

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

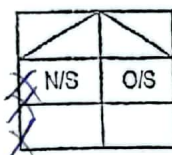
Insured: PZ 3888JPolicy No. DMB1SNW00002292200Claims No. SNM22D206094/C02/LEEPG

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC 9729S Yr Regn: 17/12/18

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

Truck / Trailer or

Make: Toyota Hiace c.c. 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 74153 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH9230035179

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185 R15CR: 1

CS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 26/8/22 D.O.I. 8/9/22Survey held at GoldbellDes. 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
	<u>MV-78K</u>
23/11/22	Re-finalize with Catherine final fig \$10,192.18 (Red 2550.32, 20%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) 23/11/22-typist

Report Format: MerimenLump Sum / I.C.P. (\$) 10,192.18Days Of Repair: 10Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL



GOLDBELL ENGINEERING

Industrial Vehicles. Financial Services.
41,000 Served. And Counting.

GOLDBELL ENGINEERING PTE LTD

Main Office: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3676
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 : 07/09/2022
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Attn. : Steve (LKK)
Office / Mobile : 8/9/22, 10am
Email Address : 8 days
From : GOLDBELL ENGINEERING PTE LTD
Attn. : CATHERINECHONGKL
Office / Mobile :
Email / Fax No. : CatherineChongKL@goldbell.com.sg
Reg No : PC9729S
Model : TOYOTA / HIACE COMMUTER GL 3.0 A W/CHAIR LIFTER
Chassis No : KDH2230035179
Engine No : 1KD2777537
Quotation No. : 163738
Ref. No. : GBE/SVC/SALES-HQ/225-2608
D.O.A. : 26/08/2022
Policy No. : DMB1SNA0005512202
Claim Type : TP CLAIM - CHINA TAIPING INSURANCE
Workshop : 8 TUAS AVE 18

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		REAR FENDER LH - DD	1	1,640.40	-10	1,476.36	1,476.36
2		TAILGATE - DD	1	2,164.80	-10	1,948.32	1,948.32
3		REAR WINDSCREEN - BR	1	1,466.30	-10	1,319.67	1,319.67
4		SMALL CENTER GLASS - BR	1	883.50	-10	795.15	795.15
5		REAR FENDER GLASS - BR	1	1,350.90	-10	1,215.81	1,215.81

PARTS TOTAL : 6,755.31

SPECIAL NETT ITEMS

1	COMPANY STICKER - MC (100ml)	1	800.00
2	REAR WINDSCREEN SEALANT - MC	4	120 160.00

PARTS TOTAL: 960.00

LABOUR CHARGES

1	TO REMOVE AND REFIX REAR WINDSCREEN	120 150.00
2	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC	1600 1800.00
3	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC	800 1000.00
4	REMOVE AND REFIX SIDE FENDER GLASS	150.00

LABOUR TOTAL : 3,100.00

SUB-TOTAL : 10,815.31

GST @ 7% for \$ 10,815.31 757.07

GRAND TOTAL (\$\$) : 11,572.38

LKK Auto Consultants hence notify the Repairer of the following:

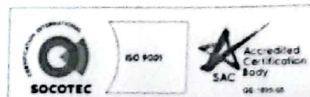
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval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

Acknowledged by Repairer

Signature:

FUSO AIRMAN.

biSAFE
ST & R





GOLDBELL ENGINEERING

Industrial Vehicles. Financial Services.
41,000 Served. And Counting.

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Main Office: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3676
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Website: www.goldbell.com.sg
Co Reg No: 198003963G

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ESTIMATE

Date	: 07/09/2022	Reg No	: PC9729S
To	: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	Model	: TOYOTA / HIACE COMMUTER GL 3.0 A W/CHAIR LIFTER
Attn.	:	Chassis No	: KDH2230035179
Office / Mobile	:	Engine No	: 1KD2777537
Email Address	:	Quotation No.	: 163738
		Ref. No.	: GBE/SVC/SALES-HQ/225-2608
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 26/08/2022
Attn.	: CATHERINECHONGKL	Policy No.	: DMB1SNA0005512202
Office / Mobile	:	Claim Type	: TP CLAIM - CHINA TAIPING INSURANCE
Email / Fax No.	: CatherineChongKL@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

PREPARED BY : CATHERINECHONGKL

DATE / TIME : _____

SURVEYOR : _____

MOBILE NO : _____

OFFICE FAX NO : _____

EMAIL ADDRESS : _____

EXCESS AMOUNT : _____

REPAIR TYPE : PART-BY-PART / LUMPSUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

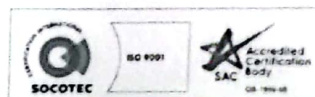
RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS : _____

REMARKS : _____

FUSO AIRMAN.

bisSAFE
STAR



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	26/08/2022 15:36 (SGT)
Reported by	Driver
Date of Accident	26/08/2022 08:10 (SGT)
Exact Location of Accident	North Buona Vista Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9729S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CARING FLEET SERVICES LIMITED
Company Reg No	201000618K
Email Address	zackgoh@caringfleet.com
Mobile Phone No	(Phone) +65-62818118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	COMMUTER GL 3.0 A W/CHAIR LIFTER
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1BNA0005512202

DRIVER

Name of Driver	QUEK MENG HOE
NRIC No	S1318759B
Date Of Birth	11/12/1958
Occupation	Outdoor

Date Of Driving Pass	22/09/1985
Driving experience	36 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97833142
Alt. Phone Number	-
Email Address	zackgoh@caringfleet.com
Address	BLK 22 HOUGANG AVENUE 3 #10-253
Address complement	-
Postcode	530022
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 - Opening Door of Vehicle
Weather Conditions	Raining
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)	5
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	CILENT
Gender	Female

PASSENGER 2

Name	CILENT
Gender	Male

PASSENGER 3

Name	COLLEAGUE
Gender	Male

PASSENGER 4

Name	COLLEAGUE
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

Traffic was red, all vehicles stopped. I stopped too. Vehicle B hit rear LH portion of my vehicle. It was vehicle B's opened luggage door hit my vehicle.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PZ3888J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OOI GUO FENG, DANNY
NRIC No	S9034587G
Contact Number	(Phone) +65-96399106
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 be 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 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, Date & Time (if not the policyholder's date)

Witnessed by Reporting Centre Personnel
(Name as in NRIC Card)

26-08-2013

A: PC947R

B: PZ388BJ

NORTH

BUONA ROAD

Describe Circumstance of the Accident

TRAFFIC WAS RED.
ALL VEHICLES STOPPED.
I STOPPED TOO.
VEHICLE B HIT REAR LH PORTION OF MY VEHICLE
MY WAS VEHICLE C OPENED LUGGAGE DOOR HIT
MY VEHICLE

Declaration

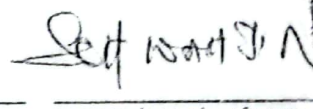
I/We declare the foregoing particulars are true in every respect


Partyholder's Signature (Date & Time)

26/08/2022


Driver's Signature (Date & Time)

26/08/2022


Witnesses to Reporting Centre Personnel
(Name as in full card card)

2



**SINGAPORE
POLICE FORCE**



T/20220901/7030

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220901/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2022 12:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEK MENG HOE			Address: 22 HOUGANG AVENUE 3 #10-253 SINGAPORE 530022		
ID Type / ID No.: NRIC NO / S1318759B			Contact No.: Home/Office: Mobile: 97833142		
Nationality: SINGAPORE CITIZEN			Email: menghoe58@gmail.com		
Sex: Male	Age: 63	Date of Birth: 11/12/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2022 08:10	Type of Location: T-Junction
Location: COMMONWEALTH AVENUE WEST				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC9729S	Van				Seriously Damaged	4
PZ3888J	Van				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220901/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220901/7030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	RAJESH	ID No.	NIL
Related Vehicle	PC9729S (Van)	Contact No.	90841548
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	QUEK MENG HOE	ID No.	S1318759B
Related Vehicle	PC9729S (Van)	Contact No.	97833142
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 26/08/2022 at about 0810hrs, I was driving my vehicle (PC9729S) along North Buona Vista Road on lane 2.

While waiting for the traffic light to turn green, I was stationary when I felt a bump on the left side of my bus. I realized there was a bus (PZ3888J) had collided into the left side of my bus.

There were a total of 4 passengers in my bus. All 4 of the passengers had seen a doctor. I would like to state that I do not have the footage of the incident. No traffic police or ambulance was at scene.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220901/7030

3 of 3

Report No. T/20220901/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

This report is lodged at Hougang NPC Kiosk 1
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/09/2022 12:03

Classification Of Case: