ASS. REC. BY: Sun Pm | REF: CS3/CT121000903/Qtd3

KPRS

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.

N/S	O/S

Bal. or Market Value: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YL 3093C Yr Regn: 16/01/2003

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

Make: Mitsubishi FE639C c.c 3ace

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 490474 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: FE639CH40282 * _____

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: 7.00 R16

R: 7.00 R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	18/01/2021	D.O.I.	20/01/2021

Survey held at HSY

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
	Repair day - 3 days
	MV: 16,000
	PV: 11,285
	NV: 4,715
	Repair Range $2,000 - $3,000
	submit prs report

Date/Time, File Pass to? 1) _____ [ ] : Preli. Report [ ] : Final Report

Date/Time, File Return to? 2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($ _____) [ ] : Interview ($ _____) [ ] : Tech. Invs ($ _____) [ ] : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
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 witholding 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	18/01/2021 13:05 (SGT)
Date of Accident	18/01/2021 05:40 (SGT)
Exact Location of Accident	1 Wholesale Centre, Singapore 110001
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL3093C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	vitasoy international singapore pte ltd
Company Reg No	2XXXXX212G
Email Address	ronaldlim@vitasoy.com.sg
Mobile Phone No	(Phone) +65-92338210
Alternative Phone No	+65-92338210

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe639c6srdea
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	B 29143941 ACX
Cover Note Number	-

DRIVER

Name of Driver	LOW KOK HUA
Passport No/FIN	FXXXX369N
Date Of Birth	13/02/1983
Occupation	Outdoor

Date Of Driving Pass	22/12/2016
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83493707
Alt. Phone Number	-
Email Address	ronaldlim@vitasoy.com.sg
Address	18 Senoko S Road
Address complement	-
Postcode	758089
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 Parked Vehicle
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 TO SKETCH PLAN

ATTACHMENT(S)

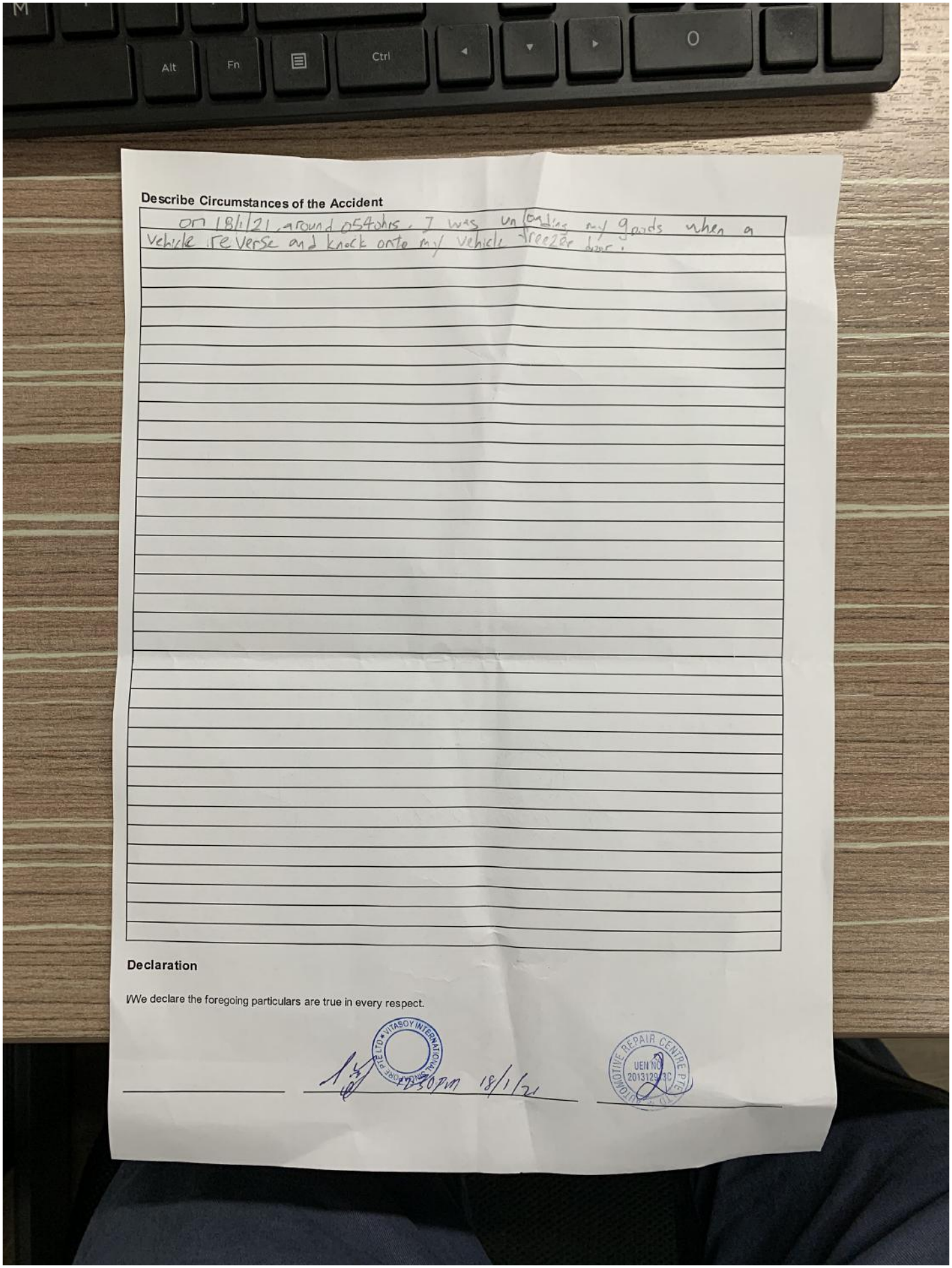
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE819U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
NRIC No	SXXXX610J
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



Describe Circumstances of the Accident

on 18/1/21, around 0540hrs, I was unloading my goods when a vehicle reverse and knock onto my vehicle freezer door.

Declaration

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

VITASOY INTERNATIONAL (S'PORE) PTE LTD

0730pm 18/1/21

AUTOMOTIVE REPAIR CENTRE PTE LTD

UEN NO 201312[illegible]C

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4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Tofu
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IMAGES #5


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IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	259H
Vehicle Details	
Vehicle No.:	YL3093C
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE639C6SRDEA
Primary Colour:	White
Manufacturing Year:	2002
Engine No.:	4D34J29102
Chassis No.:	FE639CA40282
Maximum Power Output:	-
Open Market Value:	$38,772.00
Original Registration Date:	16 Jan 2003
First Registration Date:	16 Jan 2003
Transfer Count:	0
Actual ARF Paid:	$1,939.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Dec 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$58,064.00
COE Rebate Amount:	$11,285.00
Total Rebate Amount:	**$11,285.00**

The information contained herein is correct as at 21 Jan 2021

OK