

(08/11/13)

wef

ASS. REC. BY: John

REF:

CS3/ASM21003723/R1P3

3096

ASSIGNMENT

URG RPT: 2022/JUN

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: XD 5903Gat Workshop m/s: YEE KEONH MOTORof NO. 14, PENJURAN RDInsured: APM

Policy No. _____

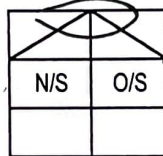
Claims No. _____

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: 73K

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: XD 5903G Yr Regn: 2012 / JUN

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

Truck / Trailer or

Make: MITSUBISHI FPS1JDR4RDEA c.c. 12882Colour: BLUE A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: FPS1JDA00901

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 295/80R22-5

R: _____

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

TOYO / YOKO or 'G' GREEN

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 19/03/21 D.O.I. 23/03/21Survey held at YEE KEONHDes. 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 limit - 66kESTIMATE RANGE OF REPAIR / NO. OF DAYS - (20K - 22K) / 17 days

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 (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format : _____

Lump Sum / I.B.I. (\$) _____

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	20/03/2021 11:55 (SGT)
Date of Accident	19/03/2021 07:05 (SGT)
Exact Location of Accident	Sungei Kadut Street 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5903G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HENG LIM TRANSPORT PTE LTD
Company Reg No	1XXXXX304E
Email Address	sales@henglim.com.sg
Mobile Phone No	(Phone) +65-92342532
Alternative Phone No	(Office) +65-62696878

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fp51jdr4rdea
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5117890173
Cover Note Number	-

DRIVER

Name of Driver	LO YAH MENG
NRIC No	SXXXX409Z

Date Of Birth	22/02/1955
Occupation	Outdoor
Date Of Driving Pass	06/05/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93804609
Alt. Phone Number	-
Email Address	sales@henglim.com.sg
Address	BLK 671 HOUGANG AVENUE 8
Address complement	#07-693
Postcode	530671
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 - Major/Minor Rd
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT

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	YN5847X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	VELLAICHAMY SELLAMUTHU
Passport No/FIN	FXXXX329L
Contact Number	-
Address	-
Address complement	-
Postcode	-
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	NA
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	RAILINGS
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	NA
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	MRT TRACK PILLAR
No. Of Passenger (Including Driver)	-

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 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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report NO: T/20210319/7009

Declaration

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

Witnessed by Reporting Centre
Signature

19/3/2021 07:20 AM

4/P 8

Sungei Kadut Rd

A: XD5903G

B: YN5847X

PEDESTRIAN WALKWAY

Lamp post NO: 151

A: XD5903G

B: YN5847X

C: RAILING (GREEN)

D: MRT TRACK PILLAR

(C) RAILING (GREEN)

MRT TRACK

PILLAR (D)

Sungei Kadut Central

Back to OneMotoring
Inquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	304E
Vehicle No.:	XD5903G
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Mar 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FP51JDR4RDEA
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	6M70451021
Chassis No.:	FP51JDA00907
Maximum Power Output:	-
Open Market Value:	\$97,752.00
Original Registration Date:	22 Jun 2012
First Registration Date:	22 Jun 2012
Transfer Count:	2
Actual ARF Paid:	\$4,888.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	21 Jun 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$54,522.00
COE Rebate Amount:	\$6,796.00
Total Rebate Amount:	\$6,796.00

The information contained herein is correct as at 24 Mar 2021

OK

Mitsubishi Fuso Super Great FP51 (COE till 02/2031)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$73,800	Lifespan	08-Jun-2031
Depreciation [?]	\$7,420 /yr	Reg Date	09-Jun-2011 (9yrs 11mths 4days COE left)
Mileage	N.A.	Manufactured [?]	2011
Road Tax [?]	N.A.	Transmission	Manual
Dereg Value [?]	\$34,263 as of today (change)	OMV [?]	\$96,480
COE [?]	\$34,471	ARF [?]	\$4,824
Engine Cap	12,882 cc	No. of Owners [?]	1
Curb Weight [?]	6,820 kg		
Type of Vehicle	Truck		

Description

1 Owner Only. Mitsubishi Fuso FP51 Prime Mover. New Paintwork Done. Bank/In-House Loan Available. Good Condition.

Category

COE Car

Status

Available for sale. Shortlist this car to get alerted whenever the price or availability changes.

Resources



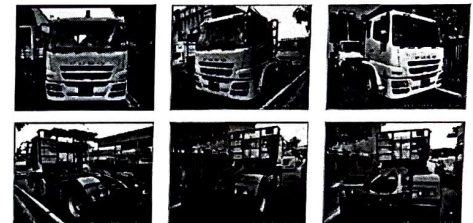
Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Shortlist

Compare

Report Error

More

Seller Information

Chuan Choon Motor Trading Co.

25 vehicles for sale, 21 sold in past 3 mths

5 Pioneer Road North #01-32

Tel: 62683105

Search cars nearby

Wee Meng

96619134

Mr Ong

97328678

Upfront Payment

» more Financial Info

Transfer Fee [?]	\$25
Down Payment [?]	\$7,380 (change) Maximum 90% Loan
1st Instalment [?]	\$1,605 Based on 2.48% interest rate Get your loan approved now in 60 seconds. T&Cs apply. Learn More



Total Up [?] \$9,010 Check with seller for exact figure (excluding insurance)

Compare

HISTORY



Posted on: 19-Mar-2021 | Last Updated on: 23-Mar-2021