

ASS. REC. BY:

Store

REF:

CC4/FC1211/2479/ra3

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

YQ 3208M

Yr Regn:

22/12/20

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

☒ Truck ☐ Trailer or

Make:

Mitsubishi Fuso FM65 c.c 7545

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

34059

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FM65FMA 40038

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

11R22.5

R:

11

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

TOYO/ YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

8/12/21

D.O.I.

21/12/21

Survey held at

Gowbell

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

MK-180X

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Prell. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL



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41,000 Served. And Counting.

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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

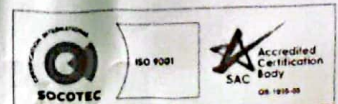
Date	: 09/12/2021	Reg No	: YQ3208M
To	: GREAT EASTERN GENERAL INSURANCE LIMITED	Model	: FM65FM6RDEA C/C
Attn.	:	Chassis No	: FM65FMA40038
Office / Mobile	:	Engine No	: 6M60268301
Email Address	:	Quotation No.	: 146831
		Ref. No.	: GBE/SVC/SALES-HQ/04-0812
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 08/12/2021
Attn.	: LIEWSIMING	Policy No.	: 2020-V0115326-VCV
Office / Mobile	:	Claim Type	: TP CLAIM - MSFC
Email / Fax No.	: LiewSiMing@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		GLASS,WINDSHIELD / RR / cut	1	3,914.53	-25	2,935.90	2,935.90 ✓
2		WEATHERSTRIP,WINDSHIELD / cut	1	960.65	-25	720.49	720.49 ✓
3		MARK,FUSO / RR	1	540.00	-25	405.00	405.00 ✓
4		MARK,THREE-DIA / RR	1	66.89	-25	50.17	50.17 ✓
5		MARK,FIGHTER / RR	1	114.41	-25	85.81	85.81 ✓
6		PANEL,WINDSHIELD,LWR X R	1	371.20	-25	278.40	278.40 ✓
7		TAPE,WINDSHIELD PANEL BLACKOUT 1 x nn	1	398.49	-25	298.87	298.87 ✓
8		REINFORCEMENT,DASH PANEL ? x nn	1	1,769.57	-25	1,327.18	1,327.18 ✓
9		PANEL,CAB,FR / OP	1	4,510.76	-25	3,383.07	3,383.07 ✓
10		STRIKER,FR PANEL LATCH X nn	1	35.37	-25	26.53	26.53 ✓
11		GRILLE ASSY,FRONT*** / cut	1	1,175.69	-25	881.77	881.77 ✓
12		ARM,WINDSHIELD WIPER,LH X nn	1	307.08	-25	230.31	230.31 ✓
13		BLADE,WINDSHIELD WIPER X nn	1	102.67	-25	77.00	77.00 ✓
14		COVER,WINDSHIELD WIPER ARM HEAD,LH X nn	1	17.56	-25	13.17	13.17 ✓
15		TUBE,WINDSHIELD WASHER X nn	1	20.14	-25	15.11	15.11 ✓
16		NOZZLE,WINDSHIELD WASHER,LH X nn	1	60.56	-25	45.42	45.42 ✓
17		BRACKET,RR VIEW MIRROR STAY,UPR LH / RR	1	81.00	-25	60.75	60.75 ✓
18		BRACKET,RR VIEW MIRROR STAY,LWR LH / RR	1	70.50	-25	52.88	52.88 ✓
19		STAY,RR VIEW MIRROR,LH X nn	1	1,750.72	-25	1,313.04	1,313.04 ✓
20		BAR,RR VIEW MIRROR STAY PROP,LH X nn	1	281.46	-25	211.09	211.09 ✓
21		STAY,RR VIEW MIRROR,UPR X nn	1	640.31	-25	480.23	480.23 ✓
22		STAY,RR VIEW MIRROR,LWR LH X nn	1	178.36	-25	133.77	133.77 ✓
23		MIRROR,FR UNDER VIEW / mis	1	129.60	-25	97.20	97.20 ✓
24		COVER,RR VIEW MIRROR / mis	1	36.79	-25	27.59	27.59 ✓
25		MIRROR,SIDE UNDER VIEW / mis	1	145.80	-25	109.35	109.35 ✓
26		COVER,RR VIEW MIRROR / mis	1	38.84	-25	29.13	29.13 ✓
27		MIRROR,RR VIEW,LH X nn	1	172.80	-25	129.60	129.60 ✓
28		COVER,RR VIEW MIRROR / mis	1	117.65	-25	88.24	88.24 ✓

PARTS TOTAL : 13,507.07

FUSO AIRMAN.

biSAFE
ST & R





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41,000 Served. And Counting.

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ESTIMATE

Date	: 09/12/2021	Reg No	: YQ3208M
To	: GREAT EASTERN GENERAL INSURANCE LIMITED	Model	: FM65FM6RDEA C/C
Attn.	:	Chassis No	: FM65FMA40038
Office / Mobile	:	Engine No	: 6M60268301
Email Address	:	Quotation No.	: 146831
		Ref. No.	: GBE/SVC/SALES-HQ/04-0812
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 08/12/2021
Attn.	: LIEWSIMING	Policy No.	: 2020-V0115326-VCV
Office / Mobile	:	Claim Type	: TP CLAIM - MSFC
Email / Fax No.	: LiewSiMing@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

SPECIAL NETT ITEMS

1	IU BRACKET / <i>MC</i>	1	26.00
2	WINDSCREEN SEALANT / <i>MC</i>	1	80.00
3	FRONT PANEL COMPANY STICKER / <i>MC</i>	1	500.00
			<i>800</i>
		PARTS TOTAL:	606.00

LABOUR CHARGES

1	TO REMOVE AND REFIX FRONT WINDSCREEN	200.00
2	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC <i>600 x 2</i>	<i>1200</i> 3000.00
3	TO CHECK FOR AND RECTIFY WIRING FAULTS, TO CONDUCT DIAGNOSTICS CHECK	<i>80</i> 180.00
4	TO REMOVE AND INSTALL MOBILEYE	<i>300</i> 350.00
5	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC <i>350 x 1.5</i>	<i>575</i> 900.00

*Steve (LKK)
21/12/21, 1.30pm
with MC
P/P*

LABOUR TOTAL :	4,630.00
SUB-TOTAL :	18,743.07
GST @ 7% for \$ 18,743.07	1,312.01
GRAND TOTAL (\$\$) :	20,055.08

*M BL sy
4 d/s*

LKK Auto Consultants hence notify the Repairer of the following:

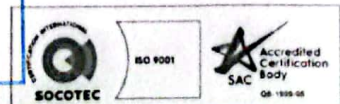
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

bisSAFE
STARS



FUSO AIRMAN.



ESTIMATE

Date	: 09/12/2021	Reg No	: YQ3208M
To	: GREAT EASTERN GENERAL INSURANCE LIMITED	Model	: FM65FM6RDEA C/C
Attn.	:	Chassis No	: FM65FMA40038
Office / Mobile	:	Engine No	: 6M60268301
Email Address	:	Quotation No.	: 146831
		Ref. No.	: GBE/SVC/SALES-HQ/04-0812
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 08/12/2021
Attn.	: LIEWSIMING	Policy No.	: 2020-V0115326-VCV
Office / Mobile	:	Claim Type	: TP CLAIM - MSFC
Email / Fax No.	: LiewSiMing@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

PREPARED BY : LIEWSIMING

DATE / TIME : _____

SURVEYOR : _____

MOBILE NO : _____

OFFICE FAX NO : _____

EMAIL ADDRESS : _____

EXCESS AMOUNT : _____

REPAIR TYPE : PART-BY-PART / LUMPSUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

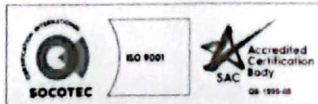
RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS : _____

REMARKS : _____



AIRMAN.



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	08/12/2021 16:28 (SGT)
Date of Accident	08/12/2021 08:17 (SGT)
Exact Location of Accident	Near 19 Joo Koon Cres, Singapore 629017
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ3208M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NAM LEE PRESSED METAL INDUSTRIES LIMITED
Company Reg No	1XXXXX362M
Email Address	store.sg@namleepressedmetal.com
Mobile Phone No	(Phone) +65-90222114
Alternative Phone No	+65-90222114

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	Manual
CC	7545

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V0115326-VCV
Cover Note Number	-

DRIVER

Name of Driver	LIU CONGQIAN
Passport No/FIN	GXXXX900M

Date Of Birth	12/03/1978
Occupation	Outdoor
Date Of Driving Pass	27/03/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93758511
Alt. Phone Number	-
Email Address	store.sg@namleepressedmetal.com
Address	690D CHOA CHU KANG CRESCENT
Address complement	-
Postcode	684690
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I, NAM LEE YQ3208M, WAS DRIVING ON A RIGHT TURN LANE WHEN SUDDENLY A LORRY WITH BIG BOX CUT INTO MY LANE. I TRIED TO BRAKE TO AVOID THE ACCIDENT, BUT WAS TRANSPORTING HEAVY GLASS AT THE BACK OF MY TRUCK AND BRAKING DISTANCE WAS NOT SUFFICIENT. THE HEAVY GLASSES AT THE BACK SURGED FORWARD DUE TO HARD BRAKING BUT STILL UNABLE TO AVOID THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3820U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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.



Policyholder's Signature / Date & Time

[Signature]

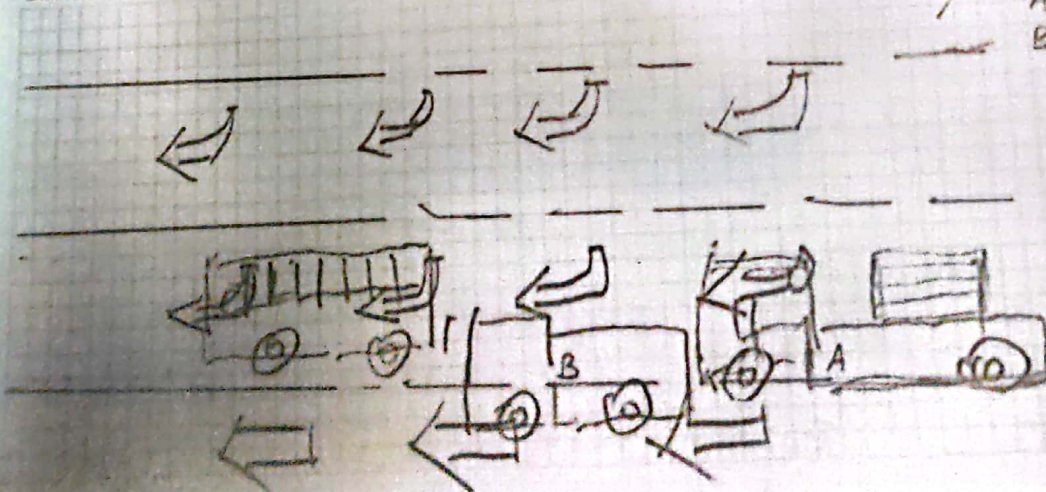


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



A: Y0 3208M
B: Y0 3280U

Describe Circumstances of the Accident

我南村483208M正常右行. 后面有辆车
突然后边来一辆箱式货车. 我车上拉着玻璃.
刹车来不及. 撞到3820M后面.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Title & Date

[Signature]



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



Witnessed by Reporting Centre Personnel