

ASS. REC. BY: Paul

REF: CS/QBG 20005255/P3

700A

COE EXPIRY: 2022/MAR

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: XD 5366 G

at Workshop m/s YEE ANU

of 2, Bush CRG Hole - OR (ONE BUSH)

Insured: QBG

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.

N/S	O/S

Bal. or Market Value: 85K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS up

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XD 5366 G Yr Regn: 2012 / MAR

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

Truck / Trailer or

Make: MITSUBISHI FUSO 4RDA.c 12882

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 591677 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FPS1JDA 06890

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: 295/80R22-5

R: _____

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 21/01/2020 D.O.I. 14/05/2020

Survey held at YEE ANU

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

N/S FR

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

Date / Time	Action / Instruction
25/08/20 @ 5.49pm	Rasul finalised with Ms Phang LS \$8150, 3 days. (Red \$10165, 56%)

Date/Time, File Pass to? : Preli. Report
1) 26/08 Typist : Final Report

Date/Time, File Return to?

2) _____

Rep. Form #: TP
Lump Sum / F.B.I. #: 8150

Days Of Repair: 3
Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee:

Transportation:	_____ S + RS. _____ SI
Photos	_____
Others	_____
TOTAL	_____



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
 Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
 Email: yeeautopteLtd@gmail.com
 Registration No.: 201719251W GST No: 201719251W

M/S : QBE Insurance (Singapore) Pte Ltd
 1 Raffles Quay
 #29-01 South Tower
 Singapore 048583

ATTN: Motor Claim Department

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 21/01/2020
 TP Veh Reg No: YN7347J

Resul
Up 900/10068
3 days
4/S
14/05/2020
@1500
Resul after repair

Estimate No: ES2000037
 Date: 02 Apr 2020
 Policy No:
 Veh Reg No: XD5366G
 Make/Model: MITSUBISHI
 FP51JDR4RDEA
 Chassis No: FP51JDA00890
 Engine No: 6M70450126
 Reg. Date: 07/03/2012

Estimate Repair Cost to Vehicle No :XD5366G

Description	U/Price	Quantity	List Price SS	Amount SS
Spare Parts				
1 CORNER STEP GARNISH <i>SCR-</i>	255.00	1 PC	255.00	
2 CORNER FAIRING - LH <i>SCR-</i>	580.00	1 PC	580.00	
3 CORNER INNER SHIELD - LH <i>SCR-</i>	360.00	1 PC	360.00	
4 REAR SIDE FENDER - LH <i>X</i>	850.00	1 PC	850.00	
5 DIESEL TANK <i>X</i>	2,200.00	1 PC	2,200.00	
6 EXHAUST CATALYTIC CONVERTOR <i>?</i>	2,800.00	1 PC	2,800.00	
7 EXHAUST CATALYTIC CONVERTOR COVER <i>BT-</i>	1,500.00	1 PC	1,500.00	
8 RADIATOR SPRAY TANK <i>BT-</i>	240.00	1 PC	240.00	
9 FRONT TYRE - LH <i>X</i>	800.00	1 PC	800.00	
			9,585.00	9,585.00
Labour				
10 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,200.00	1 JOB	1,200.00	<i>600</i>
11 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,000.00	1 JOB	1,000.00	<i>200</i>
12 TO REPLACE TYRE	380.00	1 JOB	380.00	<i>X</i>
13 TO CHECK WIRING FUNCTIONS.	200.00	1 JOB	200.00	<i>50</i>
14 TO REMOVE & REPLACE FUEL TANK	250.00	1 JOB	250.00	<i>X</i>
			3,030.00	3,030.00
			Total	SS 12,615.00
			Add GST @ 7%	883.05
			Total Amount Payable	SS 13,498.05

TOTAL: SINGAPORE DOLLAR THIRTEEN THOUSAND FOUR HUNDRED NINETY EIGHT AND CENTS FIVE ONLY

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:

For Yee Auto Pte Ltd

[Signature]
 AUTHORISED 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 Authorised 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 Report	21/01/2020 14:39
Date Of Accident	21/01/2020 11:15
Exact Location Of Accident	X-JUNC OF GUL CRESCENT & GUL LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5366G
Insured/Policyholder	
Name Of Registered Owner	SENG GUAN CONTAINER SERVICE
Co Reg No	5XXXX700A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65604516
Vehicle Particulars	
Manufacturer	MINI
Model	FP51JDR4RDEA-12.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTHCVE001976
Cover Note Number	
Driver	
Name of Driver	TAN CHER BENG
NRIC No	SXXXX608Z
Date Of Birth	13/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1993
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90267812
Fax Number	
Contact Number	

Address BLK 225 CHOA CHU KANG CENTRAL #04-209
 Postcode 680225
 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 COLLISION - CROSS JUNCTION
 Weather Conditions CLEAR
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT NO.T/20200121/2070.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

! DETAILS OF OTHER VEHICLE PROPERTY 1!

Vehicle Registration Number YN7347J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LIM HOCK SOON
 NRIC/Passport Number SXXXX652G
 Contact Number
 Address
 Postcode
 Insurance Company Name

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LIM HOCK SOON

Approximate Age

Injuries Sustain

Injured person in which vehicle? YN7347J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation 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.

SENG GUAN CONTAINER SERVICE

BLK 535 JURONG WEST ST 52
#04-473 SINGAPORE 640535
TEL : 65604516 / 65640682
FAX : 65601078

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200121/2070

1 of 3

Report No. T/20200121/2070

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2020 13:35	Vide Report No.: J/20200121/0050	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: TAN CHER BENG		Address: APT BLK 225 CHOA CHU KANG CENTRAL #04-209 SINGAPORE 680225	
ID Type / ID No.: NRIC NO / S1792608Z		Contact No.:	Mobile: 90267812
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 13/01/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/01/2020 11:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 GUL CIRCLE Gul Crescent and Gul Lane				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD5366G	Lorry				Slightly Damaged	0
YN7347J	Lorry				Seriously Damaged	0

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20200121/2070

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20200121/2070

CONTINUATION OF REPORT

Brief Details.

On 21/01/2020 at about 1110hrs, I was driving my prime mover bearing the registration of XD5366G along Gul Crescent.

On the same day at about 1115hrs, I was nearing the junction of Gul Crescent and Gul Lane. Suddenly, a lorry bearing the registration of YN7347J dashed out from Gul Lane of my left hand side. As it is very fast and I do not have enough time to react, I only managed to turn to right hand side a bit but he still collided with my vehicle. Due to that, I immediately get down my vehicle and assessed the damages. I observed some blood on the other driver, so I called for ambulance and police. Police came took down our particulars and facts for the case. At the mean time, ambulance are there too and they sent the driver to Ng Teng Fong General Hospital. Police also advised me to lodge traffic accident report as soon as possible. Subsequently, I just left the scene after police allowed me to go.
I also want to inform that no government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20200121/2070

3 of 3

Report No. T/20200121/2070

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ WU SHANGZHEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2020 13:35
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168 	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Business
 Owner ID: 700A

Vehicle No.: XD5366G
 Vehicle to be Exported: No
 Intended Deregistration Date: 14 May 2020
 Vehicle Make: MITSUBISHI
 Vehicle Model: FP51JDR4RDEA
 Primary Colour: White
 Manufacturing Year: 2011
 Engine No.: 6M70450126
 Chassis No.: FP51JDA00890
 Maximum Power Output: -
 Open Market Value: \$103,060.00
 Original Registration Date: 07 Mar 2012
 First Registration Date: 07 Mar 2012
 Transfer Count: 1
 Actual ARF Paid: \$5,153.00

PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 PARF Rebate Amount: \$0.00

COE Expiry Date: 06 Mar 2022
 COE Category: C - Goods Vehicle & Bus
 COE Period(Years): 10
 QP Paid: \$39,589.00
 COE Rebate Amount: \$7,156.00
 Total Rebate Amount: \$7,156.00

The information contained herein is correct as at 14 May 2020

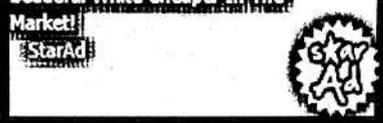
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FP51JDA00890





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Mitsubishi Fuso Super Great FP51 (New 10-yr COE) \$74,800 \$7,480 /yr 03-Sep-2010 12,882 cc - Truck Available

Fuel Type: Diesel 10 Years New COE, Superb Condition. Powerful And Strong Engine. Loan And Trade In Available. Call In Now For Test Drive And Viewing. Bell Auto Pte Ltd

Posted: 06-May-2020 Tags: 2010 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso

