

ASS. REC. BY: Param

REF: CS3/LPC21002885/RH#3

2546

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / W'S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: 4P 972P

at Workshop n/s NGEE NGEE

of BLK K NO. 22, PANGKON LOOP

Insured: LPC

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

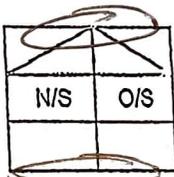
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 52K

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: 4P 972P Yr Regn: 2016 JAN

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

Truck / Trailer or \_\_\_\_\_

Make: MITSUBISHI CANTOR FEB 21ER c.c 2998

Colour: WHITE A/C: Insured / Std / NI / NA

Sp. Reading: 132676 T/Radio: Insured / Std / NI / NA

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

C/No: FEB 21ER 10706

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: HR / S/Rim / STD A/Rim or

Tyre Size: F: 195/85R15

R: \_\_\_\_\_

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

TOYO / XOKE or \_\_\_\_\_

Front Rear

R/Bal. 7 mm R/Bal. 7/7 mm

L/Bal. 7 mm L/Bal. 7/7. mm

D.O.A. 01/03/21 D.O.I. 03/03/21

Survey held at NGEE NGEE

Des. of Damages FR REAR / OIS / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Repair limit - 31K
	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 7 days
	submit prs report

Date/Time, File Pass to?  : Prell. Report

Date/Time, File Return to?  : Final Report

1) \_\_\_\_\_

2) \_\_\_\_\_

Rep. Format: \_\_\_\_\_

Lump Sum / I.S.P. (\$) \_\_\_\_\_

Days Of Repair: 7

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

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_ \$ + RS. \_\_\_\_\_ \$

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	02/03/2021 14:24 (SGT)
Date of Accident	01/03/2021 14:13 (SGT)
Exact Location of Accident	Near 273 Jln. Ahmad Ibrahim, Singapore 629150
Additional Location Information	ALONG AYE (TUAS) EXIT 22
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP972P

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EDMUND VEHICLE RENTAL PTE LTD
Company Reg No	2XXXXX244G
Email Address	edmundevr@gmail.com
Mobile Phone No	(Phone) +65-62503339
Alternative Phone No	(Office) +65-62503339

### 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 - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112254195-01
Cover Note Number	-

### DRIVER

Name of Driver	SATHAPPAN CHELLAPPAN
Passport No/FIN	GXXXX715T
Date Of Birth	06/04/1995
Occupation	Outdoor

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

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... GBE4155K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... LO KOK PENG  
NRIC No ..... SXXXX450I  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

28/12/2018  
 2 YEARS AND 3 MONTHS  
 Male  
 (Phone) +65-82645918  
 -  
 chellappan666@gmail.com  
 279 BALESTIER ROAD  
 #02-27 BALESTIER POINT SINGAPORE  
 329727  
 No  
 Hirer  
 No  
 -  
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 3  
 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

PLEASE REFER TO ATTACHED

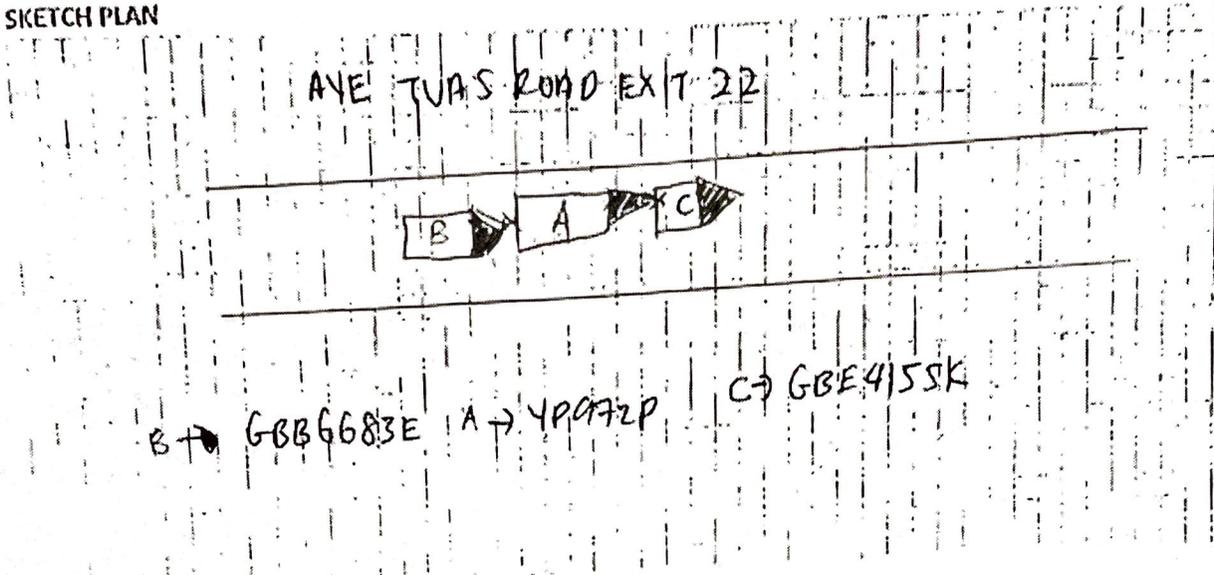
ATTACHMENT(S)

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 ..... GBB6683E  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... LIN WEN MING  
 NRIC No ..... SXXXX579D  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode .....

SKETCH PLAN



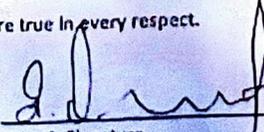
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

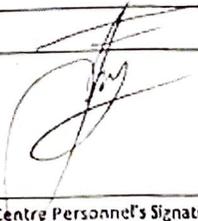
I WAS DRIVING YP972P TOWARDS AYE TUAS ROAD EXIT. ON 1ST MARCH 2021 @ 2:13PM. SUDDENLY GBB6683E HIT MY BEHIND DUE TO THE IMPACT, MY VEHICLE MOVE FORWARD AND TOUCHED THE BEHIND OF GBE 415SK

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

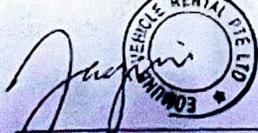
## SKETCH PLAN

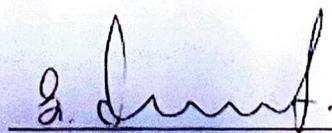
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies 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. 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 lodgment 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/are 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' lawyers/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' lawyers/law firms, may/are 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/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	244G
Vehicle No.:	YP972P
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Mar 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B90426
Chassis No.:	FEB21EA10706
Maximum Power Output:	-
Open Market Value:	\$30,253.00
Original Registration Date:	14 Jan 2016
First Registration Date:	14 Jan 2016
Transfer Count:	2
Actual ARF Paid:	\$1,513.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	13 Jan 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,036.00
COE Rebate Amount:	\$20,430.00
Total Rebate Amount:	\$20,430.00

The information contained herein is correct as at 03 Mar 2021

OK

OK



## Mitsubishi Fuso Canter FEB21

Overview

Financial

Accessories

Similar

Research

Photos

Map



<b>Price</b>	<b>\$52,800</b>	<b>Lifespan</b>	25-Jan-2036
<b>Depreciation</b> ⓘ	\$10,770 /yr <a href="#">View models with similar depre</a>	<b>Reg Date</b>	26-Jan-2016 (4yrs 10mths 22days COE left)
<b>Mileage</b>	90,000 km (17.6k /yr)	<b>Manufactured</b> ⓘ	2015
<b>Road Tax</b> ⓘ	N.A.	<b>Transmission</b>	Manual
<b>Dereg Value</b> ⓘ	\$2,294 as of today (change)	<b>OMV</b> ⓘ	\$29,705
<b>COE</b> ⓘ	\$4,680	<b>ARF</b> ⓘ	\$1,486
<b>Engine Cap</b>	2,998 cc	<b>No. of Owners</b> ⓘ	2
<b>Curb Weight</b> ⓘ	2,260 kg		
<b>Type of Vehicle</b>	Truck		

### Features

[View specs of the Mitsubishi Fuso Canter \(2015\)](#)

Compare

