

ASS. REC. BY: PRsREF: CS3/LPC21000330/R1qf3

177M

ASSIGNMENT

COE XPIRY: 2022/11/14

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YM 7386Bat Workshop n/s MK VEHICLE ENGINEERINGof 48, ROH GUAN RD GUST #04-124Insured: LONGAC

Policy No. _____

Claims No. 20/21/21/VC00/024086

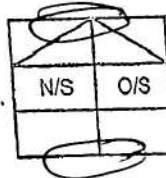
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 11K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: YM 7386BYr Regn: 2007/01Type: M.Car / M.Cycle / Bus / Van / Carry / Taxi / Prime Mover /

Truck / Trailer or

Make: MITSUBISHI FE83BE6SRDEA c.c. 2477Colour WHITE

A/C: Insured / Std / NI / NA

Sp. Reading 254856

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE83BEA10300

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: 7.00 R16

R: _____

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

TOYO / YOKO or GT RADIAL

Front

Rear

R/Bal. 7 mmR/Bal. 77 mmL/Bal. 7 mmL/Bal. 77 mmD.O.A. 03/01/2021D.O.I. 08/01/2021Survey held at MK VEHICLEDes. of Damages Front / 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 - 11KESTIMATE RANGE OF REPAIR / NO. OF DAYS (6K-7K) / 7 days

12/01/21 Submit PRS.

12/07/21 Submit LS \$4900, 7 days (Red \$3800, 44%)

Date/Time, File Pass to?

12/07

12/01 Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final ReportDays Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: PRs TPLump Sum / LS (\$ 4900)

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	04/01/2021 16:02 (SGT)
Date of Accident	03/01/2021 15:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE towards Town
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7386B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MK Vehicle Rental Pte Ltd
Company Reg No	2XXXXX177M
Email Address	rental@mkvehicle.com.sg
Mobile Phone No	(Phone) +65-63620238
Alternative Phone No	(Office) +65-63620238

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83be6srdea
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

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	SD20V02181/VCZ/R07
Cover Note Number	-

DRIVER

Name of Driver	Hossain Kaium
Passport No/FIN	GXXXX882X
Date Of Birth	07/03/1988
Occupation	Outdoor

Driving Pass	01/12/2014
g experience	6 YEARS AND 1 MONTH
der	Male
ile Number	(Phone) +65-90565395
t. Phone Number	-
email Address	rental@mkvehicle.com.sg
Address	NIL
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to the police report T/20210103/2088.

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

Vehicle Registration Number	GBB9603S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-

s complement -
 ode -
 rance 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 SJD4390H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 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 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.

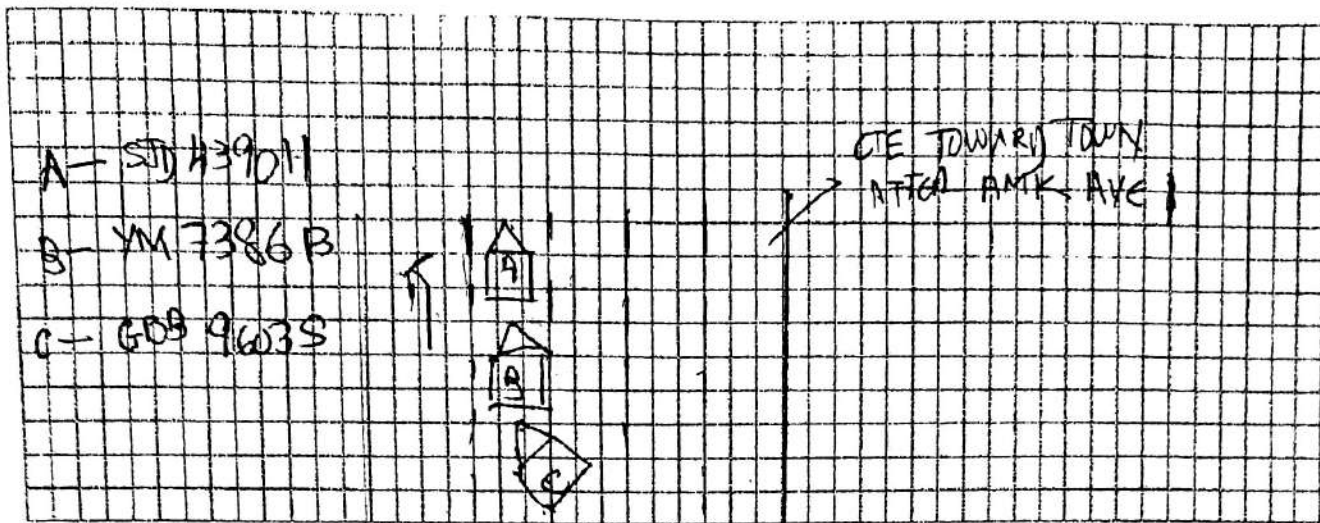
MK Vehicle Rental Pte Ltd

48 Toh Guan Road East
#04-124 Enterprise Hub
Singapore 608586
Tel: 6362 0238
Email: rental@mkvehicle.com.sg
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to the police report T/20210103/2088 -

I am working for Viteck P/L and the vehicle is belong to MK vehicle Rental P/L.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

MK Vehicle Rental Pte Ltd

48 Toh Guan Road East
#04-124 Enterprise Hub
Singapore 608586
Tel: 6362 0238
Email: rental@mkvehicle.com.sg
Policyholder's signature
Date & Time

Sam
Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.



SINGAPORE POLICE FORCE



T/20210103/2088

1 of 3

Report No. T/20210103/2088

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2021 23:52	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: HOSSAIN KAIUM			Address: APT BLK 21 Admiralty link #02-13 Admiralty estate, Blk 3 SINGAPORE	
ID Type / ID No.: FIN NO / G8359882X			Contact No.: Home/Office: Mobile: 90565395	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 32	Date of Birth: 07/03/1988	Type of Informant: Driver	
Race: Bangladeshi			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry: 01/04/2025	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2021 15:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9603S	Lorry					0
SJD4390H	Car					0
YM7386B	Lorry				Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20210103/2088

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

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ID Type / ID No.: FIN NO / G8359882X			Contact No.: Home/Office: Mobile: 90565395		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 32	Date of Birth: 07/03/1988	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry: 01/04/2025		

General Information of the Accident				
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Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBB9603S	Lorry					0
SJD4390H	Car					0
YM7386B	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210103/2088

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20210103/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HOSSAIN KAIUM		ID No. G8359882X
Related Vehicle	NIL		Contact No. 90565395
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 01/04/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/01/2022 at about 1500hrs, I was driving my lorry (YM7386B) along CTE towards town, after AngMo Kio ave 1 exit. I was driving on the last lane in between Ang Mo Kio ave 1 and Braddell road. Then suddenly I felt an impact from my rear, causing my lorry to push forward and collided on a car (SJD4390H) in front of me. Then I stopped my vehicle and alighted. A lorry (GBB9603S) had collided on to my rear. After which the car driver took down my particulars and then I left the scene. My lorry's front number plate was damaged due to the collision. There is no in-car CCTV in my lorry.

After which I received a call my Traffic police to lodge an accident report.



**SINGAPORE
POLICE FORCE**



T/20210103/2088

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

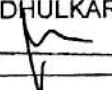
Report No. T/20210103/2088

CONTINUATION OF REPORT

Sketch Plan


Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report L / Sgt 3 MUHAMMAD SHAHIR S/O DHULKARNAI Signature: 	SIN 085
Signature Of Interpreter: Not applicable	

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 03/01/2021 23:52
Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	177M
Vehicle No:	YM7386B
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jan 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE83BE6SRDEA
Primary Colour:	White
Manufacturing Year:	2007
Engine No:	4M42A47288
Chassis No:	FE83BEA10300
Maximum Power Output:	-
Open Market Value:	\$26,414.00
Original Registration Date:	25 Oct 2007
First Registration Date:	25 Oct 2007
Transfer Count:	2
Actual ARF Paid:	\$0.00

Inventory / ARF rebate details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Inventory / COE rebate details

COE Expiry Date:	31 Aug 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$17,920.00
COE Rebate Amount:	\$5,876.00
Total Rebate Amount:	\$5,876.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan applicable) of the vehicle.

The information contained herein is correct as at 10 Jan 2021

OK



Merimen e-Claims



Used 2007 Mitsubishi Fuso Canter



PARFV

mart.com/used_cars/info.php?ID=953403&DL=3781

► Mitsubishi Fuso Canter FE83 (COE till 08/2022)

Overview

Financial

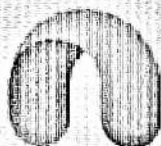
Accessories

Similar

Research

Photos

Map

**Bell**
AUTOWHOLESALE
EXPERIENCE AT YOUR
CONVENIENCE

Price \$17,800

Lifespan 28-Oct-2027

Depreciation ⓘ \$10,860 /yr

Reg Date 29-Oct-2007
(1yr 7mths 21days COE left)

Mileage N.A.

Manufactured ⓘ 2007

Road Tax ⓘ N.A.

Transmission Manual

Dereg Value ⓘ \$5,872 as of today (change)

OMV ⓘ \$26,414

COE ⓘ \$17,920

No. of Owners ⓘ 4

Engine Cap 2,977 cc

Curb Weight ⓘ 3,300 kg

Type of Vehicle Truck

Description

14 Feet Box With Tailgate. Class 4. No VPC Required. Engine And Tailgate In Good Operating Condition. Can Renew Another 5 Years COE. Attractive Pricing. Call To Arrange For Viewing Before Its Too Late.

Search results

