By **Susan Low (Liu's Brother Auto...**Requested Date **17/09/2021 17:02****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	16/09/2021 11:05 (SGT)
Date of Accident	15/09/2021 14:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL2109X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-86863151
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1598

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097582MFCV
Cover Note Number	-

DRIVER

Name of Driver	NARAYANASAMY SENTHIL KUMAR
Passport No/FIN	GXXXX127L

Contact Number	(Phone) +65-91993234
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON THE 15/09/2021 AT AROUND 1450HRS, I VEHICLE A(GBL2109X) WAS TRAVELLING ALONG AYE TOWARDS TUAS AT AROUND 15KM/HR AS TRAFFIC WAS CONGESTED AND I WAS COMING TO A STOP. SUDDENLY I FELT A LIGHT THUD ON MY REAR AND REALISED VEHICLE B(GBC9827H) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

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 16/09/2021 0945



Witnessed by Reporting Centre Personnel

Nahmat