

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/C7120010237/uyd3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / (P) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

YN 7947C

at Workshop m/s

14's 520

of

Insured:

YN 22006

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:

60k.

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 15452

Date:

Person Contacted:

Rep 12/4.

Vehicle: IN / OUT

Veh No:

YN 7947C

Yr Regn:

5 / 15

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

Truck / Trailer or

(M)

Make:

MRF Fuso FM 65

C.C.

7545

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

130921

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FM 65FMA 20011

Gen. Cond: 8 Good / Fair / Poor / BurntSteering: 8 In Order / Jammed / Leaked / Burnt orBrake: 8 In Order / Jammed / Leaked / Burnt orModi: 8 M / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80 R 22.5

R:

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

TOYO / YOKO or

Aurstone.

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

18/9/20

D.O.I.

24/9/20

Survey held at

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

Lf o/s.

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

Date / Time

Action / Instruction

30/5/20 1/5 @ 5000 confirmed with Susan (Red \$11534-50, 69%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

2/10/20 Typist

Days Of Repair:

4

Resurvey No. of Trip:

3

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, S

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format:

Lump Sum I.B.I. (\$) \$5000

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	19/09/2020 20:20
Date Of Accident	18/09/2020 12:05
Exact Location Of Accident	6 FISHERY PORT ROAD, LEVEL 1 LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7947C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	ISAACNGCL@GOLDBELLCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FM65FM2RDEB
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	N.A

Driver

Name of Driver	MOGANADASS A/L MARUTHAIVEERAN
Passport No/FIN	GXXXXX914M
Date Of Birth	27/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2008
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83008728
Fax Number	
Contact Number	
Email Address	NOEMAIL

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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I was alerted by the security that my vehicle was being hit by a reversing lorry while my vehicle was park at the loading bay . The security officer look down his particulars and also share with us a cctv footage of the accident, No injury involved.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2200G
Vehicle Make/Model/Colour	MITSUBISHI / FM65FM1RDEA
Details Of Properties	N.A
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOH HOCK HENG
NRIC/Passport Number	SXXXX865B
Contact Number	98440208
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

YN7947C

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodging 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.



VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

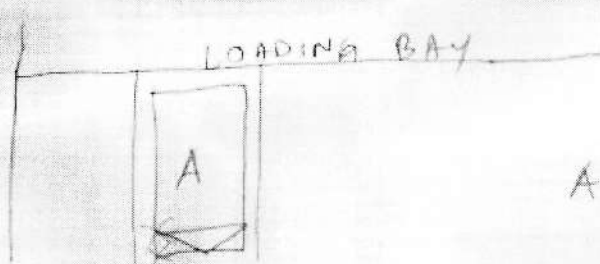
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 19 Sep 2020

Reporting Centre Personnel's Signature
Name
NRC/FIN No:

Sketch Plan #2

SKETCH PLAN



G. FISHERY PORT RD
LEVEL 1.

A - YN7947C

B - YN2200G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT

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: 19/9/2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/PPN No:

Sketch Plan #3

ACCIDENT STATEMENT (2000 characters)

I was alerted by the security that my vehicle was being hit by a reversing lorry while my vehicle was park at the loading bay . The security officer took down his particulars and also share with us a cctv footage of the accident.

No injury involved.

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 -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 September 2020 at 6:01 PM

Date/Time:

19 September 2020 at 6:01 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 196N

Vehicle Details

Vehicle No.: YN7947C
Vehicle to be Exported: No
Intended Deregistration Date: 23 Sep 2020
Vehicle Make: MITSUBISHI
Vehicle Model: FUSO FM65FM2RDEB
Primary Colour: White
Manufacturing Year: 2014
Engine No.: 6M60198271
Chassis No.: FM65FMA20011
Maximum Power Output: -
Open Market Value: \$51,971.00
Original Registration Date: 06 May 2015
First Registration Date: 06 May 2015
Transfer Count: 1
Actual ARF Paid: \$2,599.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 05 May 2025
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$33,475.00
COE Rebate Amount: \$15,452.00
Total Rebate Amount: \$15,452.00

The information contained herein is correct as at 23 Sep 2020

OK



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Toyota Rush 1.5A X (COE Till 31 March 2024).



Malay Owner. New Battery, New
Brake Pad, New Iridium Spark
Plug, Good Condition.
Direct Owner StarAd

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1 vehicles

Mitsubishi Fuso fm

[Advanced Search](#)[Submit](#)

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Mitsubishi Fuso fm		Any	Any	2015	Any	Any	Any	Available
	Mitsubishi Fuso	Fighter FM65	\$63,800	\$13,010 /yr	20-Aug-2015	7,545 cc	100,610 km	Truck	Available
	Fuel Type: Diesel								
	One & Only 2015 Palift Hook Garbage & Sanitary Wagon (8 Ton Payload) With Roll Arm! Super Low Depre! Powerful, Durable & The Mo...								
	Bell Auto Pte Ltd								
	Posted: 25-Aug-2020 Tags: 2015 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso								

[Save this search criteria, to get email alerts whenever a match is found.](#)

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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**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-20-114784
Date of Request: 23/09/2020

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 23/09/2020
Enquiry By Susan Low Siew Yian
TP Vehicle No. YN2200G
Accident Date 18/09/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN2200G	China Taiping Insurance (Singapore) Pte. Ltd.	19/05/2020-18/05/2021	6389 6111

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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**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

TAX INVOICE

Our Ref No: GR-20-114784
Date of Request: 23/09/2020

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 23/09/2020
Enquiry By Susan Low Siew Yian
TP Vehicle No. YN2200G
Accident Date 18/09/2020

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:

☒ GIRO ☐ Cash ☐ Cheque

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbros@gmail.com

Invoice/Ref No: YN7947C200918

Estimate**Customer****Name:** China Taiping Insurance (Singapore) Pte Ltd**Date:** 23-09-20**Address** Motor Claims Department**Vehicle No:** YN7947C

3 Anson Road #16-00

Model/Make: Mitsubishi Fuso

Springleaf Tower

Singapore 079909

FM65FM2RDEB

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Rh Door <i>Body</i>	\$2,946.80	
2	Door Pillar <i>R</i>	\$1,860.00	X
3	Door Hinge 02 pcs (@ S\$145.00) <i>11</i>	\$ 290.00	X
4	Door Weatherstrip <i>11</i>	\$ 375.00	X
5	Door Signal Lamp <i>11</i>	\$ 230.70	X
6	Door Glass Weatherstrip <i>11</i>	\$ 190.50	X
7	Side Mirror Arm <i>R</i>	\$1,923.60	X
8	Side Mirror <i>320</i>	\$ 489.00	
9	Windscreen Glass Weatherstrip <i>11</i>	\$ 691.50	X
10	Radio Antenna <i>Damage</i>	\$ 174.00	
11	Step Panel Top <i>CNA</i>	\$ 876.70	
12	Corner Panel <i>320</i>	\$ 383.60	
13	Corner Panel Signal Lamp <i>320</i>	\$ 293.30	
14	Head Lamp 02 pcs <i>015 CNA</i>	\$1,302.40	19C
15	Head Lamp Outer Garnish <i>CNA</i>	\$ 497.40	
16	Bumper <i>R</i>	\$1,830.00	X
17	"Corporate" Advertisement & Artwork <i>o/s nec</i>	\$ 200.00	SN ✓ s.n
	To check all wiring & electrical component for proper function	\$ 80.00	- 20
	Remove & reinstall Windscreen Glass to facilitate repairs	\$ 200.00	11 X
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 800.00	- 500
	To putty & spray painting & including touch up paint on accident affected	\$ 800.00	- 700
	To apply Rust Proofing , reseal tuff-coating treatment on accident area	\$ 100.00	- 40

Total Parts & Labour of estimate for damaged vehicle

\$ 16,534.50

Total amount in Lump Sum Basis for repaired vehicle**SDLS:****M/s Liu's Brother Auto Engrg Wks**

Not Authorized
LLH
L/S \$ 5000
24/9/20
Wh. ph. After repair
H days

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:

2-6312
252
7-4734
S.N-200
L-1340
6274
6018