ASS. REC. BY: ASUL	HEF: CS MWAZOO	08032 +3	390K
		GNMENT	
•	2.0	Veh No: 4N 3541R	Yr Regn: 2012 1 OCT
From:	Date:	Type: M.Car / M.Cycle / Bus / Var	/Corry / Taxi / Prime Mover /
Estimated Cost:		Truck / Trailer or	
OB TP I WS I TP RES I OD RES I			165 cc 1545
To Inspect Vehicle No: 4N 35	4.11	Make: MITSWBISHI FM	A/C: Insured / Std / NI / NA
at Workshop m/sComfor	r melciko	Colour WHITE	T/Radio: Insured / Std / NI / NA
of the bounder or)	Sp.Reading 235944	T/Nadio. Ilisarios / Gra
Insured:	AC	Eng/No:	A A2 1/3/
Policy No.			A 00244.
Claims No.		Gen. Cond: Good Fall / Poor /	
Sum Insured:	Excess: TBA	Steering: (norder / Jammed / Le	aked / Burnt or
(Client's Record)		Brake: morder / Jammed / Le	· ·
Make of Veh:	×	Modi : Nil / Film / STD A/F	Rim or
many vi Trail		Tyre Size: F:	11R22-5
		1 R:	7- DIP
(Policy Condition)	its N/S O/S		/ LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced repair at the time of insp	···		HILO
repair at the time of hisp		TOYO / YOKO or	
Bal. or Market Value:	73K	- Front	Rear
IDAC Accident Rport:C	onsistent?: Yes or No	R/Bal. 8 mm	10.
GIA / PR Seen: C	onsistent?: Yes or No	L/Bal. 8 mm	
Est. Repairs: days	Res.: Yes or No	D.O.A. 29 07 how	D.O.I. 05/08/2020
Lum Sum: %	3 Val.: Yes or No	Survey held at C	onfort geibro
		Des. of Damages (Frt / Rear	I OIS I NIS I UIC I Rooftop or
CA I REV I REP. I 24 HRS	Vehicle: IN / OU		
Date: Person Cont			e / Body Structure affected due to collis
Date / Time Action / Instruction	n		
Duco / ramo / rosort, moses	V	•	
1			
			
Dale/Time, File Pass to? : Pr	eli. Report	Days Of Repair:	
(i)	nal Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?	osereningens • erresident (#5)	**************************************	Transportation:
2)	Add F	ee: : Site Insp (\$)_s+Rssi
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		:Interview (\$) Photos
Reprofession Format:		: Tech. Invs (\$) Others
Lump Sun / LB.E. (%)	:Weellend (\$. 1
asset states no as .			
	,	te areas	TOTAL

45 Pandna Road S (609286) Tel: 68676919 Fax: 62626950

Parts No. : _		YN3541R	Submit By	٠ _	Wong Chee Wei
& Model : _	MITSUBISHI	FM65FM1RDEA	Year Manufacture :		2011
sis No. :		FM65FMA00244	Engine No.	:	6M60159921
_			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		OD

	S/O	der		:			
S/No Part Description	Qty	Cost Price		Nett	List		Diposition By
5/10		original	OEM	Price	Price	Price	Surveyor
1 BONNET 64	1	\$1,900.00		-		\$900.00	
2 BONNET SEAL Nº /	1	\$86.00					
3 BONNET LHS HINGE X	1	\$85.00					
4 BONNET RHS HINGE X	111	\$85.00				ļ	
5 ROOF TOP PANEL H /	1	\$2,350.00					
6 ROOF TOP LINING CLIP No /	20	\$100.00					
7 FRONT WINDSCREEN CM	1	\$1,650.00					
8 FR WINDSCREEN RUBBER AL	1_	\$550.00					
9 FRONT BUMPER TENT	1	\$750.00					
10 RHS WIPER ARM SUA	1	\$150.00					
11 RHS WIPER BLADE X	1	\$80.00					
12 LHS WIPER ARM 🗡	1	\$150.00					
13 LHS WIPER BLADE +	1	\$80.00					
14 RHS CORNER PANEL 4. Fare	1	\$850.00					
15 LHS CORNER PANEL 4/	1	\$850.00					
16 FR NO.PLATE	1					\$45.00	
17 I U BRACKET A	1					\$26.00	
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

COMFORTDELGRO ENGINEERING PTE LTD

Appendix B

45 Pandan Road S (609386) Tel: 68676919 Fax: 62626950,68676903

Labour

Vehicle No.	:	YN3541R	Submit By		:_	Wong Chee Wei
Make & Model	:	MITSUBISHI	Year of Manufacture:			2011
					(24.5	

viake (MITSUBISHI Year of Manufacture :		2011
S/No	Labour Description	Esimated Price	Adjusted Price
11	TO CUT,WELD,ALIGN,PANEL BEAT,REMOVE,REPLACE : ROOF TOP PANEL,BONNET,FR BUMPER,LÁS&RHS CORNER PANEL	\$1,800.00	800
2	TO PUTTY, RE SPRAY PAINT : ROOF TOP PANEL,BONNET,FR BUMPER ,LHS&RHS CORNER PANEL AND AFFECTED AREA	\$1,400.00	800
3	TO DISMENTLE,RE FIT : ROOF HEAD LINING TO FACILILATE REPAIR	\$200.00	Ισυ
4	TO DISMENTLE,REPLACEFRONT WINDSCREEN GLASS AND RUBBER	\$200.00	150

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

e Mover

COMFORTDELGRO ENGINEERING 45 Pandan Road S (609286)

ACCIDENT REPAIR ESTIMATES

Our Ref:		
Type of Claim : X Own Damage	Vehicle No. : YN3541R	
3rd Party	Make & Model : MITSUBISHI / FM65FM1RDEA	
Windscreen	Year of Manufacture : 2011	
	Chassis No. : FM65FMA00244	
Ins Company : AWAC	Engine No. : 6M60159921	
Excess : TBA	Policy No. : BVFCSB0013691900	
Date of Accident : 29/07/2020	Time of Accident : 10.05 A.M	
Suggested Days of Repair :/ 6 DAY	In-house Vehicle Assessor	
Repair Estimates	Name : Wong Chee Wei	
Repair Estimates	Signature :	
Parts (a) Cost / List Price Items \$9,716.00	22272240	
Plus/Less 10 % \$971.60	Contact No : 68676919 HP : 97239882	
Plus/Less 10 /6		
(b) Nett Price Items	LKK Auto Consultants hence notify	
Less %	the Repairer of the following: To resurvey before/after spray painting	
(c) Special Nett Items \$71.00	To display damaged part(s) during resumply	
(c) opedia itela item	Parts prices are subject to confirmation	
	Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed	
Labour (Appendix B) \$3,600.00	Supplementary item(s) must be seen.	
Total Repair Cost \$14,358.60	to disject to final approval from Insurance Company	
The above total will be subjected to 7% G.S.T.	Acknowledged by Repairer	
Q_{i}	Signature: Date:	
Name of Surveyor :	Dollar,	
Company : LKK 4	fu1)	
Survey conducted on : 05/08/20	020 at 1155km	
Remarks By Surveyor		
(a) The repair of this vehicle is authorized / is not author	orized until further notice.	
(b) Recommended Days of Repair :	day(s)	
(c) Resurvey : Required Not		
(d) Excess :\$_ TBA	Date: 05/08/2020	
(e) Signature of surveyor :	Date: 05/08/2020	
ACCIDENT REPAIR ESTIMATES #3		

Reay after your

NCD720064163 / ComfortDelGro Engineering Pte Ltd - Pandan SYTRY DATE & TIME: 30/07/2020 09:19 SYBMITTED BY: Wong Chee Wei

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

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 30/07/2020 09:19 **Date Of Accident** 29/07/2020 10:05

773 PASIR RIS ST 72 CARPARK SERVICE ROAD **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE:

YN3541R Vehicle Registration Number

Insured/Policyholder

F&N FOODS PTE LTD Name Of Registered Owner

1XXXXX390K Co Reg No

YANLI@FNNFOODS.COM **Fmail Address**

Mobile Phone No

OFFICE-64612425 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

FUSO-3.0 D FM65FM2RDEB (M) Model

Exact Purpose for which vehicle was being used at

time of accident

GOOD DELIVERY

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

ALLIED WORLD ASSURANCE COMPANY, LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

Policy Number

Cover Note Number

Driver

Name of Driver LIU JIANMING Passport No/FIN GXXXX540N Date Of Birth 01/07/1972 Occupation **OUTDOOR** Date Of Driving Pass 29/03/2016

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96134603

Fax Number

Contact Number

EMail Address NOEMAIL

214 PANDAN LOOP SINGAPORE

Address 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 HIT BY FALLEN TREE / OTHER OBJECTS Type Of Accident RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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 TO ATTACH SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

1

NO

NO

YES

NO

0

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 111

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TREE

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 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
- 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:

- 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)
 - 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")
- 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.
- 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.
- 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 TORIOGICISMO ENABLEDAD PILLIA
 - (ii) for complying with requirements under any regulations, laws or court orders.

F & N FOODS PTE LTD 214 Pandan Loop

Singapore 128405

Tel No. 6210 8108

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

William Francisco Contract Angel

Mark State And Pro-

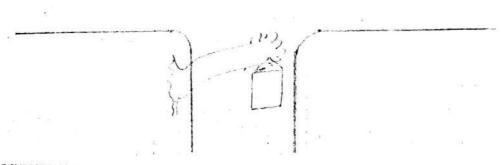
DESIGNATIONS -

NRIC/FIN No.: G721809911

Sketch Plan #2 Pg. 1

SKETCH PLAN

for Loading simbooding tay



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/07/2020 at about 10.05 Am. I was driving my Company
truck you 3541R at Carpark service road 773 pasirks street 72.
I parked infinit: of loading funloading Bay Service road,
vehide
Saddenly on my left side tree fell down hit onto front
Windscreen Causes Mach
JIAN MING
DECLARATION

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

Policyholder's Signature Date & Time:

mic atoms

JIAN MING
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: WONG CHEE WEI

Charles Carried Brack Receipt 110

FOLDER OF STREET, JOHN P. PEA

➤ Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID:	Company 390K	
Vehicle No.=	YN3541R	
Vehicle to be Exported:	No	TEN PER PER
Intended Deregistration Date:	05 Aug 2020	
Vehicle Make:	MITSUBISHI	низавки
Vehicle Model:	FM65FM1RDEA	n numero
Primary Colour:	White	
Manufacturing Year:	2011	
Engine No:	6M60159921	
Chassis No.:	FM65FMA00244	
Maximum Power Output:	PMIOSPIMA(W244	
Open Market Value:	\$70,000,00	
Original Registration Date:	\$72,020.00 29 Oct 2012	
First Registration Date:		
Transfer Count:	29 Oct 2012 0	
Actual ARF Paid:		
enemberska (dienem slovice se	\$3,601.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
चार्वकार्वकार्वकार्वकार्वकार्वकार्वकार्वक		
COE Expiry Date:	28 Oct 2022	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$59,334.00	
COE Rebate Amount:	\$13,222.00	
Total Rebate Amount: le information contained herein is correct as at 05	\$13,222.00	

OK

