

ASS. REC. BY: Sun Pm

REF:

Cs3/CT121000903/6+d3

\*PPS

## 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.

X	X
N/S	O/S

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

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 1998Colour: White. A/C: Insured / Std / NI / NASp. Reading: 490974 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: FE639CA40282 \*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: \_\_\_\_\_ R: \_\_\_\_\_

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 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 18/01/2021 D.O.I. 20/01/2021Survey held at HSYDes. 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

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / L.B.R. (\$ \_\_\_\_\_)

# 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 ..... 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) ..... -





**Describe Circumstances of the Accident**

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

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]*  
18/1/21 18:30pm









































> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	259H
<b>Vehicle Details</b>	
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
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
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
<b>Total Rebate Amount:</b>	<b>\$11,285.00</b>

The information contained herein is correct as at 21 Jan 2021

OK