

(08/11/13) Wef

ASS. REC. BY:

REF:

CS/CT124100225/Rvh3

961M

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

XE 5784C

at Workshop m/s

TAN CHONG LAL MACHINERY

of

23, JLN Burah

Insured:

CTI

Policy No.

Claims No.

Sum Insured:

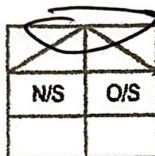
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Sal. or Market Value:

137K

IDAC Accident Rpt:

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:

XE 5784C

Yr Regn:

2020 July

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

☒ Truck / Trailer or

Make:

MITSUBISHI FP 70HQR

c.c

10677

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

215701

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FP70HQR00074

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80R22.5

R:

D/P

☒ BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A. 25/09/24

D.O.I.

14/10/24

Survey held at

JLN Burah

Des. of Damages: ☒ Fnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

REDAM UNIT - 122K

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$

Report Format :

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

TOTAL

Rasul
4p 900 10068
5 days / L/S
14/10/24
Pay after
rqr

Tcim®

Tan Chong Industrial Machinery (Pte) Ltd
23 Jalan Buroh Singapore 619479
Tel : (65) 6703 8752
Fax: (65) 6266 5862
BRN 197903273E

From : Dennis Goh

Date : 10-Oct-2024

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Our Ref : DG202410109

Attn : Motor Insurance Claims

Tel : 6389 6116

Fax :

Vehicle No. : XE5784C

Make : MITSUBISHI

Model : FP70HDR2VDE/

Below is the quotation for your kind approval

Labour

Apply putty/primer & spray painting including touch up affected areas with polyurethane paint.

\$ 700.00 600

Remove & replace below-mentioned items.

\$ 2,500.00 750
(5 days)

Carry out water leak test, adjust side slip & check wheel alignment.

Material	Qty	Unit Price	Discount	Amount
FRONT PANEL COVER <i>bf</i>	1	\$ 1,200.00	10%	\$ 1,080.00
LOCK ASSY-FRONT PANEL COVER <i>bf/rqr</i>	2	\$ 100.00	10%	\$ 180.00
FRONT CORNER PANEL COVER-LH & RH <i>cm</i>	2	\$ 105.00	10%	\$ 189.00
FRONT SIDE BUMPER-LH & RH <i>cm</i>	2	\$ 320.00	10%	\$ 576.00
RH DOOR SIDE COVER <i>cm</i>	1	\$ 420.00	10%	\$ 378.00
HEAD LAMP-RH <i>cm</i>	1	\$ 160.00	10%	\$ 144.00
OIL PRESSURE HOSE <i>cm</i>	1	\$ 82.00	10%	\$ 73.80
LOGO PRINTING <i>cm</i>	1	\$ 220.00	10%	\$ 198.00
LTA INSURANCE ENQUIRY FEE ?	1	\$ 25.00		\$ 25.00

CLAIM FOR LOSS OF USE FOR 5 DAYS
(\$180 X 5 = \$900)

\$ 900.00

Total

GST (9%)

\$ 6,943.80

\$ 624.94

Grand Total

\$ 7,568.74

The above quotation is based on initial visual inspection only.

Please be advised that any additional parts replaced or labour performed will incur supplementary charges accordingly.

Thank you and regards

D

Dennis Goh

Authorised Signature
& company stamp



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:

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 First Submission	27/09/2024 11:15 (SGT)
Reported by	Actual Driver
Date of Accident	25/09/2024 07:05 (SGT)
Exact Location of Accident	253 Jln Buroh, Singapore 128828
Additional Location Information	TOWARDS PANDAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5784C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNION SERVICES (S) PTE LTD
Company Reg No	1XXXXX961M
Email Address	dennis_goh@tanchong.com
Mobile Phone No	(Phone) +65-85905188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FP70HDR2VDEA
Variant	-
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	13074
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	J 400002489 MKF

DRIVER

Name of Driver LI HONGHAI
 Passport No/FIN GXXX296M
 Date Of Birth 29/11/1976
 Occupation Outdoor
 Driving Pass Date 13/05/2008
 Driving License Pass Class 4
 Driving License Validity Valid
 Driving experience 16 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-85905188
 Alt. Phone Number -
 Email Address dennis-goh@tanchong.com
 Address -
 Address complement -
 Postcode -
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Paid Driver
 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 - Major/Minor Rd
 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

I WAS DRIVING ALONG JALAN BUROH, WHILE AT THE 4 JUNCTION AT MY GREEN LIGHT FAVOUR, SUDDENLY VEHICLE B CRASH ONTO MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP55512B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PALANIVELU KANNAN
Passport No/FIN	GXXXX457W
Contact Number	(Phone) +65-90533453
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 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 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.

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")

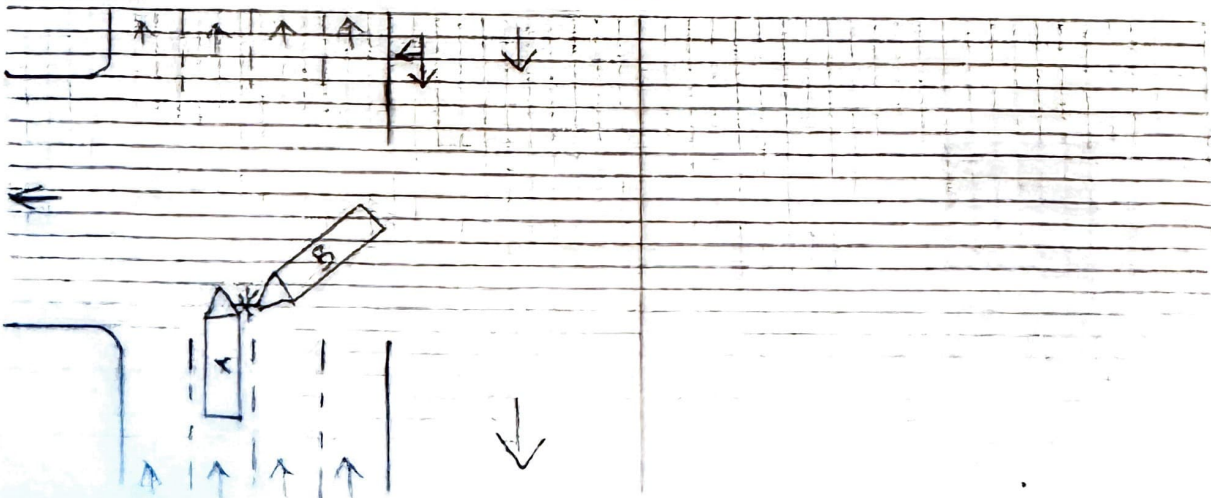
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING ALONG JALAN BUKIT, WHILE AT THE
A JUNCTION AT MY GREEN LIGHT FAVOR, SUDDENLY
VEHICLE B CRASH ONTO MY VEHICLE.

Lihonghai

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Lihonghai 25/9/2024
8:55
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	961M
Vehicle Details	
Vehicle No.:	XE5784C
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Oct 2024
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FP70HDR2VDEA
Primary Colour:	Blue
Secondary Colour:	White
Manufacturing Year:	2019
Engine No.:	470912C0481077
Chassis No.:	FP70HDA00074
Maximum Power Output:	-
Open Market Value:	\$97,767.00
Original Registration Date:	13 Jul 2020
First Registration Date:	13 Jul 2020
Transfer Count:	0
Actual ARF Paid:	\$4,889.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	12 Jul 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$24,502.00
COE Rebate Amount:	\$14,065.00
Total Rebate Amount:	\$14,065.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 15 Oct 2024

OK



Mitsubishi Fuso Super Great FP70

\$165,800 Instalment \$2,228/mth

PREMIUM AD

Shortlist

Loan Calculator



Overview Financial Photo Research

Depreciation ⓘ \$23,880 / year

Reg. Date 24-Sep-2021
(6yrs 11mths 8days COE left)

Lifespan ⓘ 23-Sep-2041

Manufactured ⓘ 2021

Mileage -

Transmission Auto

Engine Cap 10,677 cc

Curb Weight ⓘ 6,960 kg

Fuel Type Diesel

COE ⓘ \$23,340

OMV ⓘ \$95,478

ARF ⓘ \$4,774

Dereg Value ⓘ \$16,204 as of today

No. of Owners ⓘ 1