

ASS. REC. BY:

Steve

REF:

CS/INC27 001428/EF43

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: GBJ 2081B

Policy No. _____

Claims No. MT/1161458-001

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: _____

IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YQ 3529L Yr Regn: 21/04/21

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

Truck / Trailer or

Make: Mitsubishi Canter o.c. 2998

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

Sp. Reading: 37878 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEBDIEA36357

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/85R15

R: _____

BS ☒ DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 5/2/22

Survey held at

Des. of Damages: ☒ Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 15/2/22

Goldbell

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MV-90X

11/4/22 Submit preli report-revised fig \$8797.37

Date/Time, File Pass to?

☒ : Preli. Report☐ : Final Report

1) Date/Time, File Return to?

2) 11/4/22-typist

Report Format: _____

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

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

Add Fee:

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



ESTIMATE

Date	: 10/02/2022	Reg No	: YQ3529L
To	: NTUC INCOME INSURANCE CO- OPERATIVE LTD	Model	: FEB21ER4SDEN CBU MT
Attn.	:	Chassis No	: FEB21EA35357
Office / Mobile	:	Engine No	: 4P10E57909
Email Address	:	Quotation No.	: 150320
		Ref. No.	: GBE/SVC/SALES-HQ/15-0502
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 05/02/2022
Attn.	: LIEWSIMING	Policy No.	: 5121858601
Office / Mobile	:	Claim Type	: TP CLAIM - NTUC
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		LAMP ASSY,TURN SIGNAL,FR LH <i>BR</i>	1	288.20	0	288.20	288.20
2		HEADLAMP ASSY,LH <i>X nn</i>	1	679.23	0	679.23	679.23
3		PANEL ASSY,CAB,FR <i>nn</i>	1	2,560.15	0	2,560.15	2,560.15
4		GRILLE,RADIATOR <i>X nn</i>	1	1,038.02	0	1,038.02	1,038.02
5		BRACKET,RADIATOR GRILLE,CTR <i>X nn</i>	1	37.64	0	37.64	37.64
6		PANEL,CAB FR CORNER,LH <i>X nn</i>	1	722.63	0	722.63	722.63
7		BUMPER,FR <i>nn</i>	1	1,355.04	0	1,355.04	1,355.04
8		COVER,FR BUMPER,LH <i>nn</i>	1	484.95	0	484.95	484.95
9		STAY,FR BUMPER,LH <i>X nn</i>	1	278.53	0	278.53	278.53
10		MARK,FUSO <i>nn</i>	1	219.98	0	219.98	219.98
11		MARK,THREE-DIA <i>X nn</i>	1	117.83	0	117.83	117.83
12		MARK,CANTER <i>X nn</i>	1	112.02	0	112.02	112.02
13		STEP,FR SIDE,LH <i>nn</i>	1	409.05	0	409.05	409.05

PARTS TOTAL : 8,303.27

LABOUR CHARGES

1	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN,ETC <i>600 X 3</i>	<i>1800</i>	3000.00
2	TO CHECK FOR AND RECTIFY WIRING FAULTS, TO CONDUCT DIAGNOSTICS CHECK <i>350 X 3</i>	<i>30</i>	180.00
3	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC <i>350 X 3</i>	<i>1050</i>	1750.00
4	TO REMOVE AND REFIX FRONT DASHBOARD <i>600</i>		700.00

LABOUR TOTAL : 5,630.00

SUB-TOTAL : 13,933.27

GST @ 7% for \$ 13,933.27 975.33

GRAND TOTAL (\$\$) : 14,908.60



ESTIMATE

Date : 10/02/2022
To : NTUC INCOME INSURANCE CO-
OPERATIVE LTD
Attn. :
Office / Mobile :
Email Address :
From : GOLDBELL ENGINEERING PTE LTD
Attn. : LIEWSIMING
Office / Mobile :
Email / Fax No. : LiewSiMing@goldbell.com.sg

Reg No : YQ3529L
Model : FEB21ER4SDEN CBU MT
Chassis No : FEB21EA35357
Engine No : 4P10E57909
Quotation No. : 150320
Ref. No. : GBE/SVC/SALES-HQ/15-0502
D.O.A. : 05/02/2022
Policy No. : 5121858601
Claim Type : TP CLAIM - NTUC
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 / LUMP SUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS :

REMARKS :

with Prejudice

P/P

My BOL My
5 days

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 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	10/02/2022 14:11 (SGT)
Date of Accident	05/02/2022 14:10 (SGT)
Exact Location of Accident	Tuas, Singapore
Additional Location Information	TUAS POWER PLANT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3529L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA PROJECTS ENGINEERING PTE LTD
Company Reg No	197000563N
Email Address	MARVIN@APECO.COM.SG
Mobile Phone No	(Phone) +65-62689511
Alternative Phone No	(Office) +65-62689511

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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121858601
Cover Note Number	-

DRIVER

Name of Driver	PALANISAMY KARTHICK
Work Permit No	G8811722R

Date Of Birth	30/05/1995
Occupation	Outdoor
Date Of Driving Pass	19/02/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-84069410
Alt. Phone Number	-
Email Address	KARTHICKPL08@GMAIL.COM
Address	32 PENJURU RD
Address complement	-
Postcode	609136
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

AS PER SKETCH PLAN ATTACHED

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	GBJ2081B
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. Fill the report correctly the details of the accident to report to the Police & IA.
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 signing and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. A 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 lodgment 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 purposes 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No:

10/02/22

SKETCH PLAN

A) YQ3529L

B) 66520816



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B GRJ 2081B reversed and collided

sub my vehicle A 40.3529L. front portion.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim 00 / TP At Falcon-Air

Claim OD / TP Own W/shop

Reporting Only

DECLARATION

1/We are the following particulars are true in every respect.

Polystyrene Signature Date
& Time:

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/PIN No: _____