

ASS. REC. BY:

REF:

CS3/CT120007887/R19f3

537K

COB XPIRY: 2030/MAR

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: XE 256T

at Workshop m/s R & S

of 13, Pioneer Square 1

Insured:

CTI

Policy No. DMCVSNW00056942001

Claims No. SNM20D202643C02

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:

93K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

8

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 256T

Yr Regn: 2010 / APR

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

☒ Truck / Trailer or

Make:

MITSUBISHI FV51JKMYRDEA c.c. 12882

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

558395

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FV51JKA00075

Gen. Cond: Good ☒ Fair / Poor / BurntSteering: ☒ Order / Jammed / Leaked / Burnt orBrake: ☒ Order / Jammed / Leaked / Burnt orModi: ☒ 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:

FIREMAX

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

28/07/2020

D.O.I.

30/07/2020

Survey held at

R & S

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

N/S Frt

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

Date / Time

Action / Instruction

ESTIMATE REPAIR RANGE / DAYS - (7K-8K) / 8 days

03/08/20 Submit PRS.

Date/Time, File Pass to?



: Prel. Report

03/08 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

8

Resurvey No. of Trip:

Report Format:

MER-PRS

Lump Sum / L.B. (\$

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

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 29/07/2020 11:09
Date Of Accident 28/07/2020 12:20
Exact Location Of Accident JUNCT OF TUAS AVE 1 & TUAS AVE 12
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number XE256T

Insured/Policyholder

Name Of Registered Owner GG WASTE MANAGEMENT PTE. LTD.
Co Reg No 2XXXXX537K
Email Address EVERGREENWASTE@EGWASTE.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-68624898

Vehicle Particulars

Manufacturer MITSUBISHI
Model FV51JKM4RDEA-12.9 D (M)
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 AXA INSURANCE PTE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number CV3/GA434210
Cover Note Number

Driver

Name of Driver THANGAVELU SENTHIL KUMAR
Passport No/FIN GXXXX642L
Date Of Birth 26/05/1982
Occupation OUTDOOR
Date Of Driving Pass 16/02/2015
Driving Experience 5 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98508839
Fax Number
Contact Number
Email Address NOEMAIL

Address NIL
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 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 3
 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) 0

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

REFER TO THE ATTACHED STATEMENT.

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 XE5058R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 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

Vehicle Registration Number SBS3198U

Sketch Plan

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.



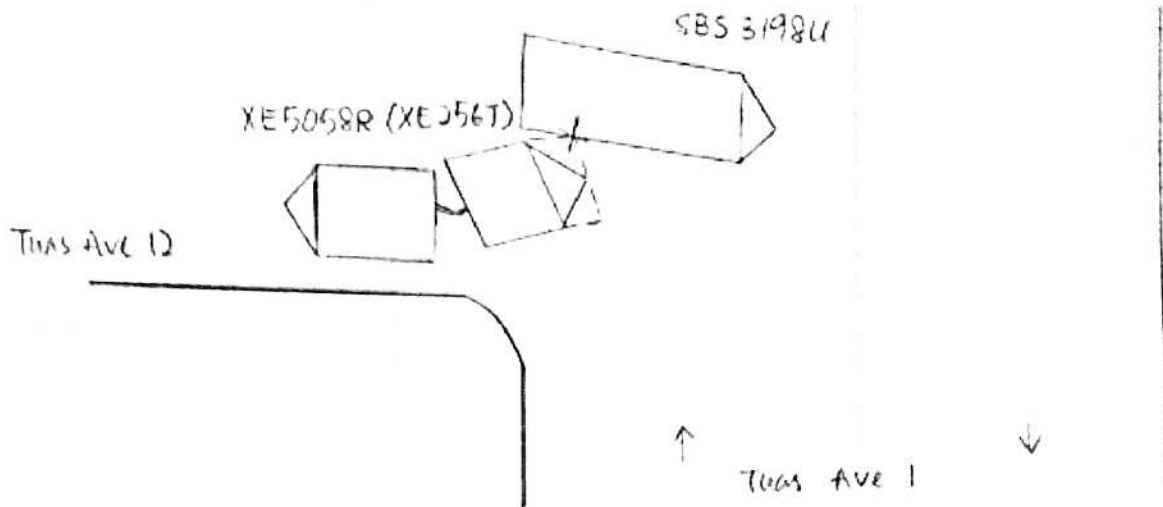
Policyholder's Signature
Date & Time

T. Santivan
Driver's Signature
(If driver is not the policyholder)
Date & Time

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/07/2020, my vehicle was facing some clutch problem, so it had to be towed from 80 Tuas Ave 1 to 13 Pioneer Sector 1. I followed in the tow truck XE5058R while my vehicle was being towed. However, when the tow truck was turning from Tuas Ave 1 into Tuas Ave 12, the tow truck suddenly stopped. I then alighted from the tow truck and saw that my vehicle had hit onto a turning bus. No injury. That's all.

DECLARATION

I/We declare that the particulars are true in every respect.

Policyholder's Signature
Date & Time



17 Senthil Kumar
Driver's Signature
(if driver is not the policyholder)
Date & Time

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

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	537K
Vehicle No.:	XE256T
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jul 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	FV51JKM4RDEA
Primary Colour:	Orange
Secondary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	6M70419516
Chassis No.:	FV51JKA00075
Maximum Power Output:	-
Open Market Value:	\$109,306.00
Original Registration Date:	01 Apr 2010
First Registration Date:	01 Apr 2010
Transfer Count:	4
Actual ARF Paid:	\$5,466.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	31 Mar 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$24,387.00
COE Rebate Amount:	\$23,580.00
Total Rebate Amount:	\$23,580.00

The information contained herein is correct as at 30 Jul 2020

OK

art.com/used_cars/info.php?ID=901796&DL=3531

Mitsubishi Fuso Super Great FV51J Tipper (COE till 03/2030)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$93,600	Lifespan	31-Mar-2030
Depreciation	\$9,680 /yr	Reg Date	01-Apr-2010 (9yrs 8mths 1day COE left)
Mileage	N.A.	Manufactured	2008
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$23,592 as of today (change)	OMV	\$96,768
COE	\$24,387	ARF	\$4,839
Engine Cap	12,882 cc	No. of Owners	1
Curb Weight	11,480 kg		
Type of Vehicle	Truck		

Features

New Tipper And New Chassis. Very Nice And Good Condition. Include 10 Years COE. 6 Months Road Tax.

Category

COE Car

Status

At