

A.S.S. REC. BY: FXHREF: CS3/CT120013434/Rigd3-1

2444

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / INVTo Inspect Vehicle No: 4P 55073at Workshop m/s NICE NICE MOTORof BUK K, No. 22 Pandan LwpInsured: CTIPolicy No. DMB1SNW00001212000Claims No. SNM20D204404C02

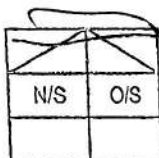
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 55K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: 4P 55073Yr Regn: 2017 JPNType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MITSUBISHI CANTOR FEB 21ER.c.c 2448Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 101364 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB 21ER 20185Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: R5/R5R15
R: " "BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO YOKO or .

Front

Rear

R/Bal. 7 mm R/Bal. 7/7 mmL/Bal. 7 mm L/Bal. 7/7 mmD.O.A. 13/11/2020 D.O.I. 07/12/2020Survey held at NICE NICEDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

ESTIMATE RANGE OF REPAIR / NO. OF DAYS — (2K-3K) / 3 days

Submit PRS.

25/03/21 Submit LS \$3500, 5 days (Red \$3700, 51%)

Date/Time, File Pass to?



Prel. Report

1) 25/03 Typist



Final Report

Date/Time, File Return to?

2)

Rep. Format: MER-TP

Lump Sum / L&A: (\$ _____)

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$ _____)



Interview (\$ _____)



Tech. Invs (\$ _____)



Weekend (\$ _____)

Survey Fee:

Transportation:

S + 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 Report	16/11/2020 18:49
Date Of Accident	13/11/2020 08:50
Exact Location Of Accident	HOUGANG AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5507S
Insured/Policyholder	
Name Of Registered Owner	EDMUND VEHICLE RENTAL PTE LTD
Co Reg No	2XXXXX244G
Email Address	EDMUNDEVIR@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62503339
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112254195-01
Cover Note Number	
Driver	
Name of Driver	ALAM JAHANGIR
Passport No/FIN	FXXXXX909U
Date Of Birth	07/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2017
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96372031
Fax Number	
Contact Number	OFFICE-96372031
Email Address	NOEMAIL

Address	279 BALESTIER ROAD
Postcode	#02-27 BALESTIER POINT SINGAPORE
	329727
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED. VEHICLE B(PA7998E) REVERSED AND HIT FRONT PORTION OF VEHICLE A(YP5507S). PLEASE REFER TO SKETCH, STATEMENT AND VIDEO FOR TYPE OF ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE SENT TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number	PA7998E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

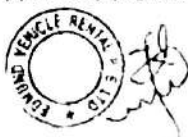
SKETCH PLAN

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. 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.

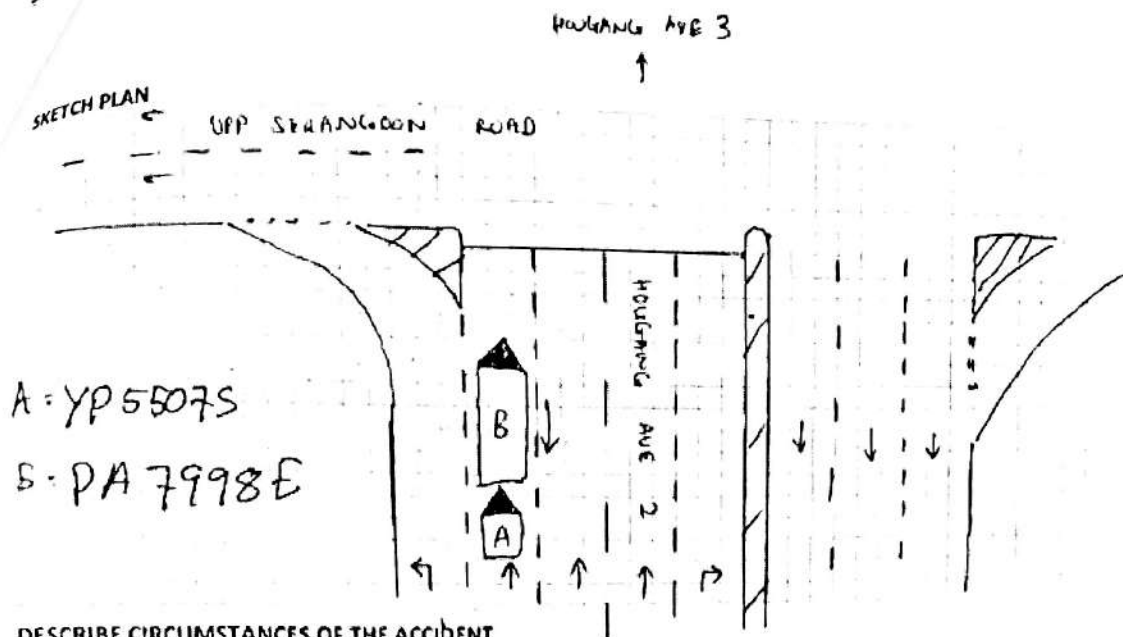


Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING YP5507S TOWARDS HOUGANG AVENUE 2, AT THE TRAFFIC LIGHT PA7998E REVERSE AND HIT MY VEHICLE.

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	244G
Vehicle No.:	YP5507S
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Dec 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B97593
Chassis No.:	FEB21EA20185
Maximum Power Output:	-
Open Market Value:	\$29,920.00
Original Registration Date:	12 Jan 2017
First Registration Date:	12 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$1,496.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	11 Jan 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$46,302.00
COE Rebate Amount:	\$28,216.00
Total Rebate Amount:	\$28,216.00

The information contained herein is correct as at 07 Dec 2020

OK

White

► Mitsubishi Fuso Canter FEB21

Overview

Financial

Accessories

Similar

Research

Photos

Ma



Price	\$59,800	Fuel Type	Diesel
Depreciation ⓘ	\$9,080 /yr View models with similar depre	Reg Date	10-Jul-2017 (6yrs 7mths 2days COE left)
Mileage	N.A.	Manufactured ⓘ	2017
Road Tax ⓘ	N.A.	Transmission	Manual
Dereg Value ⓘ	\$20,162 as of today (change)	OMV ⓘ	\$33,567
COE ⓘ	\$30,600	ARF ⓘ	\$1,679
Engine Cap	2,998 cc	No. of Owners ⓘ	1
Curb Weight ⓘ	2,480 kg		
Type of Vehicle	Truck		

Description

LIKE NEW CONDITION 14Ft LORRY, LOW MILEAGE And 1 Owner. GUARANTEED SURE BUY CONDITION.! View To Believe. Retractable Canopy Installed For Ferrying Workers Or Goods, Costing Up To \$2.5k. Additional At Arranged For Company's Need. Ctc/Whatsapp Our Sales Person On Their Mobile Stated Below For At Drive Today. Thank You.

