

ASSIGNMENT

From: Date:

Estimated Cost:

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Order / Jammed / Leaked / Burnt orBrake: ☒ Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO/YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

) \$ + RS. \$

) Photos

) Others

Report Format :

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

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	18/08/2020 23:30
Date Of Accident	18/08/2020 11:30
Exact Location Of Accident	NO:134 TO NO:122 TANJONG KATONG RD ALNG SANDY LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9285J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942888

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR1SDEK (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095634
Cover Note Number	NA

Driver

Name of Driver	NG FENG QI,KENNY(HUANG FENGQI)
NRIC No	SXXXX244D
Date Of Birth	30/12/1986
Occupation	INDOOR
Date Of Driving Pass	08/03/2012
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93407670
Fax Number	
Contact Number	OTHERS-93407670
Email Address	TDRKUZ.NG@GMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	OILY

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

My vehicle was inside the yellow box before I make a right turn. After checking oncoming vehicle from the left, I inch forward to check for oncoming vehicle coming on the right. Suddenly, vehicle b hit against my vehicle. My front right was damage.

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	GBB655B
Vehicle Make/Model/Colour	NISSAN / P/UP D/CAB
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR OH
NRIC/Passport Number	SXXXX185A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

Handwritten signature

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

Policyholder's Signature
Date & Time:

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

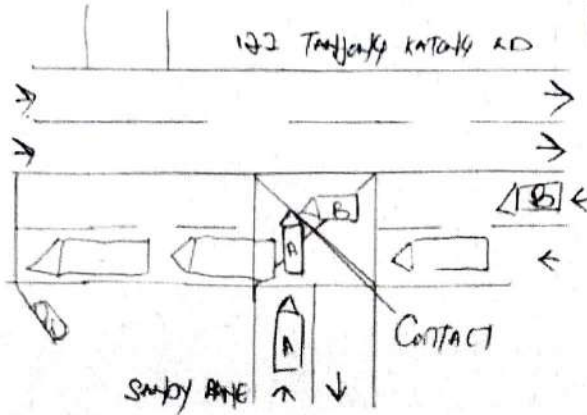
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

ETCH PLAN

A-QUEST

B-96B 655B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

REFER TO ATTACHED STATEMENT.

DECLARATION

DECLARATION

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

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 196N

Vehicle Details

Vehicle No.: GBJ9285J

Vehicle to be Exported: No

Intended Deregistration Date: 24 Aug 2020

Vehicle Make: MITSUBISHI

Vehicle Model: CANTER FEA01BR1SDEK
(CBU)

Primary Colour: White

Manufacturing Year: 2018

Engine No.: 4P10D26207

Chassis No.: FEA01BA30055

Maximum Power Output: -

Open Market Value: \$31,108.00

Original Registration Date: 15 Oct 2019

First Registration Date: 15 Oct 2019

Transfer Count: 0

Actual ARF Paid: \$1,556.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 14 Oct 2029

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$23,423.00

COE Rebate Amount: \$21,403.00

Total Rebate Amount: \$21,403.00

The information contained herein is correct as at 24 Aug 2020

OK

ACCIDENT STATEMENT (2000 characters)

My vehicle was inside the yellow box before I make a right turn. After checking oncoming vehicle from the left, I inch forward to check for oncoming vehicle coming on the right. Suddenly, vehicle b hit against my vehicle. My front right was damage.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 August 2020 at 5:36 PM

Date/Time:

18 August 2020 at 5:36 PM



**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-20-099445

Date of Request: 24/08/2020

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP

1 Kaki Bukit Ave 6 #01-01

Auto Bay@Kaki Bukit

Singapore 417883

Dear Sir/Madam,

Enquiry Date 24/08/2020

Enquiry By Susan Low Siew Yan

TP Vehicle No. GBB655B

Accident Date 18/08/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBB655B	Sompo Insurance Singapore Pte. Ltd.	10/03/2020-09/03/2021	6461 6555

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

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RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-099445

Date of Request: 24/08/2020

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP

1 Kaki Bukit Ave 6 #01-01

Auto Bay@Kaki Bukit

Singapore 417883

Dear Sir/Madam,

Enquiry Date 24/08/2020

Enquiry By Susan Low Siew Yian

TP Vehicle No. GBB655B

Accident Date 18/08/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque



MSc in Project Management

Apply now

Fuso Canter FEA01

Price Range

Depreciation

2018

Vehicle Type

Submit

Advanced Search

Home » Used Cars » ABS Bus Pte Ltd » Mitsubishi Fuso Canter FEA01

Mitsubishi Fuso Canter FEA01

OverviewFinancialAccessoriesSimilarResearchPhotosMap



Price	\$60,800	Lifespan	28-Jun-2038
Depreciation	\$7,750 /yr View models with similar depre	Reg Date	29-Jun-2018 (7yrs 10mths 3days COE left)
Mileage	N.A.	Manufactured	2018
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$23,463 as of today (change)	OMV	\$29,485
COE	\$29,902	ARF	\$1,475
Engine Cap	2,998 cc	No. of Owners	1
Curb Weight	2,080 kg		
Type of Vehicle	Truck		

Description

1 Owner Only! Comes With Fridge Box! Vehicle In Tip Top Condition. View To Believe. High Trade In For Your Existing Vehicle. Flexible Bank / In House Loan Available With Low Interest Rate. Call To View What Are You Waiting For!

Category

Premium Ad Car

Status

Available

Resources



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Car Valuation - Free

Find out the market value of your existing car for free. Get started



ShortlistCompareReport Error
More Actions

Seller Information

ABS Bus Pte Ltd

121 vehicles for sale. 113 sold in past 3 mths

38M Penjuru Road
Tel: 64568887
Search cars nearby

KK Tang87760862
Nicholas96793310

Posted on: 25-Aug-2020 | Last Updated on: 25-Aug-2020

Upfront Payment

» more Financial info

Transfer Fee	\$25
Down Payment	\$6,080 (change)
Complete	Maximum 90% Loan