

(08/11/13) wef

ASS. REC. BY: PaulREF: CS/SMR 21010991/Rinf3

1912

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: YQ 4370Uat Workshop m/s GOLDBELLof 8, TUNAS AVE 18Insured: SMR

SHB 1128D

Policy No.

Claims No. TAX/10/21/2033

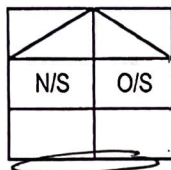
Sum Insured:

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: 95K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

REPAIR LIMIT - 56K

Confirmed P/P \$2,489.01, 3 repair days.

(RED \$1908.08; 43%)

Veh No: YQ 4370UYr Regn: 2021 / OCTType: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /

Truck / Trailer or

Make: MITSUBISHI CANTAL FEELERc.c. 2998Colour: WHITE

A/C: Insured / Std / NI / NA

Sp. Reading: 2511

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEELER 35573Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / XOKO or

Front

Rear

R/Bal. 7

mm

R/Bal. 7/7

mm

L/Bal. 7

mm

L/Bal. 7/7

mm

D.O.A. 15/10/21D.O.I. 01/10/21Survey held at GOLDBELLDes. 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, File Pass to?

☐

: Preli. Report

1) 1/12 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

): S + RS, SI☐

: Interview (\$

): Photos

☐

: Tech. Invs (\$

): Others

☐

: Weekend (\$

Report Format: TPLum Sum / I.B.I. (\$ 2489.01



# GOLDBELL ENGINEERING

Industrial 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.sg  
Co. Reg. No.: 198003963G

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## ESTIMATE

Date :	30/10/2021	Reg No :	YQ4370U
To :	MS FIRST CAPITAL INSURANCE LIMITED	Model :	FEB21ER3SDEN CBU AMT
Attn. :		Chassis No :	FEB21EA35573
Office / Mobile :		Engine No :	4P10F11207
Email Address :		Quotation No. :	144412
		Ref. No. :	
From :	GOLDBELL ENGINEERING PTE LTD	D.O.A. :	15/10/2021
Attn. :	HASRIANAH	Policy No. :	5123976022
Office / Mobile :		Claim Type :	TP CLAIM - MS FIRST CAPITAL INSURANCE
Email / Fax No. :	Hasrianah@goldbell.com.sg	Workshop :	8 TUAS AVE 18

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		LAMP ASSY, COMBINATION, RR RH <i>su</i>	1	286.87	0	286.87	286.87
2		LOWER STEP <i>41</i>	1	650.00	0	650.00	650.00
PARTS TOTAL :							936.87

### SPECIAL NETT ITEMS

1	REAR NUMBER PLATE	41 ✓	1	25.00
PARTS TOTAL:				25.00

### LABOUR CHARGES

1	TO REMOVE AND REFIX LOWER STEP
2	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH ETC
3	TO REMOVE AND REFIX DAMAGE PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN AND REALIGN ETC

LABOUR TOTAL :	2,450.00
SUB-TOTAL :	3,411.87
GST @ 7% for \$ 3,411.87	238.83
<b>GRAND TOTAL (S\$) :</b>	<b>3,650.70</b>

*Handwritten notes:*  
350 ~~650.00~~  
600 ~~1000.00~~

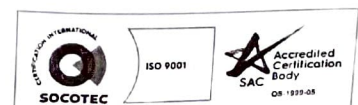
LKK Auto Consultants hence notify the Repairer of the following:

- 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:

**FUSO AIRMAN.**

**bizSAFE**  
S T A R





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### ESTIMATE

Date	: 30/10/2021	Reg No	: YQ4370U
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: FEB21ER3SDEN CBU AMT
Attn.	:	Chassis No	: FEB21EA35573
Office / Mobile	:	Engine No	: 4P10F11207
Email Address	:	Quotation No.	: 144412
		Ref. No.	:
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 15/10/2021
Attn.	: HASRIANAH	Policy No.	: 5123976022
Office / Mobile	:	Claim Type	: TP CLAIM - MS FIRST CAPITAL INSURANCE
Email / Fax No.	: Hasrianah@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

PREPARED BY : HASRIANAH

DATE / TIME :

01/11/21 @ 1120

SURVEYOR :

RASUL

MOBILE NO :

90010068

OFFICE FAX NO :

EMAIL ADDRESS :

rasul@kkauto.com

EXCESS AMOUNT :

REPAIR TYPE :

PART-BY-PART LUMP SUM

AUTHORISATION :

AUTHORISED / NOT AUTHORISED

RE-SURVEY :

BEFORE PAINT / AFTER PAINT

NO. OF DAYS :

3 days

REMARKS :

FUSO

AIRMAN.

bizSAFE  
STAR





## 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	18/10/2021 15:09 (SGT)
Date of Accident	15/10/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS ANG MO KIO
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ4370U

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEE GENERAL WORKS PTE. LTD
Company Reg No	201828191Z
Email Address	INFO@LEEGENERALWORKS.COM
Mobile Phone No	(Phone) +65-943398102
Alternative Phone No	+65-943398102

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	2999

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5123976022
Cover Note Number	-

#### DRIVER

Name of Driver	MD SOLEMAN
Work Permit No	G6816100U



Date Of Birth	20/07/1986
Occupation	Outdoor
Date Of Driving Pass	12/07/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-943398102
Alt. Phone Number	-
Email Address	INFO@LEEGENERALWORKS.COM
Address	LEE GENERAL WORKS PTE. LTD
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	COLLEAGUE
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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	SHB1128D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)

-  
-  
-  
-  
-  
-  
-  
-  
-

## 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 parcels/packages) and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims

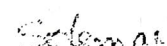
(collectively the "Purposes")

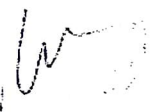
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

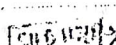
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature (Date & Time)

Sketch Plan

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

  
Witnessed by Reporting Centre Personnel

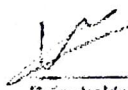
  
Witnessed by Reporting Centre Personnel

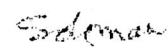
# Describe Circumstances of the Accident

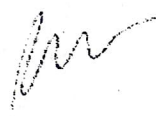
LICENSE PLATE: <u>YG 4370 U</u>	ACCIDENT DATE & TIME: <u>15-10-21 Around 13:10pm</u>
CONTACT NUMBER: <u>94398102</u>	E-MAIL ADDRESS: <u>info@leageneralwales.com</u>
LOCATION: <u>CTE Towards my Mo kin</u>	
<p>I was heading towards my mo kin on the CTE when the vehicle in front of me slowed down. I applied my brakes and was collided into from the rear by the taxi with the carplate number <u><del>YG 4370 U</del> SA B1280</u>.</p>	
<p>NOTE PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state	
<input type="checkbox"/> I Claim Own Policy	<input checked="" type="checkbox"/> I Claim Third Party
<input type="checkbox"/> I Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

## Declaration

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

  
 Witnessed by Reporting Centre Personnel

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 191Z

### Vehicle Details

Vehicle No.: YQ4370U

Vehicle to be Exported: No

Intended Deregistration Date: 26 Oct 2021

Vehicle Make: MITSUBISHI

Vehicle Model: CANTER FEB21ER3SDEN (CBU)

Primary Colour: White

Manufacturing Year: 2021

Engine No.: 4P10F11207

Chassis No.: FEB21EA35573

Maximum Power Output: -

Open Market Value: \$38,524.00

Original Registration Date: 04 Oct 2021

First Registration Date: 04 Oct 2021

Transfer Count: 0

Actual ARF Paid: \$1,927.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 03 Oct 2031

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$38,900.00

COE Rebate Amount: \$38,650.00

**Total Rebate Amount: \$38,650.00**

The information contained herein is correct as at 26 Oct 2021

OK

# Mitsubishi Fuso Canter FEB21

## Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price****\$93,800****Lifespan** 

15-Aug-2041

**Depreciation** 

\$9,580 /yr

[View models with similar depre](#)**Reg Date**

16-Aug-2021

(9yrs 9mths 13days COE left)

**Mileage**

N.A.

**Manufactured** 

2021

**Road Tax** 

N.A.

**Transmission**

Auto

**Dereg Value** 

\$23,209 as of today (change)

**Fuel Type**

Diesel

**COE** 

\$23,709

**OMV** 

\$38,671

**Engine Cap**

2,998 cc

**ARF** 

\$1,934

**Curb Weight** 

2,220 kg

**No. of Owners** 

1

**Type of Vehicle**

Truck

**Features**

Brand New.