

ASS. REC. BY:

REF:

CS3/ASM20007200/R19f3

YEP  
008 XPR 24.2023/064

PRS

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: GBB 2592K

at Workshop m/s MILLION AUTO

of No. 4, Pansuan Place #01-12

Insured: AXA

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

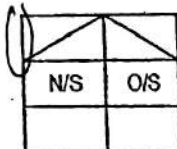
Claims No. \_\_\_\_\_

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: 17K

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 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:

GBB 2592K

Yr Regn:

2008 / OCT

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

Truck / Trailer or

Make:

MITSUBISHI FB70BB13RDE c.c. 2477

Colour:

White

A/C:

Insured / Std / NI / NA

Sp Reading

53747

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FB70BBA10621

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: 195R15L

R: - -

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

TOYO / YOKO or

A-PLUS

Front

Rear

R/Bal.

7 mm

R/Bal.

7/7 mm

L/Bal.

7 mm

L/Bal.

7/7 mm

D.O.A.

08/07/2020

D.O.I.

13/07/2020

Survey held at

MILLION AUTO

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

16/07/20@10.43am revised to Ms Khor Saw Theng via Smart Claim.

ESTIMATE REPAIR RANGE - 2K-3K / 4 days

16/07/20 Submit PRS.

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1) 16/07 Typist

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Invs

(\$

☐

: Weekend

(\$

Report Format: Smart Claims - PRS

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

### 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 08/07/2020 11:34  
Date Of Accident 08/07/2020 09:00  
Exact Location Of Accident PENJURU WHARFES  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE:

Vehicle Registration Number GBB2592K  
Insured/Policyholder  
Name Of Registered Owner CHIA YONG JOO TRADING PTE LTD  
Co Reg No 1XXXXX441R  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-67784129

#### Vehicle Particulars

Manufacturer MITSUBISHI  
Model FB70BB1SRDEA  
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 AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number  
Cover Note Number

#### Driver

Name of Driver SUDAKAR S/O TANGAVELOO  
NRIC No SXXXX163Z  
Date Of Birth 29/11/1965  
Occupation OUTDOOR  
Date Of Driving Pass 21/09/1988  
Driving Experience 31 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92961709  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address BLK 424 WOODLANDS ST 41 #02-336  
Postcode 730424  
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 SIDE SWIPE  
Weather Conditions RAINING  
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? NO  
Was any injured conveyed to hospital by ambulance? NO  
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? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

KINDLY REFER TO SKETCH PLAN.

#### 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

Vehicle Registration Number YM5184E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver MUTHUDAIAPPAN  
NRIC/Passport Number SXXXX270E  
Contact Number 92973397  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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.

CHIA YONG JOO TRADING PTE LTD

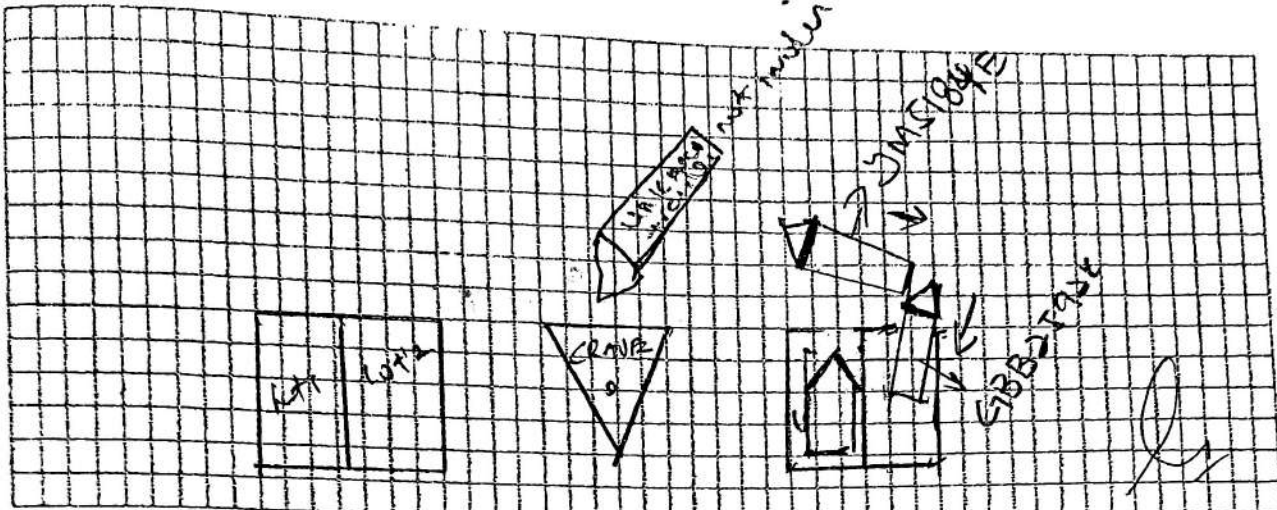
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing my delivery of my vegetable at Penjuru wharves. I was reversing into the lot which I had 3/4 of my vehicle in the lot and the vehicle of ym 51842 hit my vehicle at the left side of the door and damaged my vehicle as the panel was also broken. As I confronted him regarding the accident he accepted it was his fault. He said he did not see my vehicle and thus caused the accident.

The party involved :

*[Signature]*

## Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

✓

## DECLARATION

I/WE declare the foregoing particulars are true in every respect.

CHIA YONG JOO TRADING PTE LTD

*[Signature]*

*[Signature]* 8/07/20

*[Signature]*

Policyholder's signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	441R
Vehicle No.:	GBB2592K
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jul 20
Vehicle Make:	MITSUBISHI
Vehicle Model:	FB70BB15RDEA
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	4M42A62881
Chassis No.:	FB70BBA10621
Maximum Power Output:	-
Open Market Value:	\$23,452.00
Original Registration Date:	29 Oct 2008
First Registration Date:	29 Oct 2008
Transfer Count:	1
Actual ARF Paid:	\$1,173.00

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

COE Expiry Date:	28 Oct 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$14,699.00
COE Rebate Amount:	\$9,672.00
Total Rebate Amount:	\$9,672.00

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory (applicable) of the vehicle.

The information contained herein is correct as at 13 Jul 2020

OK



Used 2009 Mitsubishi Fuso Canter

Merimen e-Claims

PARF/COE Re

mart.com/used\_cars/info.php?ID=898184&DL=3164

## ► Mitsubishi Fuso Canter FB70 (COE till 10/2024)

Overview

Financial

Accessories

Similar

Research

Photos

Map



YOUR ONE-STOP COMMERCIAL VEHICLE  
**SOLUTION PROVIDER**

Price	\$23,800	Lifespan	20-Oct-2029
Depreciation	\$5,570 /yr	Reg Date	21-Oct-2009 (4yrs 3mths 7days COE left)
Mileage	N.A.	Manufactured	2009
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$11,045 as of today (change)	OMV	\$27,848
COE	\$12,921	ARF	\$1,393
Engine Cap	2,977 cc	No. of Owners	4
Curb Weight	1,780 kg		
Type of Vehicle	Truck		

### Description

No Repairs Needed! In-House And Bank Loans Available. Trade-In Are Welcome. Don't Miss This Great Opportunity. Call Us Now To Arrange A Viewing!

ed\_cars/info\_map.php?ID=898184