

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/MSG2/006139/44f3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

XE 5011A

at Workshop m/s

mah lion

of

Insured:

WC 39705

Policy No. 1001509059

Claims No. 257876

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

\$155/c.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4
20

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

943d

Vehicle: IN / OUT

Date:

Person Contacted:

LTAS 20442

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Veh No: XE5011A

Yr Regn:

22/7/19

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

Truck / Trailer or

Make:

M.F. Fuso

FV70

c.c

10677

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

135153

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FV70HJA 00137

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80 22.5

R:

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

TOYO / YOKO or

Firestone

Front

Rear

R/Bal.

5-

mm

R/Bal.

4/5 5/5

mm

L/Bal.

5-

mm

L/Bal.

5/5 5/5

mm

D.O.A.

24/5/21

D.O.I.

25/5/21

Survey held at

Date / Time

Action / Instruction

20/6/21

1/6/21 L/S \$4900 confirmed with Schui, 4 repair days.
2/6/21 @ 12.30pm Revise to MSG via Merimen.

CRED \$8109.46; 62%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 2/6 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Report Format: TP

Lump Sum / L.B.T. (\$ 4900)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

TOTAL

MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278
 TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg
 GST:M90362564P RCB NO:201327339E

M/S : MSIG Insurance (Singapore) Pte Ltd
 4 Shenton Way , #21-01 SGX Centre 2
 Singapore 068807

TEL: 6827 7602 FAX: 6827 2708
 ATTN: Motor Claim Department

Your Ref No: FUYUAN RESOURCES P L
 Claim Type: None
 Accident Date: 24/05/2021
 TP Veh Reg No: WC3970S

Estimate No: ES1700861
 Date: 24 May 2021
 Policy No: DMCVSNW00049402001
 Veh Reg No: XE5011A
 Make/Model: MITSUBISHI FUSO
 FV70HJD2VDEA
 Chassis No: FV70HJA00137
 Engine No: 470912C0460317
 Reg. Date: 22/07/2019

Estimate Repair Cost to Vehicle No :XE5011A

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
List Price				
1 Front Bumper	2645.41	1 PC	3,081.29	3,081.29
2 Front Bumper Side - RH	135.25	1 PC	155.06	155.06
3 Front Bumper Black Slip	182.36	1 PC	193.73	193.73
4 Front Corner Panel - RH	564.17	1 PC	564.77	564.77
5 Front Corner Bracket - RH		1 PC	354.20	354.20
6 Front Corner Panel Rubber Seal - RH		1 PC	143.64	143.64
7 Front Door - RH		1 PC	3,182.28	3,182.28 X
8 Front Door Lamp - RH		1 PC	123.36	123.36
9 Front Door Pillar - RH		1 PC	1,589.54	1,589.54 X
10 Headlamp Assy - RH	1004.36	1 PC	1,543.74	1,543.74
11 Fog Lamp - RH		1 PC	361.14	361.14 X
12 Headlamp Housing - RH	355.15	1 PC	366.26	366.26
13 Headlamp Stay - RH		1 PC	340.22	340.22 X
			11,999.23	
		Less 25%	2,999.81	8,999.46
Net Price				
14 Logo Advertisement	480.00	1 PC	480.00	480.00
			480.00	480.00
Labour				
15 Labour to remove & refit headlamp, fog lamp & to check wiring & refocus all light.	200.00	1 JOB	200.00	200.00
16 Labour charge to cut & weld & dismantle & remove & refit all above parts.	1,200.00	1 JOB	1,200.00	1,200.00
17 To spray & painting at accident affected area.	1,500.00	1 JOB	1,500.00	1,500.00
18 To rust proofing at accident affected area.	180.00	1 JOB	180.00	180.00
19 Labour to remove & refit front door RH & transfer parts & realignment.	450.00	1 JOB	450.00	450.00
			3,530.00	3,530.00

not Authorised
 25/5/21 1/5 \$4900 4 days.

P-1308-50
 25%
 4131.37

MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278
 TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg
 GST:M90362564P RCB NO:201327339E

M/S : MSIG Insurance (Singapore) Pte Ltd
 4 Shenton Way , #21-01 SGX Centre 2
 Singapore 068807

TEL: 6827 7602 FAX: 6827 2708
 ATTN: Motor Claim Department

Your Ref No: FUYUAN RESOURCES P L
 Claim Type: None
 Accident Date: 24/05/2021
 TP Veh Reg No: WC3970S

Estimate No: ES1700861
 Date: 24 May 2021
 Policy No: DMCVSNW00049402001
 Veh Reg No: XE5011A
 Make/Model: MITSUBISHI FUSO
 FV70HJD2VDEA
 Chassis No: FV70HJA00137
 Engine No: 470912C0460317
 Reg. Date: 22/07/2019

Estimate Repair Cost to Vehicle No :XE5011A

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
			Total	S\$ 13,009.46
			Add GST @ 7%	859.20
			Total Amount Payable	S\$ 13,868.66

TOTAL: SINGAPORE DOLLAR THIRTEEN THOUSAND EIGHT HUNDRED SIXTY EIGHT AND CENTS SIXTY SIX ONLY

**For MAH LIAN MOTOR VEHICLE
REPAIRER**

AUTHORISED SIGNATURE

LKK Auto Consultants hence notify
 the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	943D
Vehicle Details	
Vehicle No.:	XE5011A
Vehicle to be Exported:	No
Intended Deregistration Date:	27 May 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FV70HJD2VDEA
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	470912C0460317
Chassis No.:	FV70HJA00137
Maximum Power Output:	-
Open Market Value:	\$104,828.00
Original Registration Date:	22 Jul 2019
First Registration Date:	22 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$5,242.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jul 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$25,089.00
COE Rebate Amount:	\$20,442.00
Total Rebate Amount:	\$20,442.00

The information contained herein is correct as at 27 May 2021

OK

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	25/05/2021 09:44 (SGT)
Date of Accident	24/05/2021 15:00 (SGT)
Exact Location of Accident	Marina East Drive, Singapore
Additional Location Information	MARINA COASTAL PLANT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE5011A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FUYUAN RESOURCES PTE LTD
Company Reg No	1XXXXX9430
Email Address	fuyuan88@singnet.com.sg
Mobile Phone No	(Phone) +65-62828398
Alternative Phone No	(Office) +65-62828398

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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
Transmission	Manual
CC	10677

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00049402001
Cover Note Number	-

DRIVER

Name of Driver	KOH KIAN TIONG
NRIC No	SXXXX539Z

Date Of Birth	12/12/1969
Occupation	Outdoor
Date Of Driving Pass	19/11/2007
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93639821
Alt. Phone Number	-
Email Address	fuyuan88@singnet.com.sg
Address	BLK 186B RIVERVALE DRIVE #02-816
Address complement	-
Postcode	542186
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	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)	0
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

I was stationary my vehicle along Alliance concrete Plant (Marina Coastal Plant). Vehicle B suddenly came and hit my front right portion caused onto damages. He also admitted he was fault.

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	WC3970S
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SANTHIVEERAN SAGADEVAN
Work Permit No	GXXXX482P
Contact Number	-

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

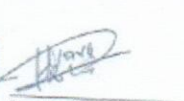
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 third parties directly or indirectly 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 create a claim history for the purpose of RISK UNDERWRITING, 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:

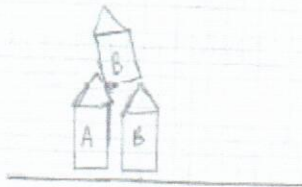



Driver's Signature
(If driver is not the policyholder)
Date & Time:




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

SKETCH PLAN



A: XE 5011A.

B: WCS 970S.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 24/05/2017 15:10 PM

Accident Location: Marina Coastal Plant. (Marina Drive)

I was stationary my vehicle along Alliance concrete plant (Marina Coastal Plant). Vehicle B suddenly came & hit my front right portion caused into damages. He also admitted he was fault.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OCIP)

DECLARATION

We declare the foregoing particulars are true in every respect.

**IMPORTANT NOTE:
This form is subject to the conditions set out in the policy document. It is the responsibility of the policyholder to ensure that the information provided is accurate and complete. Any false information may result in the claim being rejected.

Policyholder's Signature
Date & Time:



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



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

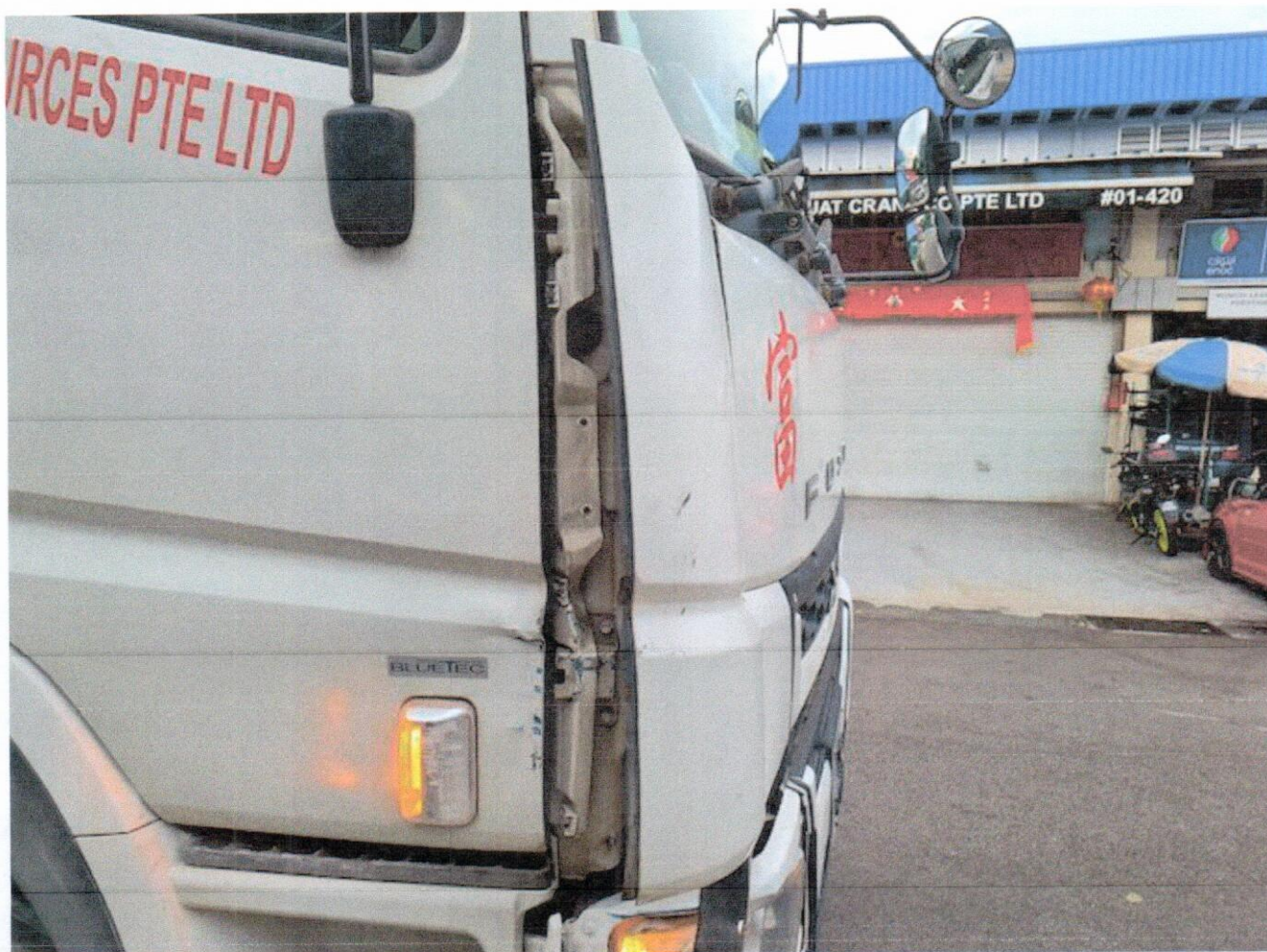
Jordan

IMAGES

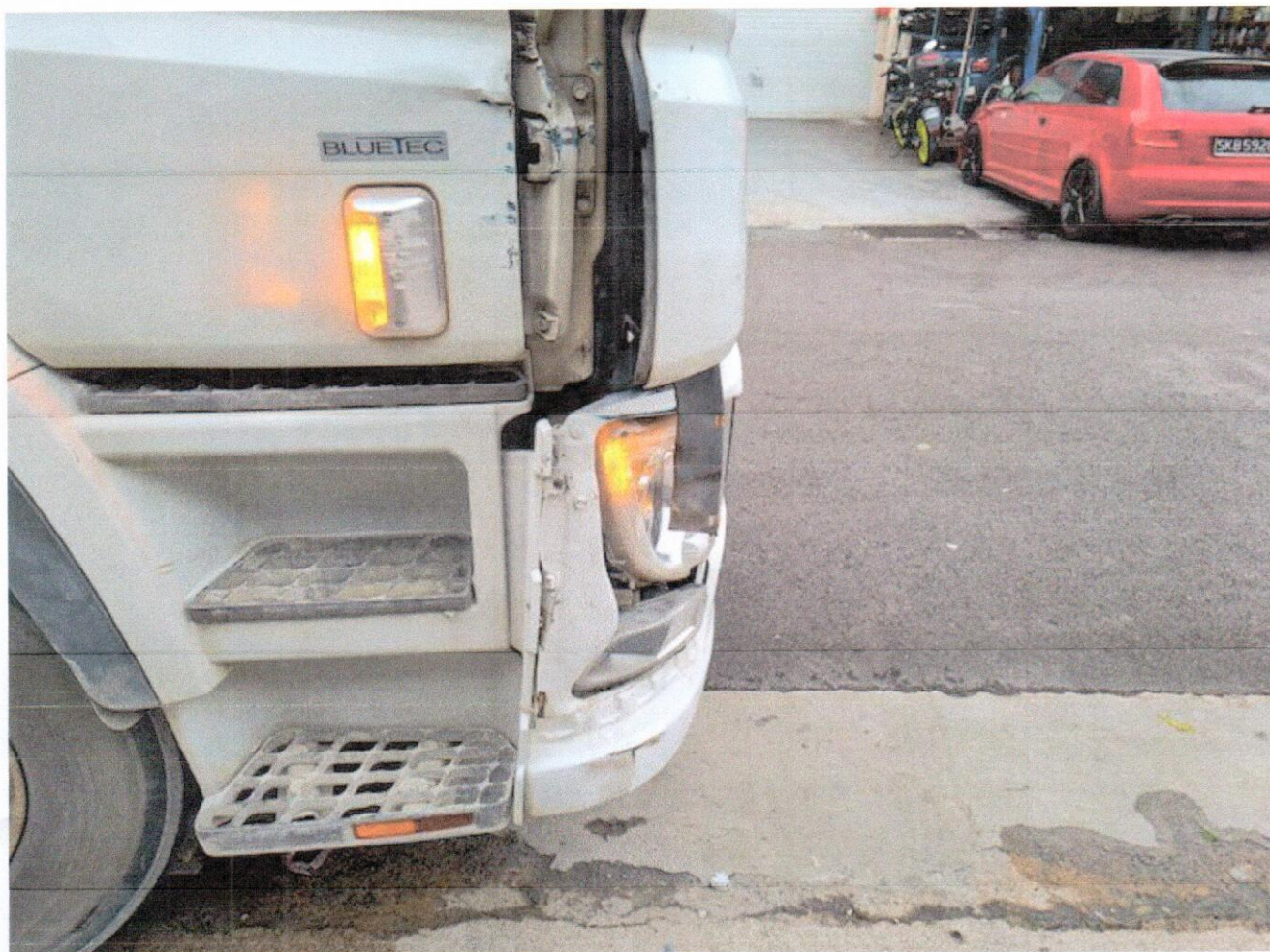






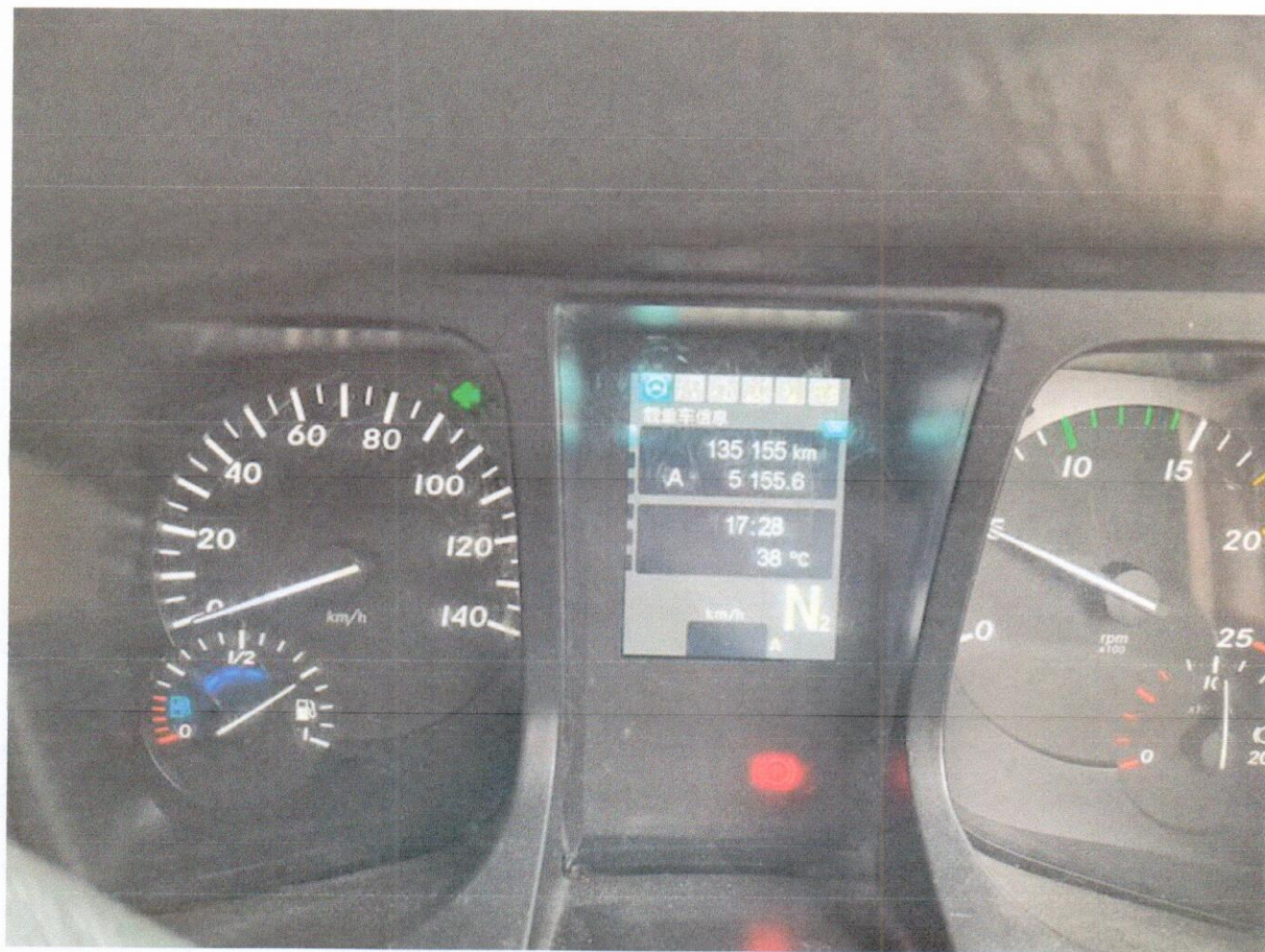
















I was inside Alliance concrete plant (Marina Coastal Plant)
 Address: Marina Drive around 1515 on 24 May 2021.
 The vehicle XE5011A was stationary at the plant.
 I was unloading and I am done & about to leave
 the plant. I did not see my left hand side mirror.
 I turned & my rear left hand side hit onto the
 other vehicle that's right hand portion & caused
 damages. I, SANTHIVEERAN SAGADEVAN G6671482P
 admitted I am at fault & caused the damages
 onto the vehicle on XE5011A.



Kuan Liong

XE5011A

S6944539/Z

17:00

24/5/21



SANTHIVEERAN SAGADEVAN

G6671482P

VC39705

24/05/2021

1700













