ASS. REC. BY: CAME REF: CC4 FC	21007652 River3	1172 COE XPIRY: 2022 MI
	ASSIGNIVIEN I	•
From: Date:		Regn: 2007 / DEC
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Ta	xi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: YM 76966	Make: MIDWAUHI FE8 3666	c.c 2911
at Workshop m/s MOVP	Colour WHITE A/C	
of 15, FAM YWOUL RD	Sp.Reading 696365 T/R	adio: Insured / Std / NI / NA
Insured: FC (Eng/No:	
Policy No.	C/No: FG 83 BEA 10413	•
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burn	t or
(Client's Record)	Brake: (norder / Jammed / Leaked / Burn	
(Client's Record) Make of Veh:	Modi: MID/S/Rim / STD A/Rim or	
		-16
(Policy Candition)	Tyre Size: F: 7-00	
(Policy Condition) Remark: The veh had commenced its	<u> </u>	/ OHTEN / DID / CHIMI /
Remark: The veh had commenced its N/S repair at the time of inspection.	Bo, Bott, Editor, Control and Control	
المراج ال	TOYO/YOKO or OTAK	
Bal. or Market Value:		dear 1/2
IDAC Accident Rport: Consistent?: Yes or No	TOOG!	VBal. 7(7 mm
GIA / PR Seen: Consistent?: Yes or No		/Bal
Est. Repairs: days Res.: Yes or No	D.O.A. 07 07 21	0.0.1. (507 21
Lum Sum: % 3 Val.: Yes or No	Survey held at MOVA	
	Des. of Damages : Frt / Rear / O/S / N/	S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN /	DENA	_
Date: Person Contacted:	The U/C / Chassis frame / Body St	-
Date / Time Action / Instruction Repair (init - &K		
/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip:	Survey Fee:
Time, File Return to?		Transportation:
	F00:)S + RS,SI
Add	Fee: Site Insp (\$	
	: Interview (\$) Photos
	. IIIterview (*	/ / / / /
ort Format :	: Tech. Invs (\$) Others

TOTAL



Automotive

Estimate

13/07/2021

MS FIRST CAPITAL INSURANCE LIMITED 36 Robinson Road #15-01 City House

Singapore 068877.

Attention :- XA026

Page #

Veh# :- YM7696G

Veh Model :-MITSUBISHI FE83BE6SRDEA

CK 141543

Estimate# :-CK422063

Claim #

ACC. Date :- 07/07/21

Terms :- C.O.D Days

Main Office: Mova Building No. 22, Jalan Kilang, Singapore 159419 Tel: (65) 6476 3333 Fax: (65) 6271 5891 www.mova.com.sg

Workshop Dept: Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

	Qty	/	U.Price A	Amounts S\$
LIST ITEMS IL				***************************************
1. TALGATE bt/ 2. TAILGATE LATCH RH. 54/	1	PC	2,400.00	2,400.00
TAILGATE LOCK RH	1	PC	160.00	160.00
TAILGATE HINGE RH	1	PC	185.00	185.00
REAR END PANEL - REPAIR	1	PC	64.00	64.00
REAR CORNER PANEL RH 64 /	1	PC		
REAR CORNER STOPPER MIA	1	PC	120.00	120.00
SIDE GATE RH COMY	2	PC	20.00	40.00
TAILLAMP ASSY RH CAN	1	PC PC	3,750.00	3,750.00 265.00
REAR CANOPY - CHECK 🗲	1	SET	265.00	265.00
LIST TOTAL S\$		02.		6,984.00
25% DISCOUNT S\$				-1,746.00
		1.		5,238.00
SPECIAL NET ITEMS :				J,230.00
TAILGATE STICKER - 60KM/H M				
TAILGATE STICKER - 24 PAX	1	PC	10.00	
TAILGATE STICKER - GREEN COLOUR No.	1	PC	10.00	10.00
REVERSE SENSOR	1	PC	30.00	the State of the state of
REAR STEP MEMBER 61	1	PC	200.00	200.00
REAR PROTECTIVE BAR 6	1	PC	380.00	
REAR NUMBER PLATE LA	1		650.00	
	1	PC	25.00	25.00
SPECIAL NET TOTAL S\$			-	1,305.00
LABOUR :			. 2	
TO KNOCK & STRAIGHTEN REAR END PANEL, REMOVE				
REPLACE ACCIDENT DAMAGED PARTS, REALIGN				
ALL CONNECTION				1 /
<u> </u>				600 890.00
SPRAY PAINT TAILGATE REAR END PANEL, SIDE GATE				
RH, REAR STEP PANEL, REAR CROSS MEMBER			G	- /
THE STATE OF THE S			800	950.0
REMOVE & REPLACE REVERSE SENSOR & CHECK				
FUNCTION				2
				50.0
RUST PROOF AFFECTED AREAS				
ADDI FROOF ALI EVILLA AREAD				100 90.0
ABOUR TOTAL S\$				



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Estimate

13/07/2021

MS FIRST CAPITAL INSURANCE LIMITED 36 Robinson Road #16-01 City House

Singapore 068877.

Attention :- XA026

YM7696G

Veh Model :-MITSUBISHI FE83BE6SRDEA

CK422063 Estimate# :-

Claim # :-

Page #

Veh#

ACC. Date :- 07/07/21

Terms

C.O.D Days

Remarks

No. Description

Qty

141543

U.Price Amounts S\$

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$

8,433.00

GST @ 7%

590.31

AMOUNT DUE S\$

9,023.31

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD

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:

Pary after requir

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any willing missiple semination of the insurance companies 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/07/2021 11:56 (SGT) 07/07/2021 19:10 (SGT)

Singapore

JUNCTION OF JURONG ISLAND HWY & JURONG PIER WAY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YM7696G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No.

Yes HSL GROUND ENGINEERING PTE LTD 2XXXXX1177 WEILOON@HSLGE.COM.SG (Phone) +65-83833358 +65-83833358

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Mitsubishi Fe83be6srdea

Employment

No - Claiming third party Commercial vehicle Manual 2977

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Lonpac Insurance Bhd ThirdPartyFireTheft No Z21VC5007566

DRIVER

Name of Driver Work Permit No BALAKRISHNAN THIYAGARAJAN GXXXX944U



Date Of Birth	23/04/1979
Occupation	
Date Of Driving Pass	Outdoor
Driving experience	14/03/2019
Gender	2 YEARS AND 4 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-83536548
Email Address	-
Address	WEILOON@HSLGE.COM.SG
A DESCRIPTION OF THE PROPERTY	HSL GROUND ENGINEERING PTE .LTD
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	NO
Insurance Company of Other Vehicle Owned by Driver	-
Tany of Guidi Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	,
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	M
Number of vehicles involved in the accident	No
	2
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 Decree 11 to 11 mg to 1	
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
FASSENGER I	
Name	CALLATAT
	SAHATAT
Gender	Male
PARASTRA S	
PASSENGER 2	
Name	011411471177111
	SHANABUDDIN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	W
ii yes, against whom:	•
CIRCUMSTANCES OF ACCIDENT	
CIRCUIVISTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
KELEK IO SVETOILETVIA	
ATTACHMENT/S)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
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 NumberXB9259SVehicle Manufacturer-



Was there any audio recorded?

/	
Vehicle Model	
Light Variant	
Vehicle Colour	
Vehicle Category	
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)	
- interior	

Commercial vehicle

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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:

- 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)
 - (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
- (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
- 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.
- 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:

-08/07/20V

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

Jurons 1sland Hwy A: YM76966 R: XB 92595

Jurang Pier flyoner.

LICENSE PLATE:	7676 4 ACCIDENT DATE & TIME: 07/07/2021 191.10P
CONTACT NUMBER:	83833358, 83536548 E-MAIL ADDRESS: WOLDE - COLD - GO
LOCATION: JU	rong Island Hwy. weiloon & halge .com. si
5 1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Driving along surong Island Hwy towards
50	priving along Jurong Island Hwy towards wong pier flyover. When traffic light furn
A R	Pat I slow down to stopped suddenly ebicle XB 92595 hit the rear of My
Harrier Land	ebicle XB 92595 hit the rear of my
	Mehile /17096 6.
	a passingers in my lorry
na i sa tampia a ja	(D sahatat
	@ Shanabuddin
d. 19 de granden kanada dalah sa	Third party driver
The state of the s	Third Party driver Heng Yew Wee (581114092) HP: 93809647
	HP: 93809647
NOTE: PLEASE	NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
	AIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
ese şiale:	
() Claim Own Paid	Cy Claim Third Party () Claim OD/TP at other workshop () Reporting Only

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

The orlothou

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

Reporting Centre Personnel's Signature

Name:

Enquire PARF/COE Rebate f	or Registered Vehicle	
Owner ID Type:		
Owner ID:		Company
Vehicle Details		1177
Vehicle No.:		

Vehicle to be Exported: YM7696G Intended Deregistration Date: Vehicle Make: 09 Jul 2021 Vehicle Model: **MITSUBISHI** Primary Colour: FE83BE6SRDEA

White Manufacturing Year: 2007 Engine No.: 4M42A48999 Chassis No.:

FE83BEA10413 Maximum Power Output: Open Market Value: \$27,126.00

Original Registration Date: 27 Dec 2007 First Registration Date: 27 Dec 2007 **Transfer Count:**

Actual ARF Paid: \$0.00 **Intended PARF Rebate Details**

PARF Eligibility: No PARF Eligibility Expiry Date:

PARF Rebate Amount: \$0.00 **Intended COE Rebate Details**

COE Expiry Date: 30 Nov 2022

COE Category: C - Goods Vehicle & Bus

COE Period(Years):

PQP Paid: \$22,958.00 **COE Rebate Amount:** \$6,389.00

Total Rebate Amount: \$6,389.00 Message

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

The information contained herein is correct as at 09 Jul 2021

Mitsubishi Fuso Canter FE83 (COE till 06/2023)

Overview

Financial

Price	\$20,800		
Depreciation ②	\$10,960 /yr	Reg Date	09-Jun-2008 (1yr 10mths 24days COE left)
Mileage	N.A.	Manufactured ②	2008
Road Tax 7	N.A.	Transmission	Manual
Dereg Value ⑦	\$6,402 as of today (change)	Fuel Type	Diesel
COE ②	\$16,859	OMV ②	\$27,042
Engine Cap	2,977 cc	ARF ①	\$1,353
Curb Weight ②	2,260 kg	No. of Owners ⑦	3
Type of Vehicle	Truck		