ASS. REC. BY: Steve | CS/AWA2200768/EVC

ASSIGNMENT GBF

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: YQ 7082G

Policy No. BVFCSB0013692102

Claims No. NSV2200113/SG

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
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: ~~WBC~~ 49197 Yr Regn: 18/11/16

Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mitsubishi Canter c.c 2998

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

Sp.Reading 198718 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE84BA20365

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: 195R15(

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	26/11/22	D.O.I.	1/8/22

Survey held at Vendy

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-50K
25/10/22	Final fig $800 (Red 200, 20%)

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 25/10/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ $800 _____)

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Venda Engineering & Trading Pte Ltd

GST / Company Reg No.: 200411725H

Quotation

From :	Customer :
VENDA ENGINEERING & TRADING PTE LTD 8 TUAS AVENUE 18 SINGAPORE 638892 Officer in Charge : HOH PEI JIN Tel : Email :	GOLDBELL LEASING PTE LTD 59 SENOKO ROAD SINGAPORE 758123 Attn: : Tel : 6494 2800 Fax No. : 6861 7097

Quotation No. : CQO22-0710169	**Quotation Date : 29/07/2022**	**Terms : 30 DAYS**
Vehicle No. : GBF4919T	**Chassis No. : FEA01BA20365**	**Policy Number : 29152864**
Model : CANTER FEA01BR2SDEB (CBU)		**Date of Accident : 26/07/2022**
Third Party Insurer : ALLIED		**TP Vehicle No. : YQ7082G**
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	REPLACE & REPAIR RH SIDE FREEZER BOX / BR	1	400 500.0000	500.00
2	PUTTY & SPRAY PAINT RH SIDE FREEZER BOX /	1	500.0000 400	500.00

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:

Sub Total	1,000.00
Discount	(0.00)
GST(7.00%)	70.00
Total (SGD)	1,070.00

Steve (LKK)
1/8/22, 2.03pm
PIP

VENDA ENGINEERING & TRADING PTE LTD

VENDA ENGINEERING & TRADING PTE LTD AR

Authorised Signature

We accept the above quotation.

Customer's Name & Signature
Company Stamp/Date

Please conduct the survey at
Venda Engineering @ 8 Tuas Avenue 18 Level 5 Singapore 638892

Mailing Address : No.1, Sunview Road, #08-15 Eco-Tech@Sunview, Singapore 627615
Contact Number (HQ) : (Tel) : 6355 9014 (Purchasing Dept.) 6355 9015 (Sales Dept.)
(Fax) : 6254 0424
E-mail : venda_eng@singnet.com.sg

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	GBF4919T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Aug 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR25DEB (CBU)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C34919
Chassis No.:	FEA01BA20365
Maximum Power Output:	-
Open Market Value:	$28,714.00
Original Registration Date:	18 Nov 2016
First Registration Date:	18 Nov 2016
Transfer Count:	0
Actual ARF Paid:	$1,436.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Nov 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$20,781.00
COE Rebate Amount:	$8,889.00
Total Rebate Amount:	**$8,889.00**

The information contained herein is correct as at 30 Jul 2022

OK

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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 witholding 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	27/07/2022 09:35 (SGT)
Reported by	Driver
Date of Accident	26/07/2022 14:45 (SGT)
Exact Location of Accident	2 Stamford Rd, Singapore 178882
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4919T

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) +65-89336100
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	FEA01BR2SDEB (CBU)
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	2998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	29152864

DRIVER

Name of Driver	MUHAMMAD JAMAL AFSAL BIN HABIBU RAHMAN
NRIC No	SXXXX098C
Date Of Birth	05/11/1986
Occupation	Outdoor

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Date Of Driving Pass	31/07/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-89336100
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 121 BUKIT MERAH VIEW #04-68
Address complement	-
Postcode	151121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
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

ON 26/07/2022 AT ABOUT 1445HRS I WAS DRIVING VEHICLE A (GBF4919T) ALONG 2 STAMFORD ROAD, SWISSOTEL. WHILE AT THE LOADING BAY I WAS ABOUT TO MOVE OFF FROM THE BAY SUDDENLY VEHICLE B (YQ7082G) REVERSING AND COLLIDED ONTO VEHICLE A LEFT SIDE POTION. NOBODY WAS INJURED DURING THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ7082G
Vehicle Manufacturer	-

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Model	-
Variant	-
Colour	-
Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-86486988
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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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 , myworkshop 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.

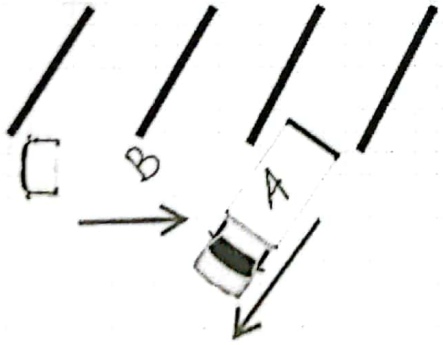
(collectively the "**Purposes**")

(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	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	26/07/22 2010	NAZREEN

Sketch Plan



A - GBF4919T

B - YQ7082G

SWISSOTEL LOADING BAY

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Describe Circumstances of the Accident

ON 26/07/2022 AT ABOUT 1445HRS I WAS DRIVING VEHICLE A (GBF4919T) ALONG 2 STAMFORD ROAD, SWISSOTEL. WHILE AT THE LOADING BAY I WAS ABOUT TO MOVE OFF FROM THE BAY SUDDENLY VEHICLE B (YQ7082G) REVERSING AND COLLIDED ONTO VEHICLE A LEFT SIDE POTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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	Witnessed by Reporting Centre Personnel
	26/07/22 2010	NAZREEN

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