. 1	
(08/1/1/3) wef ASS. REC. BY: Marcus	
	GNMENT
	Veh No: 187668 / Yr Regn: 10/17
From: Date:	Type: M.Car / M.Cycle / Bus / Van Corry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or (M)
OD/TP/WS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No:	Make: Mit Ruso FK62 c.c 7545
	Colour A/C: Insured / Std / NI / NA
at Workshop m/s Mch / 140	T/Padio: Insured / Std / NI / NA
of	Facility .
Insured:	C/No: FL62FMA 30.353
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: In order / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil S/Rim / STD A/Rim or
Make of Veh:	Tyre Size: F: 2 45/70A18:5
	R:
(Policy Condition) Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or FACKER
200/4	Front Rear
A 11 10 W No	R/Bal. 7 mm R/Bal. 7/7 mm
IDAO Accident riport.	L/Bal. 7/7 mm
Pos : Voe or No	D.O.A. 25/3/20 D.O.I. 9/4/20
Est. Repairs: days Res Tes of No Lum Sum: % 3 Val.: Yes or No	Survey held at
170 72.763	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Rear & fl.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
. Sinal Papart	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	: Site Insp (\$)S+RS,SI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$

TOTAL

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 27/03/2020 10:43

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 Authorised 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.
- 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

	ACCIDENT STATEMENT	
Date Of Report	26/03/2020 15:21	
Date Of Accident	25/03/2020 14:15	
Exact Location Of Accident	ALONG CTE TO CITY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP7668Y	

Insured/Policyholder

Name Of Registered Owner **KT & T GLOBAL PTE LTD**

2XXXXX757K Co Reg No

CATHERINE.CHUNG@KTTGROUP.COM.SG **Email Address**

Mobile Phone No

OFFICE-84811271 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

FUSO FK62FMZ1RDEB Model

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

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE

Type Of Coverage Fleet Policy

NO

Policy Number

5103976759-01

Cover Note Number

Driver

RAJA ARAVIND Name of Driver GXXXX097Q NRIC No 26/06/1995 Date Of Birth **OUTDOOR** Occupation

28/09/2018 **Date Of Driving Pass**

1 YEAR AND 5 MONTHS **Driving Experience**

MALE

Gender

(LOCAL) +65-94649269 Mobile Number

Fax Number

Contact Number

EMail Address

NOEMAIL

NIL Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 GBF5826X

3

NO

NO

1

NO

NO

YES

NO

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

COMMERCIAL VEHICLE

LIN ZHIHUI, SIDNEY

SXXXX698J

91802010

Vehicle Registration Number

GU3619C

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE VIJAYARAJ RENGARAJ GXXXX186U 83171451

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 wilful misrepresentation or withholding of material lacts may allow insurance companies to repudiate noder 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
- 5. Any false reporting may be referred to the Felice 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 inserer (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 purposels
 - (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
- 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. evestigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) 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.

Policyholder's Signature

Date & Time:

river's Signature

of driver is not the solicuholder

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

SKE	TCH	PL	AN

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7	1	11	. 1			

يد : Accident Date & Time	13/2020 1414	
	LTE to CHY	
l was	during stranger along the m	entioned foreton.
	in front stopped, I managed	
Suddenly	I lest an impact from the	ear. I noted that
	s had rear - ended onto my	
	act also caused my vehicle	
	ided and vehicle C.	
Report	ing Only O Own Damage Ø Thi	ird Party 🔲 Claim at other workshop (OD/TP
CARATION CO	INFORTANT NO	THE By the Authority Put in the years that you with his their highest find don't paste (the Chromage Co. N (14) ships disable when his wifer that the title within the the the contraction been by the
20173	A_ I	M(44) they deade whenty the next trail be table while to the dependent symmetre from the day.
yholder's Signature	Driver's Signature	Bandsing Control Research Co.
& Time:	(If driver is not the collectories)	Reporting Centre Personnel's Signature

Date & Time:

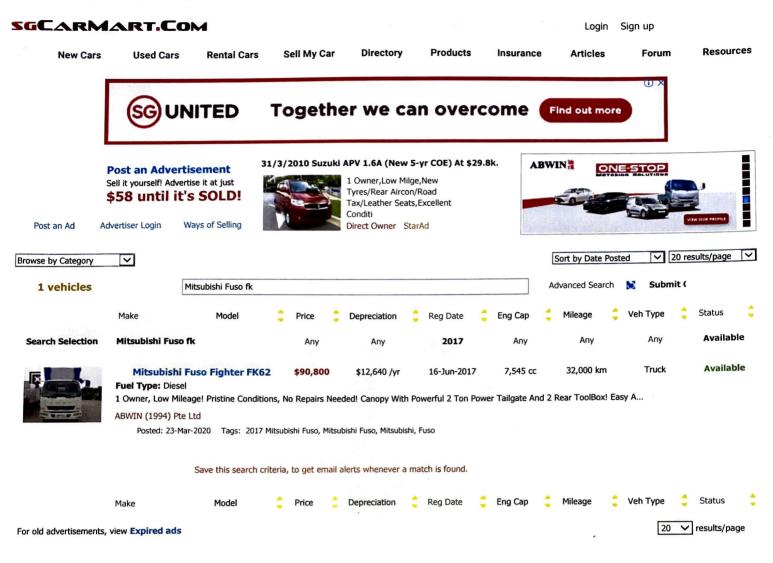
Name: NRIC/FIK No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	757K
Vehicle Details	
Vehicle No.:	YP7668Y
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Apr 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FK62FMZ1RDEB
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	6M60226352
Chassis No.:	FK62FMA30353
Maximum Power Output:	-
Open Market Value:	\$57,002.00
Original Registration Date:	11 Oct 2017
First Registration Date:	11 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$2,851.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Oct 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$43,002.00
COE Rebate Amount:	\$32,263.00
Total Rebate Amount:	\$32,263.00

The information contained herein is correct as at 09 Apr 2020



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