

REF: CT2/23000694/K

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Goldbell

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

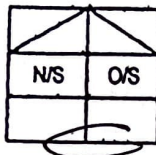
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SNC 1585R Yr Regn: 09, 16

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

Truck / Trailer or

Make: Toy A171 c.c. 1598

Colour: M.P. White AC: Insured / Std / Nil / NA

Sp.Reading: 102877 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: MR053REH104548369

Gen. Cond: Good / Fair / Poor / Burnt

Sleering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/55R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 19/1/23

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 13/2/2023

Survey held at

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

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

) S - RS. SI

) P. Ins

) Other

Report Format :

Lump Sum / I.B.I. (\$



# GOLDBELL ENGINEERING

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41,000 Served. And Counting.

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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

<b>Date</b>	: 07/02/2023	<b>Reg No</b>	: SNC1585R
<b>To</b>	: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	<b>Model</b>	: TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT
<b>Attn.</b>	:	<b>Chassis No</b>	: MR053REH104548369
<b>Office / Mobile</b>	:	<b>Engine No</b>	: 1ZRY272301
<b>Email Address</b>	:	<b>Quotation No.</b>	: 173883
		<b>Ref. No.</b>	:
<b>From</b>	: GOLDBELL ENGINEERING PTE LTD	<b>D.O.A.</b>	: 19/01/2023
<b>Attn.</b>	: KONYINSIEW	<b>Policy No.</b>	: DMPCSNW00239152100
<b>Office / Mobile</b>	: +65 6861 0007	<b>Claim Type</b>	:
<b>Email / Fax No.</b>	: KonYinSiew@goldbell.com.sg	<b>Workshop</b>	: ANG MO KIO

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		REAR BUMPER	1	730.00	0	730.00	730.00 ✓
2		REAR BUMPER RETAINER LH	1	55.00	0	55.00	55.00 X
3		REAR BUMPER RETAINER RH	1	55.00	0	55.00	55.00 X
4		REAR BUMPER REINFORCEMENT	1	250.00	0	250.00	250.00 ✓
5		REAR END PANEL TOP GARNISH	1	195.00	0	195.00	195.00 X

PARTS TOTAL : 1,285.00

### SPECIAL NETT ITEMS

1	REVERSE SENSOR	1	200.00	✓
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PARTS TOTAL: 200.00

### LABOUR CHARGES

1	TO REMOVE, REFIX & REPAIR AFFECTED DAMAGED PARTS. INCLUDING KNOCK OUT, WELD AND STRAIGHTEN ON THE AFFECTED PARTS	1200.00	600
2	TO CHECK AND RECONNECT ALL NECESSARY WIRING	150.00	X
3	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC	700.00	350

LABOUR TOTAL : 2,050.00

SUB-TOTAL : 3,535.00

GST @ 8% for \$ 3,535.00 282.80

**GRAND TOTAL (S\$) : 3,817.80**

*Not Authorized*  
*1/10/23*  
*McHenry After Paint*  
*2 days*

**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:

**biSAFE**  
S T A R

**SOCOTEC**

**SAC**  
Accredited  
Certification  
Body

**FUSO AIRMAN.**



## 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	20/01/2023 10:44 (SGT)
Reported by	Both
Date of Accident	19/01/2023 09:56 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC1585R
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MURALEY S/O RAJOO
NRIC No	SXXXX576D
Email Address	MURALEYRAJOO@GMAIL.COM
Mobile Phone No	(Phone) +65-92238424
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00239152100

### DRIVER

Name of Driver	MURALEY S/O RAJOO
NRIC No	SXXXX576D
Date Of Birth	26/06/1982
Occupation	Outdoor

## 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 reputate 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.



Kon Yin Stew

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

Policyholder's Signature / Date & Time

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

### Sketch Plan

