

Steve

CS/CTI 22002357/EVY3

## 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.

<del>N/S</del>	<del>O/S</del>
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: XE 2110S Yr Regn: 25/8/16  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
☒ Truck / Trailer or  
 Make: Mitsubishi Fuso FV51 c.c. 11,967  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: N/A T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: FV51SJA 70040  
 Gen. Cond: Good (Fair) / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 315/80R22.5  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or HIPERZEN  
 Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 10/3/99 D.O.I. 16/3/99  
 Survey held at Goldbell  
 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
	MY-126 K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: \_\_\_\_\_

Lump Sum / L.S. (\$) \_\_\_\_\_

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	999H
Vehicle Details	
Vehicle No.:	XE2110S
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FV51SJD2DEA
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	OM457LA457972C0329537
Chassis No.:	FV51SJA20040
Maximum Power Output:	-
Open Market Value:	\$98,990.00
Original Registration Date:	25 Aug 2016
First Registration Date:	25 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$4,950.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Aug 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$42,714.00
COE Rebate Amount:	\$19,014.00
Total Rebate Amount:	\$19,014.00

The information contained herein is correct as at 11 Mar 2022

OK





# GOLDBELL ENGINEERING

Industrial Vehicles.  
20,000 Served. And Counting.

**GOLDBELL ENGINEERING PTE LTD**

10 Tuas Avenue 18 Singapore 638894

Tel: +65 6861 0007 Fax: +65 6861 3876 (Sales)

Fax: +65 6863 0425 (Service) +65 6862 1347 (Parts)

Website: www.goldbell.com.sg

Co. Reg. No.: 198003963G

INSURER: **China Taiping Insurance (Singapore) Pte. Ltd. (HQ)**

## PARTICULARS OF CLAIM

Claim Type: OD (OWN DAMAGE)  
Policy No: DMCVSNA00061082101  
Vehicle Reg. No.: **XE2110S**  
Driver Age/Info: / MALE  
TP Injury Involved? NO  
Insured/Claimant: HIAP TAT HOLDING PTE. LTD.  
Driver: PANDIAN ARUNKUMAR

Ref. No: XE2110S  
Date of Loss: 10/03/2022  
Driveable?  
Party At Fault: UNKNOWN  
Third Party Involved? YES

Make/Model: MITSUBISHI FUSO, 12.0 D  
FV51SJD2DEA (M)  
Vehicle Colour: WHITE  
Engine No: OM457LA457972C0329537  
Odometer: 0 KM

Vehicle Reg. Date: 25/08/2016  
Chassis No: FV51SJA20040

Paint Type:  
Total Loss? **NO**  
Est. Duration of Repair (day) 10

Present Location: **GOLDBELL ENGINEERING PTE LTD (TUAS)**

## COST OF CLAIMS

	Amount
Parts	14,691.26
Miscellaneous Items	50.00
Labour	6,800.00
Paintwork Labour	0.00
Towing	0.00

<b>Gross Total (S\$)</b>	<b>21,541.26</b>
<b>+ GST 7.00% (S\$)</b>	<b>1,507.89</b>
<b>Nett Amount (S\$)</b>	<b>23,049.15</b>

This claim is handled by: **CHONG KAI LING**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** (Last Synchronised: 12 Mar 2022)**Parts:** N/A MITSUBISHI FUSO 12.0 D FV51SJD2DEA (M) (Model not available in database)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** Goldbell Engineering Pte Ltd/XE2110S/12/03/2022 14:35**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*WEATHERSTRIP,FR W/SHLD / CM	0.00	0.00	*365.22 F
2	1		*GLASS,WINDSHIELD OR	0.00	0.00	*1,652.45 F
3	1		*PANEL,CAB,FR / CR4	0.00	0.00	*2,715.74 F
4	1		*W/STRIP,FR PANEL	0.00	0.00	*52.18 F
5	1		*STRAP,PULL DOWN	0.00	0.00	*47.54 F
6	1		*SPRING,FR PANEL	0.00	0.00	*251.88 F
7	1		*STAY ASSY,RAD GRILLE	0.00	0.00	*280.22 F
8	1		*BRACKET,CAB FR CORNER PANEL,LH ?	0.00	0.00	*95.46 F
9	1		*BRACKET,CAB FR CORNER PANEL,RH ?	0.00	0.00	*95.46 F
10	1		*GRILLE,FRONT UPR / OR	0.00	0.00	*288.90 F
11	1		*GRILLE ASSY,FRONT / OR	0.00	0.00	*484.04 F
12	1		*MARK,3-DIA / NC	0.00	0.00	*57.87 F
13	1		*EMBLEM,SUPER GREAT / NC	0.00	0.00	*72.36 F
14	1		*PILLAR ASSY RH X R	0.00	0.00	*1,195.60 F
15	1		*PANEL,WINDSHIELD,UPR / DO	0.00	0.00	*606.08 F
16	1		*PANEL,W/SHLD LOWER 96TC DO / DO	0.00	0.00	*314.08 F
17	1		*GRIP,FR PANEL -LH X	0.00	0.00	*123.50 F
18	1		*GRIP,FR PANEL -RH / OR	0.00	0.00	*123.50 F
19	2		*GASKET,FR PANEL GRIP / NC	0.00	0.00	*6.04 F
20	2		*GASKET,FR PANEL GRIP / NC	0.00	0.00	*12.80 F
21	2		*CAP,FR PANEL GRIP (RH) / MIS	0.00	0.00	*14.72 F
22	2		*COVER,FR GRIP (RH) / MIS	0.00	0.00	*23.32 F
23	1		*MARK,FUSO / NC	0.00	0.00	*90.09 F
24	1		*ARM ASSY,WINDSHIELD WIPER,CTR / BT	0.00	0.00	*131.08 F
25	1		*ARM ASSY,WINDSHIELD WIPER,LH / BT	0.00	0.00	*131.08 F
26	1		*ARM ASSY,WINDSHIELD WIPER,RH / BT	0.00	0.00	*120.12 F
27	3		*BLADE ASSY,WIPER / CM	0.00	0.00	*131.40 F
28	1		*MOTOR,WINDSHIELD WIPER	0.00	0.00	*466.05 F
29	1		*GRILLE,DEFROSTER,FRONT	0.00	0.00	*124.86 F
30	1		*GRILLE,DEFROSTER,FRONT	0.00	0.00	*138.90 F
31	1		*PAD,INSTRUMENT PANEL / OR	0.00	0.00	*1,677.75 F
32	1		*BEZEL,CTR	0.00	0.00	*213.18 F
33	1		*BEZEL,RH	0.00	0.00	*244.26 F
34	1		*BEZEL,LH	0.00	0.00	*448.06 F
35	1		*GARNISH,I/PNL,LH	0.00	0.00	*324.80 F
36	1		*BUMPER,FR X	0.00	0.00	*1,570.67 F

F=Franchise part.

**Total Parts (\$\$)****14,691.26**

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## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	FRONT NUMBER PLATE <i>X</i>	35.00
2	1	IU BRACKET <i>✓</i> <i>AK</i>	15.00
<b>Sub Total (\$\$)</b>			<b>50.00</b>

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	TO REMOVE AND REFIX FRONT WINDSCREEN	New	200.00 ✓
2	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC <i>600 X 5</i>	New <i>3500</i>	3,600.00
3	TO CHECK FOR AND RECTIFY WIRING FAULTS, TO CONDUCT DIAGNOSTICS CHECK	New <i>150</i>	200.00
4	TO REMOVE AND TO REMOVE AND REFIX FRONT DASHBOARD	New <i>600</i>	700.00
5	TO REMOVE AND INSTALL MOBILEYE	New <i>X</i>	400.00
6	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC <i>350 X 3</i>	New <i>1050</i>	1,700.00
<b>Gross Labour Cost (\$\$)</b>			<b>6,800.00</b>

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< END OF ESTIMATES >



*Star CLKK)*  
*16/3/22, 10:30 a*

*OD- MML*  
*EXCH - ?*  
*PP L/S*  
*AL Ty*  
*8 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:

## 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	11/03/2022 16:12 (SGT)
Date of Accident	10/03/2022 11:40 (SGT)
Exact Location of Accident	Seletar North Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2110S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HIAP TAT HOLDING PTE. LTD.
Company Reg No	2XXXXX999H
Email Address	KELVINCHAN@HIAPTAT.COM.SG
Mobile Phone No	(Phone) +65-62891456
Alternative Phone No	(Office) +65-62891456

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FV51SJD2DEA
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	11967

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00061082101
Cover Note Number	-

### DRIVER

Name of Driver	PANDIAN ARUNKUMAR
Passport No/FIN	GXXXX469X



Date Of Birth	31/08/1989
Occupation	Outdoor
Date Of Driving Pass	06/05/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81842472
Alt. Phone Number	-
Email Address	ARUNKUMARPAN90@GMAIL.COM
Address	57 TUAS VIEW WALK 2
Address complement	-
Postcode	637628
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	Wet

#### 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

#### 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	WC5532K
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 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. 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

**Sketch Plan**

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

Witnessed by Reporting Centre Personnel



Seletar North Link

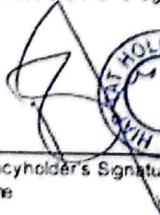
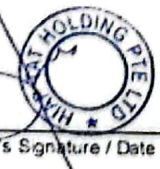
Vehicle A XE21103  
Vehicle B WC5532K

**Describe Circumstances of the Accident**

On 10 March 2022 around 11:40 hrs. I drive company vehicle A (XPE211US) along Seletar North Link. I was waiting at the traffic light junction. Front vehicle B (WC5532K) move forward when traffic light turn green. I follow more slowly. Suddenly front vehicle B jammed brake. I enable stop immediately because the road surface is wet. Then I collided to rear portion of vehicle B. No one was injury at this accident.

**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







