

ASS. REC. BY:

REF:

FC7/22011097/kv

C

Kenneth

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: SBS 3T

Policy No.

Claims No. D22003467MFBP

Sum Insured:

Excess:

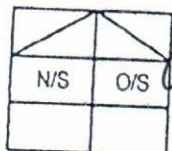
(Client's Record)

Make of Veh:

10.30am

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1. B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBK1070J

Yr Regn:

12, 19

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

Truck / Trailer or

Make:

Opel Vivaro

c.c

1598

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

74619

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

W0V1-76608 JV 606176

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R15

R:

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

Touge da

Front

Rear

R/Bal.

7

mm

R/Bal.

9

mm

L/Bal.

7

mm

L/Bal.

9

mm

D.O.A.

02/11/22

D.O.I.

17/11/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or RH side mirror

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

29/11 11:00 @ 350k Car (red 785, 69%)

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2) 30/11/22-typist

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / t.B.t: (\$ 350)



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	04/11/2022 18:49 (SGT)
Reported by	Both
Date of Accident	02/11/2022 15:15 (SGT)
Exact Location of Accident	Jln Kayu, Jalan Kayu Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1070J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SITI FADILAH BINTE JALI
NRIC No	SXXXX315E
Email Address	SFKUNIK@YAHOO.COM
Mobile Phone No	(Phone) +65-94245192
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Vivaro
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle
Transmission	Manual
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00155392100

DRIVER

Name of Driver	MORGANI BIN HASSAN
NRIC No	SXXXX142F
Date Of Birth	30/12/1973
Occupation	Outdoor



Date Of Driving Pass	23/10/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92327402
Alt. Phone Number	-
Email Address	MORGANIHASSAN@GMAIL.COM
Address	BLK 571, ANG MO KIO AVE 3 #02-3289
Address complement	-
Postcode	560571
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FD6716L
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

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	Siti Fadilah Jali
Gender	Female

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

As per attached.

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	SBS3T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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)	-

Describe Circumstance of the Accident

My van was parked at the side of the road while waiting for the other vehicle from the loading and unloading to move. Suddenly while waiting the bus knocked my right side mirror.

I (Owner/In-charge/Driver) MORRAN, NRIC NO: S7345142F Vehicle No: 613K 1070

will be sending my above stated damaged vehicle to Company name: _____
for my vehicle damaged repairs and insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharge Goldbell Engineering Pte Ltd.

Declaration

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



4/11/2022
1600 hrs

Policyholder's Signature / Date & Time



4/11/2022
1600 hrs

Driver's Signature (if driver is not the policyholder) / Date



Witnessed by Reporting Center Personnel

SKETCH PLAN

IMPORTANT NOTICE

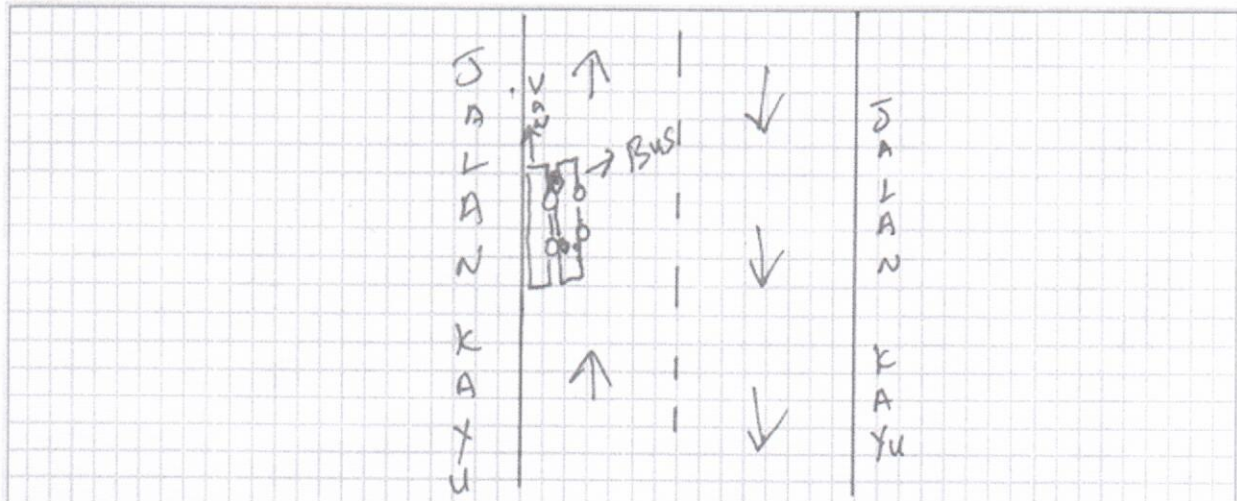
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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/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.

4/11/2022
1600 hrs
Policyholder's Signature / Date & Time

4/11/2022
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan





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 : 16/11/2022
To : MS FIRST CAPITAL INSURANCE LIMITED
Attn. :
Office / Mobile :
Email Address :
From : GOLDBELL ENGINEERING PTE LTD
Attn. : KONYINSIEW
Office / Mobile : +65 6861 0007
Email / Fax No. : KonYinSiew@goldbell.com.sg

Reg No : GBK1070J
Model : OPEL VIVARO
Chassis No : W0VF7G608JV606176
Engine No : R9MH413C097372
Quotation No. : 168507
Ref. No. :
D.O.A. : 02/11/2022
Policy No. : DMCVSNW00155392100
Claim Type :
Workshop : ANG MO KIO

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		RH LH SIDE MIRROR	1	350.00	0	350.00	350.00
2		RH LH SIDE MIRROR COVER	1	185.00	0	185.00	185.00

108 PARTS TOTAL : 535.00

LABOUR CHARGES

S/N	Description	Ext Price
1	TO REMOVE AND INTSALL LH SIDE MIRROR	350.00
2	TO CHECK AND RECONNECT ALL NECESSARY WIRING	100.00
3	TO SPRAY PAINT LH SIDE MIRROR	150.00

RH

LABOUR TOTAL : 600.00

SUB-TOTAL : 1,135.00

GST @ 7% for \$ 1,135.00 79.45

GRAND TOTAL (\$\$) : 1,214.45

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:

FUSO

AIRMAN

bigSAFE
STAR



Not Attached
Return By 1 day
11 Nov @ 350k



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

GOLDBELL ENGINEERING PTE LTD

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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	: 16/11/2022	Reg No	: GBK1070J
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: OPEL VIVARO
Attn.	:	Chassis No	: W0VF7G608JV606176
Office / Mobile	:	Engine No	: R9MH413C097372
Email Address	:	Quotation No.	: 168507
		Ref. No.	:
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 02/11/2022
Attn.	: KONYINSIEW	Policy No.	: DMCVSNW00155392100
Office / Mobile	: +65 6861 0007	Claim Type	:
Email / Fax No.	: KonYinSiew@goldbell.com.sg	Workshop	: ANG MO KIO

PREPARED BY : KONYINSIEW

DATE / TIME : _____

SURVEYOR : _____

MOBILE NO : _____

OFFICE FAX NO : _____

EMAIL ADDRESS : _____

EXCESS AMOUNT : _____

REPAIR TYPE : PART-BY-PART / LUMP SUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

RE-SURVEY : BEFORE PAINT / AFTER PAINT

NO. OF DAYS : _____

REMARKS : _____

FUSO **AIRMAN.**

bizSAFE
S T R

