

(08/11/13) wef

ASS. REC BY: Marcus

REF:

CS/CT121007465/Uuc

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

XE3281A

at Workshop m/s

moh / an

of

Insured:

PC 61226

Policy No.

DMB1SNW00007082000

Claims No.

SNM21D203785/C02

Sum Insured:

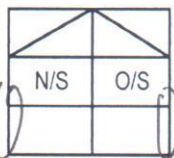
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$128k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 2438

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

XE3281A

Yr Regn:

03/08/17

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

Truck / Trailer or (m)

Make:

mit fuso FUS1

c.c

11967

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

477310

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FV515JA

20257

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:

295/80R22.5

centara

R:

centara

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

TOYO / YOKO or

Tosso

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6 6/6 mm

L/Bal.

6

mm

L/Bal.

6/6 6/6 mm

D.O.A.

7/7/21

D.O.I.

9/7/21

Survey held at

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

N/S Rear, N/S frt, o/s Body

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

Date / Time

Action / Instruction

rep 2th.

13/8/21 confirmed 4/5 \$4000 with s.hui; 4 repair days.

16/8/2021 Revise to CTI via Merimen.

(RED \$5556.73; 58%)

Date/Time, File Pass to?

☐

Preli. Report

1) 16/8 TYPIST

☐

Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum ~~11.8.1~~ (\$ 4000)

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

not Afford
 all
 1/5 \$4000
 4 days
 9/7/21

M/S : China Taiping Insurance (Singapore) Pte Ltd
 3 Anson Road
 #15-00 Springleaf Tower
 Singapore 079909
 TEL: - FAX: -
 ATTN: Motor Claim Department

Estimate No: ES1700883
 Date: 07 Jul 2021
 Policy No: Z/20VC05/005821-001
 Veh Reg No: XE3281A
 Make/Model: MITSUBISHI FUSO
 FV51SJD2DEA
 Chassis No: FV51SJA20257
 Engine No: OM457LA457972C03335
 8
 Reg. Date: 03/08/2017

Your Ref No: SOON HUA BEE P L
 Claim Type: Third Party
 Accident Date: 07/07/2021
 TP Veh Reg No: PC6122L / CB6868C

Estimate Repair Cost to Vehicle No :XE3281A

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
List Price				
1 Side Mirror Stay - LH	8VL	499.45	1 PC	499.45 X
2 Side Mirror (B) - LH	3rd	177.68	1 PC	177.68 /
3 Tail Lamp - LH	one	358.51	1 PC	358.51 /
				1,035.64
		Less 25%		258.91
				776.73
Net Price				
4 Rear Mudguard - RH/LH	2nd/3rd	1,300.00	2 PC	2,600.00 1600
5 Rear Mudguard Bracket - RH/LH	2	580.00	2 SET	1,160.00 X
6 Rear Mudguard Rubber - RH/LH	2nd/3rd	120.00	2 PC	240.00 1pc
7 Rear Tipper Canvass - LH	Torn	380.00	1 PC	380.00 300
8 Rear Tipper Frame - LH	Des	1,100.00	1 PC	1,100.00 800
				5,480.00
				5,480.00
Labour				
9 Labour to remove & refit rear tipper canvass , canvass frame & to renew rear mudguard .		1,800.00	1 JOB	1,800.00 1200
10 To spray & painting on affected area .		1,100.00	1 JOB	1,100.00 600
11 To rust proofing at affected area .		400.00	1 JOB	400.00 50
				3,300.00
				3,300.00
			Total	S\$ 9,556.73
			Add GST @ 7%	668.97
			Total Amount Payable	S\$ 10,225.70

TOTAL: SINGAPORE DOLLAR TEN THOUSAND TWO HUNDRED TWENTY FIVE AND CENTS SEVENTY ONLY

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:

For MAH LIAN MOTOR VEHICLE REPAIRER

AUTHORISED SIGNATURE

2-536.19
 2501
 402.14
 2820
 1880
 3872.14

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	018N

Vehicle Details

Vehicle No.:	XE3281A
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jul 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FV51SJD2DEA
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	OM457LA457972C0333584
Chassis No.:	FV51SJA20257
Maximum Power Output:	-
Open Market Value:	\$101,028.00
Original Registration Date:	03 Aug 2017
First Registration Date:	03 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,052.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	02 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,212.00
COE Rebate Amount:	\$24,386.00
Total Rebate Amount:	\$24,386.00

The information contained herein is correct as at 09 Jul 2021

OK



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1 vehicles

Mitsubishi Fuso fv51

Advanced Search Submit

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Mitsubishi Fuso fv51		Any	Any	2017	Any	Any	Any	Available
	Mitsubishi Fuso Super Great FV51S Tipper		\$139,800	\$23,420 /yr	28-Jun-2017	11,967 cc	-	Truck	Available
	Fuel Type: Diesel								
	Net Link Partners Pte Ltd								
	Posted: 12-May-2021 Tags: 2017 Mitsubishi Fuso, Mitsubishi Fuso, Mitsubishi, Fuso								

Save this search criteria, to get email alerts whenever a match is found.

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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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	07/07/2021 16:26 (SGT)
Date of Accident	07/07/2021 05:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 9 HEAVY VEHICLE PARKING (LOT 181)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3281A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SOON HUA BEE PTE LTD
Company Reg No	2XXXXX018N
Email Address	soonhuabee@gmail.com
Mobile Phone No	(Phone) +65-67886920
Alternative Phone No	(Office) +65-67886920

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FV51SJD2DEA
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	11967

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC05/005821-001
Cover Note Number	03/08/2020 TO 02/08/2021

DRIVER

Name of Driver	TIAN YUANQING
Work Permit No	GXXXX469L

Date Of Birth	29/03/1972
Occupation	Outdoor
Date Of Driving Pass	03/09/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88561597
Alt. Phone Number	-
Email Address	soonhuabee@gmail.com
Address	BLK 201E TAMPINES ST 23 #04-100 (S) 527201
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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 vehicle 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

REFER WITH ATTACHED.

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	PC6122L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	RAHIMAN BIN OMAR
NRIC No	SXXXX775B
Contact Number	(Phone) +65-85690469
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	CB6868C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TAN TECK ANN
NRIC No	SXXXX325D
Contact Number	(Phone) +65-96698582
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.



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

Accident Date & Time: 07/07/2021 05:40am.

Accident Location: Tampines Ave 9 Heavy Vehicle Parking (lot 181)

I WAS OUT OF MY CAR PARK LOT. MY VEHICLE WAS STATIONARY. OUT OF THE SUDDEN, VEHICLE B DROVE VERY FAST & NEVER STOP OR SLOW DOWN & BANGED ONTO MY VEHICLE. THE IMPACT WAS HUGE & THE IMPACT CAUSED MY VEHICLE TO HIT ONTO VEHICLE C ALSO.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

* IMPORTANT NOTE

You had been advised by the workshop that in the event that you wish to claim against your own policy (then Damage Claim Form is a **FOURTEEN (14) days** (days) where the claim must be made within the stipulated timeframe from the day of occurrence.



Policyholder's Signature _____

Date & Time:

TIAN

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Name: _____

NRIC/FIN No.: