	1600903/Q+d1 SIGNMENT
AS:	
om: Date:	Veh No: YL 3093 C Yr Regn: 16/01/2003
timated Cost:	Type: M.Car / M.Cycle / Bus / Van (Lorry) / Taxi / Prime Mover /
D/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
Inspect Vehicle No:	Make: Mitsubishi FE639C cc Jack
Workshop m/s	Colour White. A/C: Insured / Std / NI / NA
	Sp.Reading 490979 T/Radio: Insured / Std / NI / NA
sured:	Eng/No:
olicy No.	C/No: FF639CH 40282 *
laims No.	Gen. Cond: Good / Fain / Poor / Burnt
um Insured: Excess:	Steering: Ino de) / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In rde / Jammed / Leaked / Burnt or
fake of Veh:	Modi: Nil /(s/Rim / STD A) Rim or
	Tyre Size: F: 7.00 R 16
(Policy Condition)	R: 7,00 N16
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or OHTS U
Sal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. <u>6</u> mm L/Bal. <u>6</u> mm
Est. Repairs:days Res.: Yes or No	D.O.A. 18/01/2021 D.O.I. 20/01/2021
Lum Sum: % 3 Val.: Yes or No	Survey held at HSY
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / C Date: Person Contacted:	
Date:Person Contacted:  Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / misudosoft	Repair duy - 3 days
MV: [6,000	
pv: 11, 285	Repur Nange
NV: 4,715	\$2,000°-\$3,000
	David Of Davids
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) ; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Fee:   : Site Insp (\$ ) _s+Rs_s
	: Interview (\$ ) Photos
	: Tech. Invs (\$ ) Others
Reput Format :	1 1. (\(\Cel.\Click\tau\)
Lump Sum / LB.I: (%)	: Weel:end (%
	TOTAL 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.

- 4. The issue and acceptance 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**

Mitsuhishi

Vehicle Registration Number YI 3093C

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer

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 Policy Number B 29143941 ACX Cover Note Number

**DRIVER** 

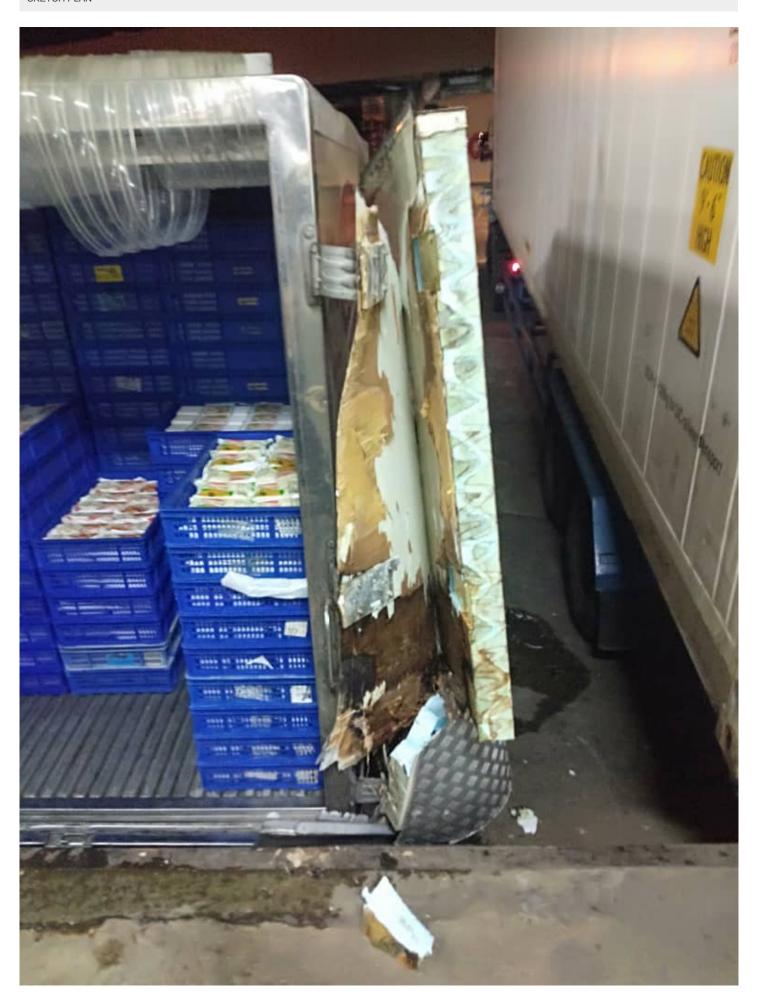
Name of Driver LOW KOK HUA Passport No/FIN FXXXX369N Date Of Birth 13/02/1983 Occupation Outdoor

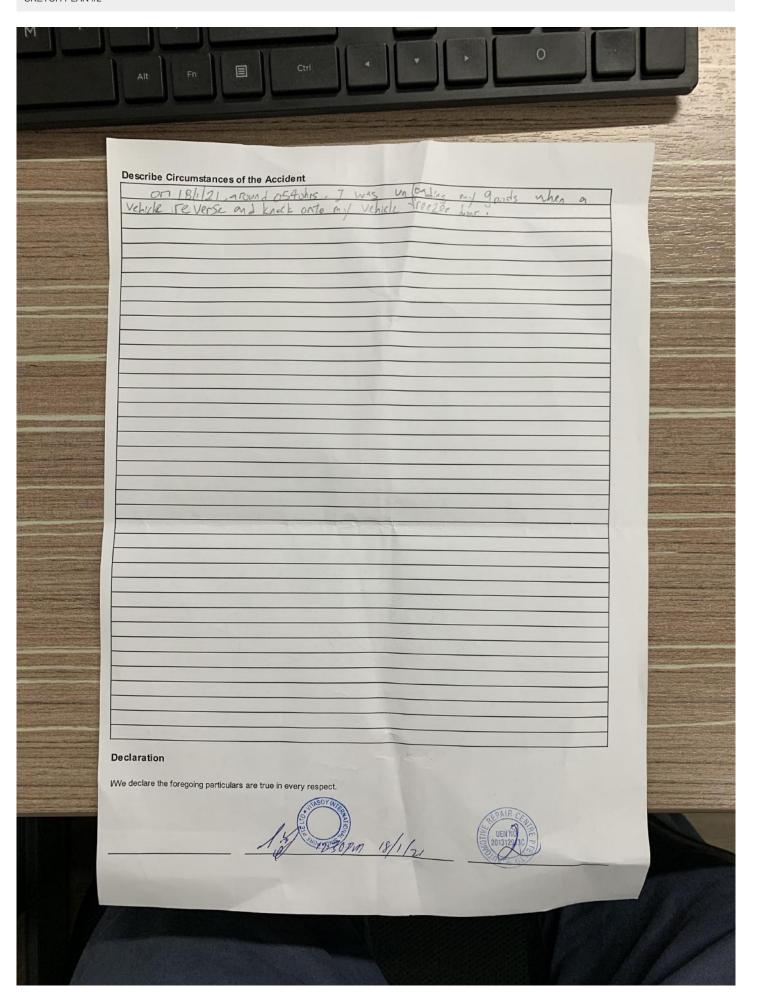


Date Of Driving Pass 22/12/2016 Driving experience 4 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-83493707 Alt. Phone Number Email Address ronaldlim@vitasoy.com.sg Address 18 Senoko S Road Address complement Postcode 758089 Is the driver the policyholder? No If No, Relationship of the Driver with 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 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) 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? Nο Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	XE819U - -
	-
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) -







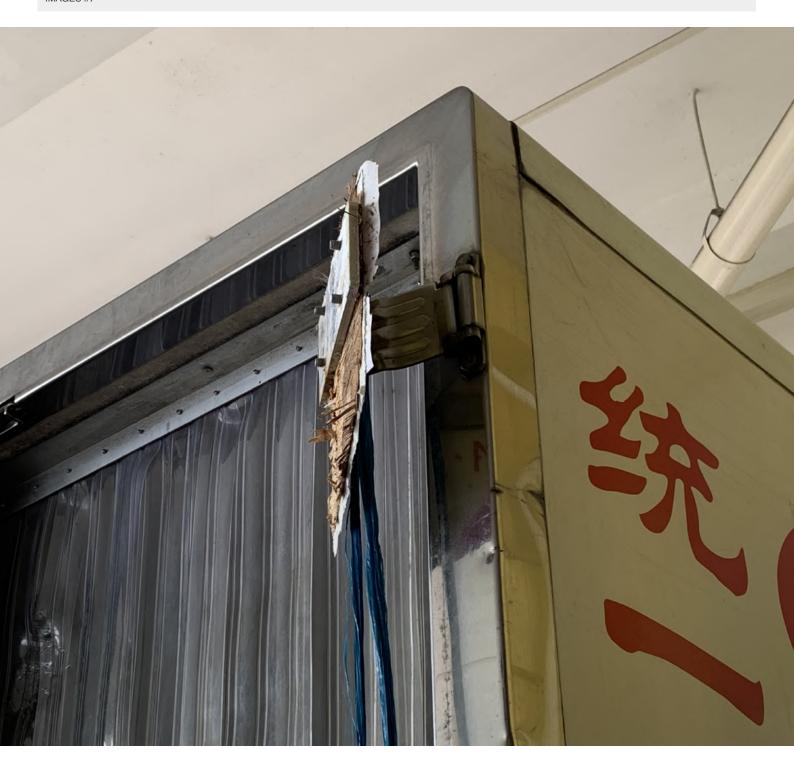






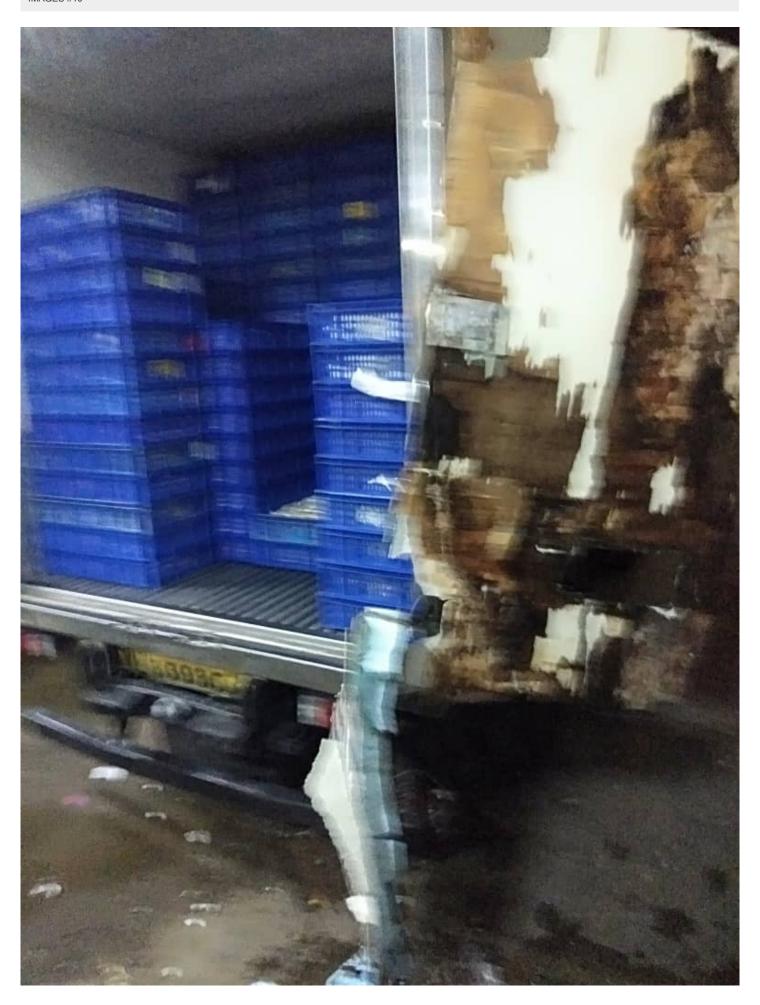














## > Back to OneMotoring

**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