

ASS. REC. BY: Paul REF: CS3/ASM21000252/Rivd3 799C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / NV

To Inspect Vehicle No: 4P1402

at Workshop m/s WILLY MOTOR

of 27A, Swallow Pwys RD #01-32

Insured: AXA

Policy No. _____

Claims No. _____

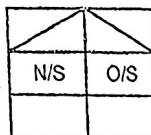
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 52K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 4P1402 Yr Regn: 2015 / NOV

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

Truck / Trailer or _____

Make: MITSUBISHI CANTOR FEBTIER c.c 2998

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 144438 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB71EA10191

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/75R17

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 77 mm

L/Bal. 7 mm L/Bal. 77 mm

D.O.A. 30/11/2020 D.O.I. 06/01/2021

Survey held at WILLY MOTOR

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

RH FRONT

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

Date / Time	Action / Instruction
	<u>Repair limit - 41K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 4 days</u>

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 7/1/21-TYPIST

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL _____

Rep. Format: SMART CLAIM

Lump Sum / L.B. (\$) _____

☐ : Weekend (\$ _____)

REP. BY: _____

Lump Sum / L.B. (\$) _____

☐ : Weekend (\$ _____)

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 Submission	01/12/2020 17:50 (SGT)
Date of Accident	30/11/2020 11:40 (SGT)
Exact Location of Accident	Joo Koon Cir, Singapore 629116
Additional Location Information	JOO KOON WAY / JOO KOON CIRCLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP140Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIM ANN ENGINEERING PTE LTD
Company Reg No	1XXXXX799C
Email Address	ricky@kimann.com
Mobile Phone No	(Phone) +65-81635490
Alternative Phone No	(Office) +65-9683395

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300205514MKC
Cover Note Number	-

DRIVER

Name of Driver	MD ZIN BIN ABD RAHMAN
NRIC No	SXXXX976B
Date Of Birth	04/02/1957
Occupation	Outdoor

Of Driving Pass
ing experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

20/01/2000
20 YEARS AND 10 MONTHS
Male
(Phone) +65-81635490
-
ricky@kimann.com
BLK 976 JURONG WEST STREET 93 #05-377
-
640976
No
Employee
No
-
-

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 the accident? No
Number of vehicles involved in the accident 2
Was anybody injured in the Accident? No
Was any injured conveyed to hospital by ambulance? -
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

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

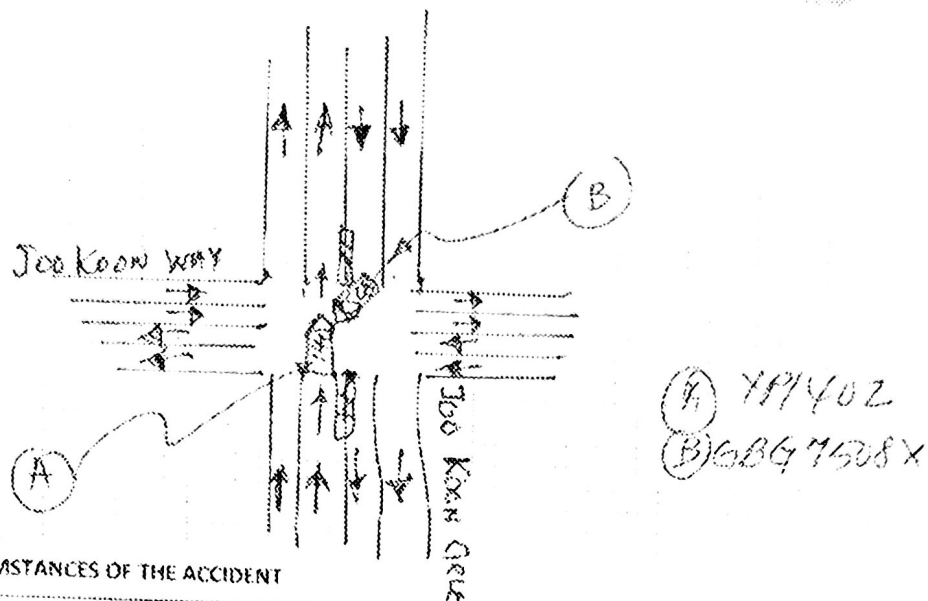
DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number GBG7508X
Vehicle Manufacturer Hyundai
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Commercial vehicle
Name of Driver PHONE MYINT KYAW
Work Permit No -1
Contact Number (Phone) +65-97705235
Address -
Address complement -
Postcode -

Insurance Company Name
Date Of Damage
Description of property damaged in accident
Name Of Passenger (Including Driver)

-
-
FRONT PORTION
1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight and in front was a non-traffic light junction. I stop at the junction to check for traffic flow. As it was clear I drove straight, suddenly a vehicle from the opposite made a right turn & hit the side of my vehicle. Damages on both vehicles. No one was hurt, we exchange particulars.

DECLARATION

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

Public Officer's Signature

Driver's Signature

Respecting Officer's Signature

1/27/52

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 willful 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 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.

Policyholder's Signature
(Date & Time)

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

Reporting Centre, Insurer's Signature
Name:
GRI/CIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	799C
Vehicle No.:	YP140Z
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jan 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB71ER4SDEC
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B76624
Chassis No.:	FEB71EA10191
Maximum Power Output:	-
Open Market Value:	\$30,950.00
Original Registration Date:	23 Nov 2015
First Registration Date:	23 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$1,548.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Nov 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$22,340.00
COE Rebate Amount:	\$10,896.00
Total Rebate Amount:	\$10,896.00

The information contained herein is correct as at 06 Jan 2021

OK

White



Mitsubishi Fuso Canter FEB71

Overview

Financial

Accessories

Similar

Research

Photos

Map



WHOLESALE
EXPERIENCE AT YOUR
CONVENIENCE

Price	\$42,800	Lifespan	18-Dec-2034
Depreciation ?	\$10,830 /yr View models with similar depre	Reg Date	19-Dec-2014 (3yrs 11mths 12days COE left)
Mileage	N.A.	Manufactured ?	2014
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$12,185 as of today (change)	OMV ?	\$32,752
COE ?	\$30,843	ARF ?	\$1,638
Engine Cap	2,998 cc	No. of Owners ?	1
Curb Weight ?	3,760 kg		
Type of Vehicle	Truck		

Description

Higher Tonnage Payload 14FT Lorry, Powerful Engine And Vehicle In Very Good Condition, Call Now For Inquiry.

Ca

Se

Bel