ASS. REC. BY: STEVE 1 CS/GAID	2008839/ECy3
AS	SSIGNMENT
From: Date:	Veh No: (18 Gall 82 E yr Regn: 148/17
Eslimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD / (P) WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	Make: Tayota Higae c.c 2482
et Workshop m/s	Colour Orange AC: Insured / Std / NI / NA
of	Sp.Reading 158 406 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
olicy No.	CNO: (NH 2010 21 07 79
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
oum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorden/Jammed/Leaked/Burnt or
Make of Veh;	Modi: Nil / S/Rim / STO A/Rim or
	Tyre Size: F:
(Policy Condition)	. R:
Remark: The veh had commenced its N/S O/	
repair at the time of inspection.	TOYO I YOKO or
Bal. or Market Value:	Front Rear //
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. W mm VBal. W mm
Est Repairs: days Res.: Yes or No	D.O.A. 1977 Vanda D.O.I. 894
Lum Sum: % · 3 Val.: Yes or No	Survey held at Ven do
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN /	OUT /60m L-M
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
1414-281	
74	
dien Gebeute	Days Of Repair:
ale/Time, File Pass W7: Prell. Report	Resurvey No. of Trip: Survey Fee:
: Final Report	Resurvey No. of Titp.
Date/Time, File Return to?	I Fee: : Site Insp (\$)s+Rssi
Add	: Interview (\$) Photos
Service Community	: Tech, Invs (\$) Others
Repair Format :	: Weelland (\$
Lump Sum / LE.E. (\$: YVEGLAND TOTAL
•	
to the second	· · · · · · · · · · · · · · · · · · ·

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	196N	
Vehicle No.:	GBG4482E	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	30 Sep 2022	
Vehicle Make:	TOYOTA	
Vehicle Model:	HIACE DX 3.0 AUTO	
Primary Colour:	White	
Manufacturing Year:	2016	
Engine No.:	1KD2665092	
Chassis No.:	KDH2010210279	-
Maximum Power Output:		
Open Market Value:	\$35,064.00	
Original Registration Date:	14 Aug 2017	
First Registration Date:	14 Aug 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$1,754.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		agency of the
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	13 Aug 2027	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$42,809.00	
COE Rebate Amount:	\$20,840.00	
Total Rebate Amount:	\$20,840.00	

The information contained herein is correct as at 05 Sep 2022



Venda Engineering & Trading Pte Ltd

GST / Company Reg No.: 200411725H

Quotation

From:

VENDA ENGINEERING & TRADING PTE LTD

8 TUAS AVENUE 18

SINGAPORE 638892

Third Party Insurer: GAIC

Officer in Charge: HOH PEI JIN

Tel:

Email:

GOLDBELL LEASING PTE LTD

59 SENOKO ROAD

SINGAPORE 758123

Customer:

Tel: 6494 2800

Fax No.: 6861 7097

Terms: 30 DAYS Quotation No.: CQO22-0910017 Quotation Date: 07/09/2022 Policy Number: 400001600 Chassis No.: KDH2010210279 Vehicle No.: GBG4482E Date of Accident: 01/09/2022 Model: HIACE DX 3.0 AUTO TP Vehicle No.: SFJ9339R

Remarks:

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	FRONT HEADLAMP, LH / W	1	740.4200	740.42
2	FRONT BUMPER / DEF	1	596.0000	596.00
3	FRONT BUMPER GRILLE	1	200.0000	200.00
4	FRONT BUMPER SIDE RETAINER, LH	1	155.7000	155.70
5	FRONT BUMPER REINFORCEMENT	1	380.0000	380.00
6	FRONT CONNECTOR, LH	1	192.0000	192.00
7	FRONT RADIATOR BRACKET X	1	162.5000	162.50
8	FRONT RADIATOR GRILLE X	1	520.0000	520.00
9	FRONT RADIATOR GRILLE CLIP X	4	10.0000	40.00
10	FRONT FOG LAMP COVER, LH / (M)	1	125.5000	125.50
11	RADIATOR	1	580.0000	580.00
12	LESS 25%	1	-923.0300	-923.03
12	2200 2077			
13	REMOVE & RENEW PARTS, PANEL BEAT & RE-ALIGN FRONT LH PORTION	,	250 1,000.0000	1,000.00
14	TO CHECK WIRING	1	3° 150.0000	150.00
15	TOP UP COOLANT	1	X 150.0000	150.00
16	PUTTY & SPRAY PAINT FRONT BUMBER, FRONT BUMPER REINFORCEMENT & FRONT RADIATOR BRACKET	1 /	<i>300</i> 850.0000	850.00
				C/F 0.00

0.00 Page 1 of 2

Mailing Address Contact Number (HQ)

: No.1, Sunview Road, #08-15 Eco-Tech@Sunview, Singapore 627615 : (Tel): 6355 9014 (Purchasing Dept.) 6355 9015 (Sales Dept.)

(Fax): 6254 0424

: venda_eng@singnet.com.sg















Venda Engineering & Trading Pte Ltd

GST / Company Reg No.: 200411725H

Quotation

From:

VENDA ENGINEERING & TRADING PTE LTD

8 TUAS AVENUE 18 SINGAPORE 638892

Officer in Charge: HOH PEI JIN

Tel: Email: Customer:

GOLDBELL LEASING PTE LTD

59 SENOKO ROAD SINGAPORE 758123

Tel: 6494 2800 Fax No.: 6861 7097

icy Number : 400001600	
Date of Accident: 01/09/2022	
TP Vehicle No.: SFJ9339R	
_	

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT	(SGD)
				D/F	0.00

0.00

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:

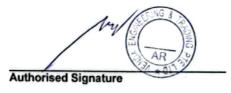
Date:

Sub Total Discount GST(7.00%) Total (SGD)

4,919.09 (0.00)344.34 5.263.43

We accept the above quotation.

VENDA ENGINEERING & TRADING PTE LTD



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

Customer's Name & Signature Company Stamp/Date

Page 2 of 2

Mailing Address Contact Number (HQ)

F-mail

: No.1, Sunview Road, #08-15 Eco-Tech@Sunview, Singapore 627615

: (Tel): 6355 9014 (Purchasing Dept.) 6355 9015 (Sales Dept.)

(Fax): 6254 0424

: venda_eng@singnet.com.sg













SA1D2291000B-01 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 02/09/2022 00:00 (SGT) SUBMITTED BY: Sabitra VERSION: 2 (02/09/2022 10:48 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

02/09/2022 00:00 (SGT) Driver 01/09/2022 13:00 (SGT) Singapore Upper East Coast Rd Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG4482E

INSURED/POLICYHOLDER

is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes GOLDBELL LEASING PTE LTD 1XXXXX196N IsaacNgCL@goldbellcorp.com (Phone) +65-64942888

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Toyota Hiace DX 3.0 AUTO Private hire

No - Claiming third party Commercial vehicle Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number MSIG Insurance (Singapore) Pte. Ltd. 400001600

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MOHAMMAD SULEIMAN BIN ABDULLAH SXXXX608B 19/12/1984 Outdoor



Page 1 of 16



Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was driving along Hacienda Grove. I stop and check for oncoming traffic. It was clear for me to make a right turn towards Upper East Coast Rd.

29/05/2021

Male

08-72 520274

No

No

Hirer

Clear

Dry

No

No

Yes

1

No

No

No

1 YEAR AND 4 MONTHS

suleiman.abd@gmail.com

Collision - Head to Rear

HDB Tampines, 274 Tampines Street 22

(Phone) +65-93270235

I proceed to make a right turn towards the extreme right lane of Upper East Coast Road. Suddenly, Vehicle B which was from Jalan Sempadan, Make a left turn towards Upper East Coast Rd and cut into my lane. We collided. My front left was damaged. No injury involved.

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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

SFJ9339R Mercedes C180

Accident report SA1D2291000B

Page 2 of 16



Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Private car

SXXXX472E

LIM LAY HOCK

(Phone) +65-96285447

Accident report SA1D2291000B



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
- 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.
- 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.
- By the longment 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)

Lunderstand, 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:
 - 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' fawyers/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:
 - 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.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

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.:



SKETCH PLAN			HHHHH
REFER TO ATTACHED	ACCIDENT DIAGRAM		
		+	
	+++++++++		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Hacienda Grove. I stop and check for oncoming traffic. It was clear for me to make a right turn towards Upper East Coast Rd.

I proceed to make a right turn towards the extreme right lane of Upper East Coast Road. Suddenly, Vehicle B which was from Jalan Sempadan, Make a left turn towards Upper East Coast Rd and cut into my lane. We collided. My front left was damaged. No injury involved.

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)

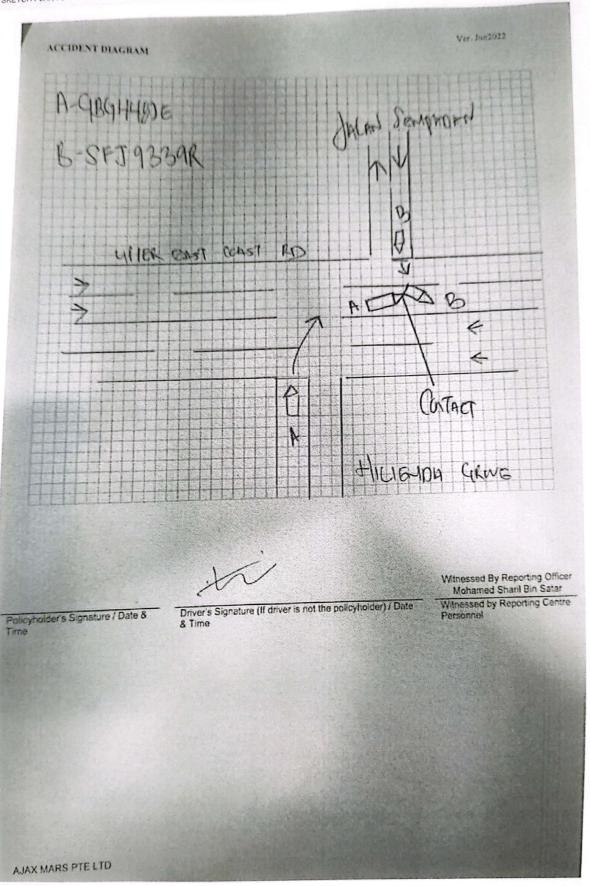
Date & Time:

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature Name:

NRIC/FIN NO.:





Page 6 of 16