

08/11/13 wef
ASS. REC. BY: Panne

REF:

CS/SMR 21006324/Rinf3

1960

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: 4P 8817C

at Workshop m/s

of No. 8, phase 18

Insured:

SMR SMB 69M

Policy No.

Claims No. BUS/05/21/5030

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:

67K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

4P 8817C

Yr Regn: 2018 Jun

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

Truck / Trailer or

Make:

MITSUBISHI CANTER FE871 c.c. 2998

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

115261

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FE871/EA 25102

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/75R17-5

R:

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

TOYO / YOKO or

ANSTONE

Front

Rear

R/Bal.

7 mm

R/Bal.

7/7 mm

L/Bal.

7 mm

L/Bal.

7/7 mm

D.O.A.

18/05/21

D.O.I.

02/06/21

Survey held at

VENOA

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

O/S REAR

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

Date / Time

Action / Instruction

Repair limit - 54K

23/6/2021. Confirmed final fig L/S \$550, 3 repair days via email.

(RED \$300; 35%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 23/6 TYPIST

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

Report Format : TP

Lump Sum \$550

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



Venda Engineering & Trading Pte Ltd

GST / Company Reg No.: 200411725H

Quotation

From : VENDA ENGINEERING & TRADING PTE LTD 8 TUAS AVENUE 18 SINGAPORE 638892 Officer in Charge : HOH PEI JIN Tel : Email :	Customer : GOLDBELL LEASING PTE LTD 59 SENOKO ROAD SINGAPORE 758123 Attn : Tel : 6494 2800 Fax No. : 6861 7097
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Quotation No. : CQO21-0610004	Quotation Date : 01/06/2021	Terms : 30 DAYS
Vehicle No. : YP8817C	Chassis No. : FEB71EA25102	Policy Number : 29146062
Model : CANTER FEB71ER4SDEN	Date of Accident : 18/05/2021	
Third Party Insurer : MS FIRST CAPITAL	TP Vehicle No. : SMB69M	
Remarks : CLAIM NO.:-		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	STAINLESS STEEL FRAME, RHS <i>4</i>	1	250.0000	250.00
2	RUBBER GASKET, RHS REAR DOOR <i>for</i>	1	160.0000	160.00
3	REMOVE & RENEW THE ABOVE MENTIONED PARTS	1	440.0000	300 440.00

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:

Remarks:
CLAIM NO.:-

Same
Hp 90010068
3 days
4/3
02/06/21 @ 1705
Reg after repair

Sub Total	850.00
Discount	(0.00)
GST(7.00%)	59.50
Total (SGD)	909.50

VENDA ENGINEERING & TRADING PTE LTD

We accept the above quotation.

Authorised Signature

Customer's Name & Signature
Company Stamp/Date

Please conduct the survey at
Venda Engineering @ 8 Tuas Avenue 18 Level 5 Singapore 638892

Page 1 of 1

Mailing Address
Contact Number (HQ)

E-mail

: No.1, Sunview Road, #08-15 Eco-Tech@Sunview, Singapore 627615
 : (Tel) : 6355 9014 (Purchasing Dept.) 6355 9015 (Sales Dept.)
 : (Fax) : 6254 0424
 : venda_eng@singnet.com.sg



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	19/05/2021 13:27 (SGT)
Date of Accident	18/05/2021 18:30 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8817C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-64942833
Alternative Phone No	(Office) +65-64942833

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FEB71ER4SDEN
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	29146062
Cover Note Number	-

DRIVER

Name of Driver	ZHENG JINFENG
Passport No/FIN	GXXXX773N

Date Of Birth	17/09/1990
Occupation	Outdoor
Date Of Driving Pass	08/06/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91625322
Alt. Phone Number	-
Email Address	sam@agapelogistics.sg
Address	NIL
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 18/05/2021 AT AROUND 6:30PM, I STOPPED MY TRUCK INSIDE THE LEFT FILTER LANE FROM CHOA CHU KANG ROAD INTO WOODLANDS ROAD WHEN SUDDENLY VEHICLE B DROVE UP ON LANE 5 OF CHOA CHU KANG ROAD AND COLLIDED INTO MY TRUCK. MY TRUCK SUSTAINED REAR DAMAGES. NO ONE WAS INJURED.

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	SMB69M
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	HERWAN BIN SELAMAT
NRIC No	SXXXX014C

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
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 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:

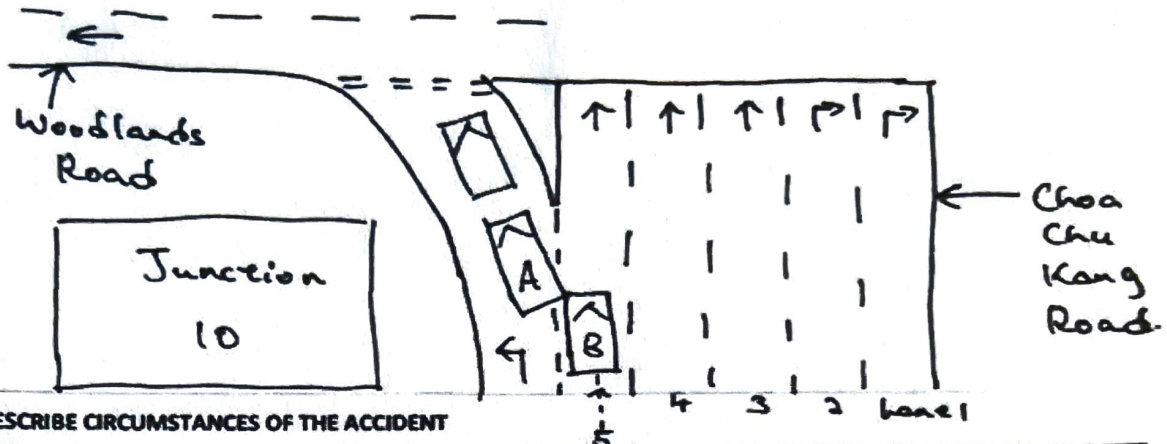
19/05/2021
11.50 a.m.
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) YP 8817 C

(B) SMB 69 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/05/2021 at around 6.30 p.m., I stopped my truck (Veh. A YP 8817 C) inside the left filter lane from Choa Chu Kang Road into Woodlands Road when suddenly Veh. B (SMB 69 M) drove up on lane 5 of Choa Chu Kang Road and collided into my truck. My truck sustain rear damages. No one was injured.

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.:

Accident Report Form

→ Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	
Owner ID:	Company
Vehicle Details	
	196N
Vehicle No.:	YP8817C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Jun 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB71ER4SDEN
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	4P10D19607
Chassis No.:	FEB71EA25102
Maximum Power Output:	-
Open Market Value:	\$38,261.00
Original Registration Date:	28 Jun 2018
First Registration Date:	28 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$1,914.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$17,288.00
COE Rebate Amount:	\$12,087.00
Total Rebate Amount:	\$12,087.00

The information contained herein is correct as at 01 Jun 2021

OK

Mitsubishi Fuso Canter FEB71

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

SKYLINK

**YOUR ONE-STOP COMMERCIAL VEHICLE
SOLUTION PROVIDER**

Price	\$67,800	Lifespan ?	27-Jun-2038
Depreciation ?	\$9,590 /yr View models with similar depre.	Reg Date	28-Jun-2018 (7yrs 24days COE left)
Mileage	N.A.	Manufactured ?	2018
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$10,330 as of today (change)	Fuel Type	Diesel
COE ?	\$14,609	OMV ?	\$37,956
Engine Cap	2,998 cc	ARF ?	\$1,898
Curb Weight ?	2,460 kg	No. of Owners ?	1