	A	SSIGNMENT				
From:	Date:					
Estimated Co	osť;	Veh No: X D 595	OU Yr Regn: 2012 Se			
OD/TP/WS	6/TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / L	orry / Taxi / Prime Mover /			
To Inspect Ve	Phicle No:	Truck / Trailer of				
at Workshop n		Make: Mit Fus	c.c 12882			
of		Colour Blue	A/C: Insured / Std / NI / NA			
Insured:		Sp.Reading 327030	T/Radio: Insured / Std / NI / NA			
Policy No.		Eng/No:	3.00			
Claims No.		C/No: FPSIJD	A00913			
Sum Insured:	-	Gen. Cond. Good / Fair / Poor / Burnt				
(Client's Reco	Excess:	Steering (Inorder) Jammed / Leaked /	Burnt or			
Make of Veh:		Brake: Inorder Jammed / Leaked /				
		Modi: Nil /S/Rim / STD A/Rim or				
(Dollar Comm			80R22-5			
(Policy Condition		R: 295/	80P22.5			
	h had commenced its N/S O/S at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / N				
	AGD BIRD G-Wall planning to account	TOVO 1110	éslueld.			
Bal. or Market Va	THE RESERVE AND THE PARTY OF TH	Front /	Rear			
IDAC Accident R	port: Consistent?: Yes or No	R/Bal. 96 mm	R/Bal. 06 mm			
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. Ob mm	L/Bal. mm			
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 12/03/21			
Lum Sum:	% 3 Val.: Yes or No	'Survey held at Sman	Pore.			
CA / REV /	REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N				
Vehicle: IN / OUT		Front ds				
Date:	Person Contacted:	The U/C / Chassis frame / Body S	tructure affected due to collision.			
Date / Time	Action / Instruction	,				
	Ro-din COE Revenue					
	(fending COE Kengewa	( )				
1	MV: 255k Reperiation (6) 1	ik x 1.5 yr ~ 25.5k.				
PV: 8.4K.  Nett: 17.1K.		J				
DISCERNA						
Date/Time, File Pass	to? : Preli. Report	Days Of Repair:				
1) : Final Report		Resurvey No. of Trip:	Survey Fee:			
Date/Time, File Retu	- laural	CREBIN FIRE LEGICAL	Transportation:			
2)	Add Fee	: Site Insp (\$	)S + RS,SI			
	teimi @tokiomann	: Interview (\$	) Photos			
Report Forms	st:	: Tech. Invs (\$	) Others			
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TOTAL

SY0A212K0002 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 20/02/2021 13:21 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (20/02/2021 13:21 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/02/2021 13:21 (SGT) 19/02/2021 01:30 (SGT) 1 Harbour Dr, PSA Horizons, Singapore 117352

PSA PASIR PANJANG TERMINAL BUILDING 3

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

XD5950U

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

KANG LOGISTICS PTE LTD 1XXXXX733Z vadivalagansathiya@gmail.com (Phone) +65-94590941 (Home) +65-94590941

#### VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Mitsubishi Fp51jdr4rdea Exact purpose for which vehicle was being used at time of

your vehicle?

Are you claiming under your own insurance policy for repair to

Vehicle Category

Employment

No - Claiming third party Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Comprehensive 5103460292-02

#### DRIVER

Name of Driver Work Permit No Date Of Birth Occupation

VADIVALAGAN ARUMUGAM GXXXX941W 18/01/1989 Outdoor

Date Of Driving Pass 07/10/2016 Driving experience 4 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90067106 Alt. Phone Number **Email Address** vadivalagansathiya@gmail.com Address #02-01 HOTEL 81 Address complement Postcode 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 - Change/cross lane
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?

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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Police Station Address

The police Station Address

Th

## CIRCUMSTANCES OF ACCIDENT

### REFER TO ATTACHED

## ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number B94

Vehicle Manufacturer 
Vehicle Model 
Vehicle Variant 
Vehicle Colour 
Vehicle Category Government

Name of Driver 
Contact Number -

01/01/04/01/00/00

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

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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/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' law yers/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 yers/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 gragents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

PIMOS PTM04

A= XD5950U B = Front Mover with Trailer PSA Pasir Panjang Terminal 3, between PIMO4 and PIMOS

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<b>国际国际区域区</b> 中国民企业企业公司		/
		/
	Refer to Police Report	
	Kefer to role	
	Police Report No .: A/20210219/2085	
/		
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		Distriction of the last
Declaration		
		0
We declare the foregoing particul	ars are true in every respect.	//
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(2/ )5)		1/
2 903-02   6		4
\$ 629193		/
19400	NA	/
	Driver's Signatule (if driver is not the policyholder) / Date Witnessed	Reporting Centre



# POLICE REPORT (NP299)

Police Station Of Origin Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208578 Tel No. 1800-2949999



Report No. A/20210219/2085

Date/Time Report Made 19/02/2021 19:09	Vide Report No.		Station Diary No 83		
Name Of Informant VADIVALAGAN ARUMUGAM	Address #02-01 Hotel 81 SINGAPORE				
ID Type / ID No. FIN NO / G2059941W	Contact I Home/O		Mobile 90067106		
Nationality MALAYSIAN	Email Address				
Occupation Trailer-truck driver	Sex Male	Age 32	Date of Birth 18/01/1989	Race	
Institution/School Name	Language English Location Of Incident 1 HARBOUR DRIVE PSA HORIZONS SINGAPORE 117353				
Date/Time Of Incident 19/02/2021 01:30					

# Brief details.

On 19/02/2021 at about 0130hrs at PSA Past Partially Fiderical Building 3, between PTM04 and PTM05, my vehicle (XD5950U) was involved in on a disensivity a Prime mover with trailer (Chassis B94).

I was travelling straight slowly on a 3-lane road. I was in the centre lane. A Prime mover that was on the right lane started to turn left into my lane. The lane that the prime mover was driving on could only turn right. As he started to cut into my lane, I slowed down and came to a stop. Subsequently, I sounded my

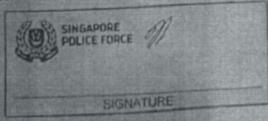
Control of the Parket of the P		ALCOHOLD TO THE		MC SUIT	DARRET
Signature Of	Officer	Record	ing i	ne	Report

A / Sgt 1 AJIT KUMAR S/O THIYAGA RAJU

Signature Of Interpreter. Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Staff Sqt FAUZIAH BINTE ABDUL AZIZ Contact No. 65575076

Authentication Stamp



Signature Of Informant

Date/Time: 19/02/2021 19:09

Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210219/2085

horn to alert the other driver, but his vehicle collided into mine.

My vehicle (XD5950U) was seriously damaged on the driver side and the front of my vehicle.

I wish to state that I did not sustained any injuries in this accident. As it happened in within private compound, police could not be called down to the scene.

The traffic was light, and the roads were dry. It wasn't raining at that point of time.

I am lodging this report for record and insurance purposes.

Signature Of Officer Recording The Report.

A / Sgt 1 AJIT KUMAR S/O THIYAGA RAJU

Signature Of Interpreter. Not applicable

Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Staff Sgt FAUZIAH BINTE ABDUL AZIZ Contact No.: 65575076

Authentication Stamp



SIGNATURE

Signature Of Informant.

Date/Time:

19/02/2021 19:09

Classification Of Case:

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	ie
Owner ID Type:	Company
Owner ID: Vehicle Details	733Z
Vehicle No.:	XD5950U
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Mar 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FP51JDR4RDEA
Primary Co our:	White
Manufacturing Year:	2012
Engine No.:	6M70451873
Chassis No.:	FP51JDA00913
Maximum Power Output:	-
Open Market Value:	\$97,386.00
Original Registration Date:	04 Sep 2012
First Registration Date:	04 Sep 2012
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$4,870.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COF. Rebate Details	\$0.00
COE Expiry Date:	03 Sep 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$57,001.00
COE Rebate Amount:	\$8,383.00
Total Rebate Amount:	\$8,383.00
e information contained boroin is correct as at 14 May 2004	7-7-2-0-2

The information contained herein is correct as at 14 Mar 2021

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Price Depreciation Reg Date Eng Cap Mileage

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