

Our Ref: YQ1799L220804

Date: 11/09/2022

Your Ref:

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909
Attn: Motor Claims Department

Dear Sir / Madam

Traffic Accident Along Soon Lee Street
Involving YQ1799L and GZ5360H On 04/08/2022

We/I, Goldbell Leasing Pte Ltd (NRIC / ROC No: 199001196N), the registered owners of m/vehicle - YQ1799L at all material times of the above accident. Our/my vehicle was surveyed by "China Taiping" authorized appraiser and we/I based our/my claims on his recommendation for S\$ 4,000-00 being the repair for 04 Days (Strictly on a Without Prejudice Basis).

We/I have ascertained that you were the insurers of the driver of m/vehicle GZ5360H when the same was involved in the aforesaid accident with our/my m/vehicle - YQ1799L.

We/I whereby you are the insurers of m/vehicle GZ5360H and the driver/owner was caused solely by the negligence of your insured and as a result there of our / my m/vehicle - YQ1799L has suffered loss and damage as follows:

Cost of repairs	S\$	<u>4,000-00</u>
LOU for pre-repair notice 02 days @ S\$ <u>120-00</u> [<u>2998</u> cc Fridge Box Truck]		<u>240-00</u>
LOU Fee for <u>04</u> days @ S\$ <u>120-00</u> [<u>2998</u> cc Fridge Box Truck]		<u>480-00</u>
Rental Fee Invoice No: _____		_____
GIA / LTA search fee		<u>2-00</u>
Towing Fee (Cash Sale No <u>1297365</u>)		<u>139-10</u>
Survey Fee		_____
Total Amount	S\$	<u>4,861-10</u>

We/I enclose herewith copies of the supporting documents for vehicle no. YQ1799L as follows:-

- (i) Motor Accident Report & Documents;
- (ii) Repair Invoices;

Kindly look into the matter and let us/me hear from you on the settlement of our/my claims as soon as possible.

Please remit us/me your settlement sum in favor of M/s Liu's Brother Auto Engineering Workshop. Forward the cheque to No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883.

Thank you.

Yours faithfully,

f-----


The owner of m/vehicle YQ1799L
Messers Goldbell Leasing Pte Ltd
cc. Liu's Bro Auto Engineering Workshop

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GZ5360H

Date of Accident

04/08/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **06/05/2022 - 05/05/2023**

Requested By **Susan Low (Liu's Brother Auto...**

Requested Date **05/08/2022 14:09**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



華 強 獨 島 私 人 有 限 公 司
ISLAND RECOVERY SERVICES PTE LTD

Address: 26 Chia Ping Road Singapore 619977
 Telephone: 6747 7400 Email: admin@islandrecovery.com.sg
 Facsimile: 6844 7233 Web: www.islandrecovery.com.sg
 Co. Reg. No: 202114296E GST Reg. No: 202114296E

CASH SALES / WORK ORDER

NO: **1297365**

DATE: **4/8/22**

ACCOUNT OF: **LIVS BROTHER**

WORK DETAILS

Time of Order: **15.58**
 Time Reached Location: _____
 Time Left: **16.41**
 Time End: _____
 Waiting Time: _____

VEHICLE DETAILS

Vehicle No: **YR 1799** Make & Model: **mits**
 LOCATION FROM: **21 Pandan Ave.**
 2ND TRIP: _____
 LOCATION TO: **1. K/B Ave 6 01-01**

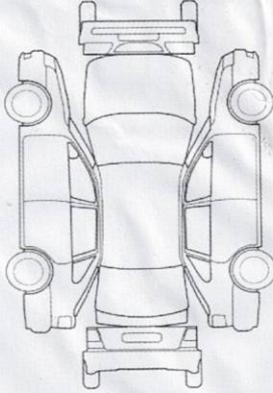
TOWING / ROADSIDE ASSISTANCE

Additional Charges

- Using King Dolley
- Basement / Multi Carpark
- Midnight / Sunday / PH
- Exotic / Luxury Vehicle
- Crane Up / Winch Out
- Open Door
- Jump Start / Change Tyres / Change Battery
- Accident
- Loaded / Equipment
- ERP / Carpark:
- Dismantle Shaft / Brake
- Restricted Zone
- Others: _____

TRANSPORTATION

- Using Car Carrier
- Using King Dolley
- Restricted Zone



REMARKS: **1477 buy**

ACCEPTANCE

AMOUNT S\$ **130.00**
 GST S\$ **9.10**
 TOTAL S\$ **139.10**

1084
 Island Recovery Services Pte Ltd (Driver)

Taken Over By (Name & Signature)

Driver / Owner Handed Over By (Name & Signature)

Disclaimer: Island Recovery Services Pte Ltd and its staff and/or any person associated therewith cannot be held liable for any loss or damage that is incurred or may be incurred by any person as a direct or indirect result of the use of Island Recovery Services Pte Ltd's service

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 Actual 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 04/08/2022 15:58 (SGT)
Reported by Driver
Date of Accident 04/08/2022 13:30 (SGT)
Exact Location of Accident Soon Lee St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ1799L

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) +65-80110112
Alternative Phone No (Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant FEB71ER4SDEN (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 MS First Capital Insurance Ltd
Policy Number / Cover Note Number D22099240

DRIVER

Name of Driver KALIAPERUMAL BALAJI VENKATESH
Passport No/FIN GXXXX465T
Date Of Birth 23/10/1993
Occupation Outdoor

Date Of Driving Pass	31/01/2020
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80110112
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 36 TEBAN GARDENS ROAD #01-292
Address complement	-
Postcode	600036
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)	1
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	-

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 04 /08/2022 AT ABOUT 13:30HRS, I WAS DRIVING VEHICLE A (YQ1799L). ALONG SOON LEE ST. I SLOWLY DOWN MY VEHICLE AND STOP ALONG ROAD SIDE. AS MY VEHICLE WAS STATIONARY, VEHICLE B (GZ5360H) MAKE A SHARP TURN OVERTAKE MY VEHICLE AND COLLIDED ONTO VEHICLE A FRONT RIGHT DRIVER DOOR, FRONT BUMPER AND FRONT RING MIRROR. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF 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	GZ5360H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SELVAMUTHUKUMARASAMY SENTHILKUMAR
Passport No/FIN	GXXXX544W
Contact Number	(Phone) +65-93706793
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 forw arded 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT REPORTING OFFICER
 FRO KHAMARAJ

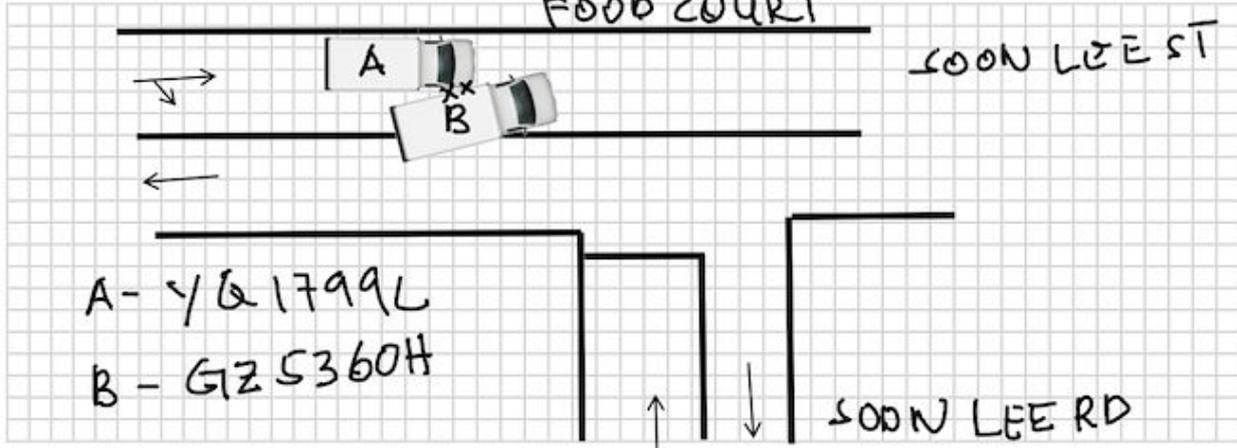


Policyholder's Signature / Date & Time

K. Aniverm
 Driver's Signature (If driver is not the policyholder) / Date & Time
 4/8/22 @ 1540H

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 04 /08/2022 AT ABOUT 13:30HRS, I WAS DRIVING VEHICLE A (YQ1799L). ALONG SOON LEE ST. I SLOWLY DRIVE VEHICLE AND STOP ALONG ROAD SIDE. AS MY VEHICLE WAS STATIONARY, VEHICLE B (GZ 5360H) MAKE A SHARP TURN OVERTAKE MY VEHICLE AND COLLIDED ONTO VEHICLE A FRONT RIGHT DRIVER DOOR, FRONT BUMPER AND FRONT RING MIRROR. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time

H. Anirudh
 Driver's Signature (if driver is not the policyholder) / Date & Time
 4/8/22 @ 1540H

FLASH ACCIDENT
 REPORTING OFFICER

FRO KHAMARAJ



 Witnessed by Reporting Centre Personnel























