

ASS. REC. BY:

REF:

CS/AGI21000452/Avf3

## 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:

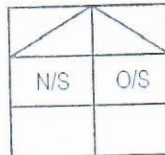
Excess:

(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: 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: YM6358P Yr Regn: 2007 April

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

Truck / Trailer or

Make: Mit Canter C.C. 2977

Colour: Silver Red A/C: Insured / Std / NI / NA

Sp. Reading: 542735 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FE83BEA10009.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 7.00R16C Falken.

R: 7.00R16C Condor.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. 8/1/21

D.O.I. 14/01/21

Survey held at

Smart One.

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 Action / Instruction

TP Budget Direct.

CoE Expiry: 24/04/22

MV: 15K.

PV: 62K

Nett: 8.8K.

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2) 2/3/21-Typist

Report Format: TP

Lump Sum / L.B.R: LS \$4800

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + PS \$

Photos

Others

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 Submission              | 09/01/2021 13:32 (SGT)                             |
| Date of Accident                | 08/01/2021 18:55 (SGT)                             |
| Exact Location of Accident      | Singapore                                          |
| Additional Location Information | SLIP RD OF EDGEFIELD PLAINS ENTERING PUNGGOL FIELD |
| Country/State of Loss           | Singapore                                          |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | YM6358P                          |
| INSURED/POLICYHOLDER        |                                  |
| Is company?                 | Yes                              |
| Name Of Registered Owner    | SRI THUVIMUGA GANAPATHY SERVICES |
| Company Reg No              | 5XXXX640L                        |
| Email Address               | alexandian27@yahoo.com.sg        |
| Mobile Phone No             | (Phone) +65-92405366             |
| Alternative Phone No        | +65-92405366                     |

### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Mitsubishi                |
| Model                                                                        | MITSUBISHI / FE83BEOSRDEA |
| 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 | NTUC          |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | 5077185628-04 |
| Cover Note Number         | -             |

### DRIVER

|                |                           |
|----------------|---------------------------|
| Name of Driver | NITHYANANTHAM VINOTHKUMAR |
| Work Permit No | GXXXX610M                 |
| Date Of Birth  | 20/06/1986                |
| Occupation     | Outdoor                   |

|                                                              |                                      |
|--------------------------------------------------------------|--------------------------------------|
| Date Of Driving Pass                                         | 22/09/2020                           |
| Driving experience                                           | 4 MONTHS                             |
| Gender                                                       | Male                                 |
| Mobile Number                                                | (Phone) +65-84314819                 |
| Alt. Phone Number                                            | -                                    |
| Email Address                                                | alexandian27@yahoo.com.sg            |
| Address                                                      | BLK 507 #03-2700 ANG MO KIO AVENUE 8 |
| Address complement                                           | -                                    |
| Postcode                                                     | 560507                               |
| 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   | Collision - Head to Rear |
| Weather Conditions | Raining                  |
| Road Surface       | Wet                      |

#### 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 1

|                             |                                          |
|-----------------------------|------------------------------------------|
| Vehicle Registration Number | SLJ7127C                                 |
| Vehicle Manufacturer        | Mazda                                    |
| Vehicle Model               | MAZDA / BIANTE 5-DOOR WAGON 2.0L SP.6EAT |
| Vehicle Variant             | -                                        |
| Vehicle Colour              | -                                        |
| Vehicle Category            | Private car                              |
| Name of Driver              | -                                        |
| Contact Number              | -                                        |
| Address                     | -                                        |
| Address complement          | -                                        |
| Postcode                    | -                                        |
| Insurance Company Name      | -                                        |

|                                               |   |
|-----------------------------------------------|---|
| Nature Of Damage .....                        | - |
| Details of property damaged in accident ..... | - |
| No. Of Passenger (Including Driver) .....     | - |

# SKETCH PLAN

## 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 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.
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 be 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' law firms/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' law firms/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

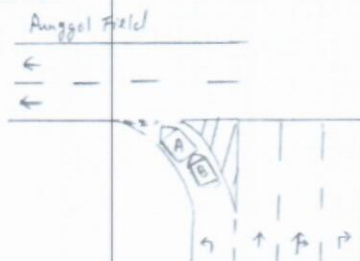
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: warkhuth@com.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 09 JAN 2021

Sketch Plan



A = Ym635BP

B = SLJ7127C

Slip Road of  
Edgefield Plains  
entering  
Aungmye Field

Describe Circumstances of the Accident

Refer to attached

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416687 Fax: 67492305  
Email: vac@btv.com.sg

Witnessed by Reporting Centre Personnel

09 JAN 2021

SKETCH PLAN #3

On 08.01.2021 at about 18:55 hours at Slip Road of Edgefield Plains entering Punggol Field. I was stationary at the above mentioned slip road and waiting for the traffic condition to clear.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): YM 6358P

Vehicle (B): SLJ 7127C



*for vehicle A*

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Owner ID:

### Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

### Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

### Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

### Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 09 Jan 2021

Business

640L

YM6358P

No

09 Jan 2021

mitsubishi

FE83BEOSRDEA

White

2007

4M42A41196

FE83BEA10009

-

\$25,482.00

25 Apr 2007

25 Apr 2007

5

\$0.00

No

-

\$0.00

24 Apr 2022

E - Open Category

5

\$24,005.00

\$6,201.00

\$6,201.00

COE till 04/2022

\$ 13599.00

OK



**FOR SALE BY OWNER**

**Post an Advertisement**  
Sell it yourself! Advertise it at just  
**\$58 until it's SOLD!**

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25 vehicles **Search** Mitsubishi Canter [Advanced Search](#) [Search](#) [View All](#)

Make  Model  Price  Depreciation  Reg Date  Eng Cap  Mileage  Veh Type  Status

Search Selection Mitsubishi Canter Any Any > 10 year(s) old Any Any Any Available



☐ Mitsubishi Fuso Canter FE639 Tipper (COE till 03/2024) \$26,000 \$8,250 /yr 10-Mar-2004 3,908 cc - Truck Available

**Fuel Type:** Diesel  
0% Down Payment! Class 3 Tipper, Unladen Weight 2480 Kg. A1 Engine, New Paint. High Trade In Available. Viewing And Test Drive By Appointment Only.  
Convince Auto

Posted: 24-Dec-2020 Tags: 2004 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso



☐ Mitsubishi Fuso Canter FE83 (COE till 04/2022) \$19,800 \$15,540 /yr 25-Apr-2007 2,977 cc - Truck Available

**Fuel Type:** Diesel  
Well Maintained And In Excellent Condition.

Posted: 12-Jan-2021 Tags: 2007 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso



☐ Mitsubishi Fuso Canter FE83 (COE till 07/2022) \$15,555 \$10,570 /yr 06-Jul-2007 2,977 cc - Truck Available

**Fuel Type:** Diesel  
Lowest Price In The Market! Free New Paint Work! Free 6 Months Road Tax! No VPC Required! Class 3 Driving License Can Drive! High Trade In Available! Hurry Call Now! Viewing And Test Drive By Appointment Only!

Posted: 12-Jan-2021 Tags: 2007 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso



☐ Mitsubishi Fuso Canter FE83 (COE till 06/2022) \$17,800 \$12,210 /yr 13-Jul-2007 2,977 cc - Truck Available

**Fuel Type:** Diesel  
Made In Japan Mitsubishi Freezer System With Mitsubishi Truck, Vehicle In Good Condition, Cheap And Affordable Please Call For Viewing!

Bell Auto Pte Ltd

Posted: 07-Jan-2021 Tags: 2007 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso



**Is your COE expiring? Let us help you renew it!**

Getting your COE renewed is easy, fast and affordable. We'll help you renew your COE and get a loan for it. Get the cheapest loan in town and an approval in 2 days without effort! Enquire today.



☐ Mitsubishi Fuso Canter FE83 (COE till 06/2022) \$17,800 \$12,210 /yr 13-Jul-2007 2,977 cc - Truck Available

**Fuel Type:** Diesel  
Mitsubishi Freezer System, Vehicle Engine In Good Condition, Lorry Comes With Free Servicing & 6 Months Warranty Program, Call For Inquiry!

Bell Auto Pte Ltd

Posted: 07-Jan-2021 Tags: 2007 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso



☐ Mitsubishi Fuso Canter FE83 (COE till 06/2022) \$16,800 \$11,530 /yr 13-Jul-2007 2,977 cc - Truck Available

**Fuel Type:** Diesel  
1 Owner Only, 12 Feet High Deck Freezer Truck. No VPC Required. Can Drive With Class 3 Licence. Can Renew Another 5 Years COE After Current COE Expires In 2022. Good Condition. Trade In Welcome. Loan And Insurance Support Available.

Posted: 06-Dec-2020 Tags: 2007 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso

SHORTLISTED HISTORY [Compare](#)