ASS. REC. BY: Kenneth

REF: 6421

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chay Hoe

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 350.00

(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: $ 48k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: GBF 7372A Yr Regn: 02, 17

Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mit (m) Canter c.c 2998

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

Sp.Reading 224033 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE AC 1BA 20479

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or _____

Brake: (In order) / Jammed / Leaked / Burnt or _____

Modl: (NIL) / S/Rim / STD A/Rim or _____

Tyre Size: F: Kenda 195/55R15

R: Yoko — — (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	88 mm
L/Bal.	6 mm	L/Bal.	88 mm
D.O.A.	1/1/21	D.O.I.	8/1/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	No estimate, maybe total as chassis badly affected. left

Date/Time, File Pass to?

1) _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	762C
Vehicle Details	
Vehicle No.:	GBF7372A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Jan 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR2SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C47737
Chassis No.:	FEA01BA20479
Maximum Power Output:	-
Open Market Value:	$30,506.00
Original Registration Date:	24 Feb 2017
First Registration Date:	24 Feb 2017
Transfer Count:	0
Actual ARF Paid:	$1,526.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$48,901.00
COE Rebate Amount:	$29,995.00
Total Rebate Amount:	**$29,995.00**

The information contained herein is correct as at 06 Jan 2021

OK

清河

CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-274/282, Singapore 768761
Tel : 67556142 Fax : 67557719
Email: chmotor@singnet.com.sg

INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	OD/CHINA
Policy No:	DMCVSNA00009892001	Date of Loss:	01/01/2021
Vehicle Reg. No.:	GBF7372A	Driveable?	
Driver Age/Info:	/ MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	LIMELITE PRODUCTIONS PTE LTD		
Driver:	ADAIKKALAM REGUNADHAN		
Make/Model:	MITSUBISHI CANTER, 3.0 D FEA01BR2SDEB (M)	Vehicle Reg. Date:	24/02/2017
Vehicle Colour:	WHITE		
Engine No:	4P10C47737	Chassis No:	FEA01BA20479
Odometer:	0 KM		
Paint Type:			
Total Loss?	YES		
Est. Duration of Repair (day)	0		

Not Authorized
Ex $350d.
11/Jan ?

Description of Accident/Loss	REFER GIA REPORT ATTACHED
Remarks:	VEHICLE MAIN CHASSIS AFFECTED (NOT ROAD-WORTHY) PLEASE ARRANGE SURVEY AND DISCUSS FURTHER.
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)

COST OF CLAIMS	Amount
Parts	0.00
Miscellaneous Items	0.00
Labour	0.00
Paintwork Labour	0.00
Towing	0.00
Nett Amount (S$)	**0.00**

This claim is handled by: EFEEDA BINTE MOHAMED OTHMAN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

SC1G2114000A / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 04/01/2021 13:54 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 1 (04/01/2021 13:54 (SGT))

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	04/01/2021 13:54 (SGT)
Date of Accident	01/01/2021 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TO BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7372A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIMELITE PRODUCTIONS PTE LTD
Company Reg No	1XXXXX762C
Email Address	agnes@limelitemanagement.com
Mobile Phone No	(Phone) +65-67333721
Alternative Phone No	(Office) +65-67333721

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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA0009892001
Cover Note Number	24/2/20-23/2/21

DRIVER

Name of Driver	ADAIKKALAM REGUNADHAN
Passport No/FIN	GXXXX922K
Date Of Birth	12/03/1998
Occupation	Outdoor

Date Of Driving Pass	12/10/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86528698
Alt. Phone Number	-
Email Address	agnes@limelitemanagement.com
Address	-
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

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

PASSENGER 1

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

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

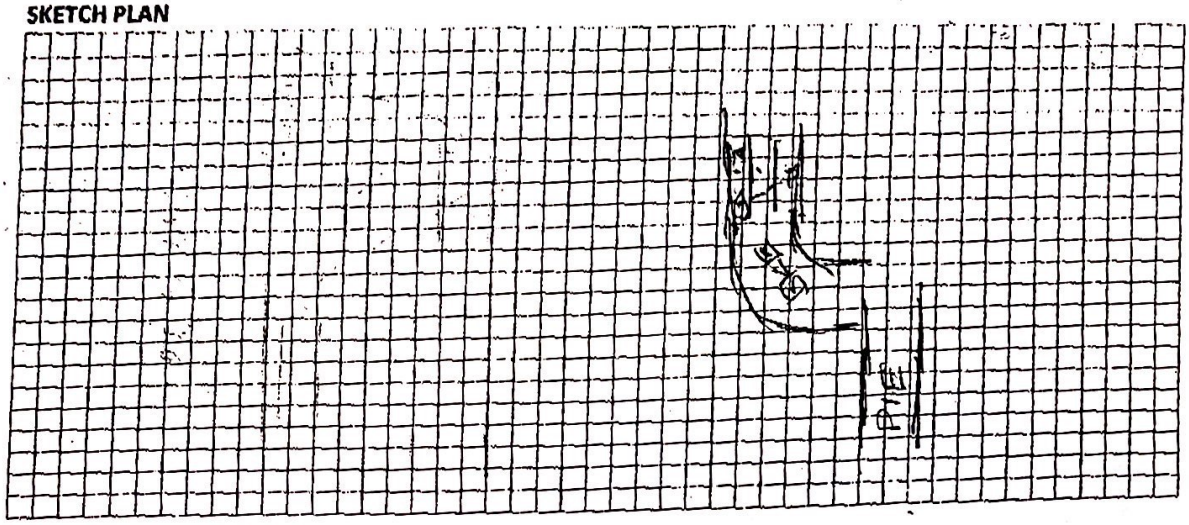
CIRCUMSTANCES OF ACCIDENT

IT WAS RAINING HEAVILY AT THAT TIME. I WAS DRIVING ON THE LEFT SIDE OF THE ROAD AT ABOUT 40KM/H. SUDDENLY MY VEHICLE SKIDDED AND WENT TO THE RIGHT HITTING THE WALL ON THE RIGHT AND MY VEHICLE THEN WENT TO THE LEFT AND HIT ONTO THE LEFT WALL. I HAVE 1 PASSENGER ONBOARD. HOWEVER NO ONE WAS INJURED.

ATTACHMENT(S)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining heavily at that time. I was driving on the left side of the road at about 40 km/h. Suddenly my vehicle skidded and went to the right hitting the wall on the right and my vehicle then went to the left and hit onto the left wall.

I have 1 passenger onboard. However no one injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

4/1/21

Reporting Centre Personnel's Signature
Name: Freddy (YS)
NRIC/FIN No.:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)

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