ASS. REC. BY: REF: CS CT 24	110608 Rg 12
· · · · · · · · · · · · · · · · · · ·	IGNMENT
From: Date:	Veh No: UR 1307T Yr Regn: 2020 1 APR Type: M.Car / M.Cycle / Bus / Van/Logy / Taxi / Prime Mover /
OD TP I WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: UR 1307T	Make: MITSUSUSH FEB 21ER c.c 2998
al Workshop m/s Res Autualim	Colour WHIE AC: Insured / Std / NI / NA
of 13, Planeta sperm	Sp.Reading ~ 207364 T/Radio: Insured / Std / N1 / NA
Insured:	Eng/No:
Policy No.	CNO: FEB 21 EA 304 25.
Claims No.	Gen. Cond: Go. Fair Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
1/0	Tyre Size: F: 195 85 RIS
(Policy Condition)	R: 00
Remark: The veh had commenced its N/S O/S	BS / DUN / EXHOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO YOKO or
Bal. or Market Value: 7 (K	Front Rear
DAC Accident Rport: Consistent?: Yes or No	R/Bai. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 5 mm UBal. 6 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 27/11/24 D.O.I. 64/12/24
.um Sum: % 3 Val.: Yes or No	Survey held at PLONGER JEUNE
CA ! REV ! REP. / 24HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	NS FLA
Pate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction REPAIR LIM (7 - 58K	
REPAIR CIPICIPS BIC	
Taufikh finalised LS \$2500, 4 days	(Red \$7979 34 76%)
radiiti iiidiisea Es ψ2000, 4 days	(100 01010.04, 1070)
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The report	Days Of Repair: 4
06/03 Typist : Final Report	Days Of Repair: 4 Resurvey No. of Trip: 1 Survey Fee:
06/03 Typist : Final Report	Resurvey No. of Trip: 1 Survey Fee:
06/03 Typist : Final Report	Resurvey No. of Trip: 1 Survey Fee:
06/03 Typist : Final Report	Survey Fee: Survey Fee: Transportation: Site Insp (\$) S+RS_S
06/03 Typist : Final Report : Final Report Add Fee:	Survey Fee: Survey Fee: Transportation: Site Insp (\$)S+RSSI Interview (\$) Photos
06/03 Typist : Final Report Add Fee: Port Format : EZCLAIMS-TP	Survey Fee: Survey Fee: Transportation: Site Insp (\$)S+RSS Interview (\$) Photos Tech. Invs (\$) Others
O6/03 Typist :: Final Report Add Fee: Port Format : EZCLAIMS-TP	Survey Fee: Survey Fee: Transportation: Site Insp (\$) S+RS_SI Interview (\$) Photos

异R&S Autoclaim Pte Ltd

GST & Co Reg No. : 202245519N

Tel: (65) 6264 7001

Fax: (65) 6264 7002

Email: rnsautoclaim@rnseng.com.sg Address: No.13 Pioneer Sector 1, Singapore 628424

ESTIMATE

MSIG INSURANCE (SINGAPORE) PTE LTD

4 SHENTON WAY #21-01 SGX CENTRE 2 SINGAPORE 068807

Tel: 62209644 Fax: 62256371

Attn: MOTOR CLAIM DEPARTMENT

: ES.24110013 Date : 27-11-2024 Ref. : YR1307T Staff : SUSAN Terms: Progress Claim

Job

VEH NO: YR1307T MODEL: MITSUBISHI FEB21ER4SDEN CHASSIS NO: FEB21EA30425 DOA

SNo	Description	Quantity	Unit Price	Amount
	LIST PART ITEM:-	,		
1	ROUND MIRROR ASSY	1	66.26	66.26
2	FRONT GRILLE ASSY	1	1,185.57	1,185.57
3	FRONT GRILLE CLIPS X	1 set	80.00	80.00
4	FRONT GRILLE EMBLEM - LOGO	1	82.54	82.54
5	FRONT GRILLE EMBLEM - CANTER X	1	78.81	78.81
6	HEADLAMP LH CM	1	554.65	554.65
7	COMBLAMP LH MIS	1	223.53	223.53
8	SIGNAL LAMP LH CAL	1	294.64	294.64
	HEADLAMP LOWER RUBBER LHMIS	1	20.00	20.00
	CORNER PANEL LH X	1	505.14	505.14
	CORNER PANEL CLIPS LH 🗡	1 set	80.00	80.08
100	FRONT BUMPER 4	1	1,307.51	1,307.5
	FRONT BUMPER GARNISH LH CM	1	340.62	340.6
4 F	FRONT BUMPER GARNISH COVER LH 🗶	1	20.00	20.0
5 F	FRONT BUMPER STAY LH 🗶	1	187.05	187.0
F	RONT BUMPER BRACKET LH 🗶	1	187.05	187.0
S	TEP LH X	1	367.62	
F	RONT DOOR LH report	1		367.0
F	RONT DOOR HINGE LH	,	1,910.15	1,910.
		2	131.60	263.
1.	TOTAL PARTS ITEM LESS 25%	0	0.00	7,754
	SUBTOTAL	· ·	0.00	0 7,754
0.5	DECIAL METERAL PARTIES			1,104
SP	PECIAL NETT PART ITEM :-			

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No. : ES.24110013 Date : 27-11-2024 Ref. : YR1307T Staff : SUSAN

Terms: Progress Claim

Job

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Tel: 62209644 Fax: 62256371

Su

Attn: MOTOR CLAIM DEPARTMENT

VEH NO: YR1307T MODEL: MITSUBISHI FEB21ER4SDEN CHASSIS NO: FEB21EA30425 DOA: 27/11/2024

No	Description	Quantity	Unit Price	Amount
1	FRONT NUMBER PLATE	1	45.00	45.00
	SUBTOTAL			45.00
	LABOUR :-			(40)
1	TO STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA, FRONT PORTION	1	1,200.00	1,200.00
2	TO PUTTY, RE-SPRAY PAINTING AND POLISH ON ACCIDENT AREA, FRONT PORTION	1	900.00	500 900.00
3	TO SPRAY RUST PROOFING ON AFFECTED AREA. FRONT PORTION	1	150.00	YU 158.00
1	TO CHECK AND RECTIFY WIRING CONNECT AND DISCONNET	1	150.00	40 150.00
5	TO REMOVE AND TRANSFER DOOR COMPONENT	1	280.00	X 280.00
	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:	obs of other		
Sing	gapore Dollars Eleven Thousand Four Hundred Twenty Two And Eight Only	1	Amt S\$ 9% GST	10,479
Uity			Total S\$	943 11,422

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding 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.

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

28/11/2024 11:32 (SGT) **Actual Driver** 27/11/2024 09:55 (SGT) Singapore Along Boon Keng Road Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YR1307T

INSURED/POLICYHOLDER

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

Yes TONG GUAN SEAFOOD PTE. LTD. 2XXXXX564W

tongguanseafoodsales@gmail.com (Phone) +65-96261333

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 Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Mitsubishi

CANTER FEB21ER4SDEN (CBU)

No - Claiming third party Commercial vehicle Manual

2998

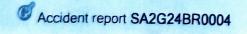
FEB21EA30425

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd. SP2031062835-01

DRIVER



Name of Driver Passport No/FIN Date Of Birth Occupation **Driving Pass Date Driving License Pass Class Driving License Validity 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? 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) 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? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to attached sketch plan.

ATTACHMENT(S)

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

Yes Yes

No

No

Video file size too big.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Accident report SA2C24DD

SJW7887Y

de Mariu ide Model hide Cold incle Ce Vame of Contact

Karupaiyan Palanivel

GXXXX408X

02/04/1988

03/01/2014

10 YEARS AND 10 MONTHS

Collision - Change/cross lane

tongguanseafoodsales@gmail.com

15, Jalan Tepong, #02-09 Jurong Food Hub, Singapore

(Phone) +65-86161218

Outdoor

3

Valid

619336

Employee No

No

Clear

Dry

Addres Addre POS

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as truckly and accurate as possible. Any within misrepresentation or withholding of material focts may allow 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 evaluable 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:

@ processing, handling and/or dealing with my claims including the sottlement 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, invokes, 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 mayican be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents aw firms), which may be sited outside of Singapore, for one or more of the above Purpose, Services

K. Parivel

Dever's 5-g-sture (if driver is not the policyholder) / Date

Witnessed by Reportin (Nume as in NRICID card)

Sketch Plan Kallang Junction A: YR1307T 8: STW 7887 Y Kena

escribe Circumstances of the Accident	
was going straight in my center lane, when I appoarching that the transfer of the straight to my center lane, when I appoarching that	
told Tuest appearching the	1
THINK TO MAY TAKE STORE BUYE COM TOWN IN	
val to bus, When take but a	jiva
vay to bus, when traffic light from tect turning to green, I slowly to	to
no ving my Vehicle Suddenly vehicle & from my left lane cut into my	
and and an all the cut into my	
lane and hit anto my left downt portion damaged.	
	_
	1000
	_
	_

Declaration

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

×k.

* (S)

Policyholder's Signature / Date & Time

x la Pring

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

Services One Light WSA THE

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	564W
Vehicle Details	
Vehicle No.:	YR1307T
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Dec 2024
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEN (CBU)
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	4P10D91427
Chassis No.:	FEB21EA30425
Maximum Power Output:	
Open Market Value:	\$34,492.00
Original Registration Date:	17 Apr 2020
First Registration Date:	17 Apr 2020
Transfer Count:	1
Actual ARF Paid:	\$1,725.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Apr 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$24,202.00
COE Rebate Amount:	\$12,988.00
Total Rebate Amount:	\$12,988.00
Message	
You will not be eligible for any COE rebate from the curr	ent COE (including unused COE from any lay-up period/s), if you renew your CO

The information contained herein is correct as at 04 Dec 2024

