

ASS. REC. BY:

REF:

CS3/LPC21002885/RH#3-1

2846

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / W'S / TP RES / OD RES / EVA / INV / MIV

To Inspect Vehicle No: 4P 972Pat Workshop n/s NGEE NGEEof BLK K No. 22, Pandan LoopInsured: LPC

Policy No. _____

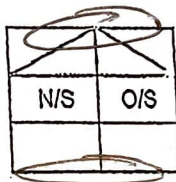
Claims No. _____

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: 52K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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:

4P 972P

Yr Regn:

2016 JANType: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /

Truck / Traller or _____

Make: MITSUBISHI CANTER Feb 21ER c.c. 2998Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 132676 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Feb 21ER 10706Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NR / S/Rim / STD A/Rim orTyre Size: F: 195/85R15R: 2 2

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

TOYO / XOKE or _____

Front

Rear

R/Bal. 7 mm R/Bal. 7/7 mmL/Bal. 7 mm L/Bal. 7/7 mmD.O.A. 01/03/21 D.O.I. 03/03/21Survey held at NGEE NGEEDes. of Damages Frt 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 - 31KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 7 dayssubmit prs report lump sum \$2950, 7daysred: 4250, 50% 3250red: 3950; 54%

Date/Time, File Pass to?



Prell. Report

Days Of Repair: 7

1)



Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$ _____)



Interview (\$ _____)



Tech. Invs (\$ _____)



Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / I.B.H. (\$ _____)

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 | 02/03/2021 14:24 (SGT) |
| Date of Accident | 01/03/2021 14:13 (SGT) |
| Exact Location of Accident | Near 273 Jln. Ahmad Ibrahim, Singapore 629150 |
| Additional Location Information | ALONG AYE (TUAS) EXIT 22 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------|
| Vehicle Registration Number | YP972P |
|-----------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | EDMUND VEHICLE RENTAL PTE LTD |
| Company Reg No | 2XXXXX244G |
| Email Address | edmundevr@gmail.com |
| Mobile Phone No | (Phone) +65-62503339 |
| Alternative Phone No | (Office) +65-62503339 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Canter |
| 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 |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5112254195-01 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|----------------------|
| Name of Driver | SATHAPPAN CHELLAPPAN |
| Passport No/FIN | GXXXX715T |
| Date Of Birth | 06/04/1995 |
| Occupation | Outdoor |

| | |
|-----------------------------------------|---|
| 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 | GBE4155K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | LO KOK PENG |
| NRIC No | SXXXX450I |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

28/12/2018
 2 YEARS AND 3 MONTHS
 Male
 (Phone) +65-82645918
 -
 chellappan666@gmail.com
 279 BALESTIER ROAD
 #02-27 BALESTIER POINT SINGAPORE
 329727
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Chain Collision
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 3
 No
 -
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

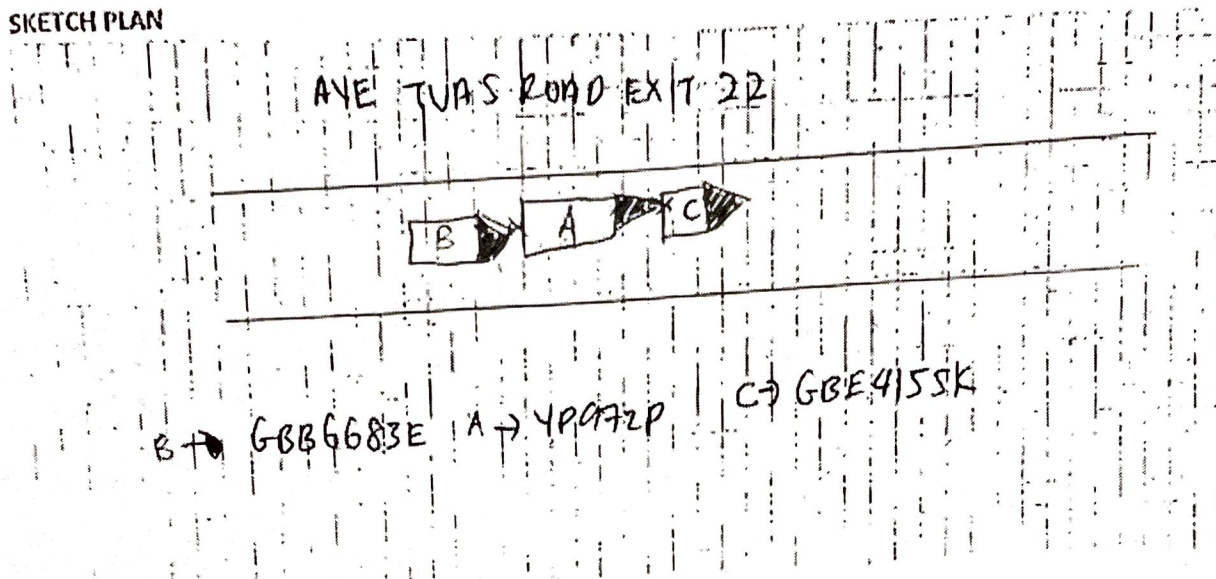
Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 NRIC No
 Contact Number
 Address
 Address complement
 Postcode

GBB6683E
 -
 -
 -
 -
 Commercial vehicle
 LIN WEN MING
 SXXXX579D
 -
 -
 -
 -

SKETCH PLAN




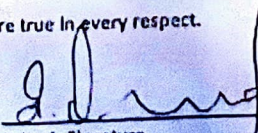
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS DRIVING YP972P TOWARDS AYE TUNAS ROAD EXIT. ON 1ST MARCH 2021 @ 2:13PM. SUDDENLY GBB6683E HIT MY BEHIND DUE TO THE IMPACT, MY VEHICLE MOVE FORWARD AND TOUCHED THE BEHIND OF GBE 415SK

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.:

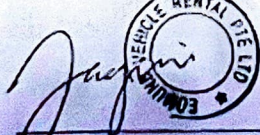
SKETCH PLAN

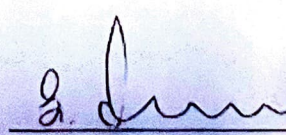
IMPORTANT NOTICE


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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|---------------------------|
| Owner ID Type: | Company |
| Owner ID: | 244G |
| Vehicle No.: | YP972P |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 03 Mar 2021 |
| Vehicle Make: | MITSUBISHI |
| Vehicle Model: | CANTER FEB21ER4SDEB (CBU) |
| Primary Colour: | White |
| Manufacturing Year: | 2015 |
| Engine No.: | 4P10B90426 |
| Chassis No.: | FEB21EA10706 |
| Maximum Power Output: | - |
| Open Market Value: | \$30,253.00 |
| Original Registration Date: | 14 Jan 2016 |
| First Registration Date: | 14 Jan 2016 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$1,513.00 |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| COE Expiry Date: | 13 Jan 2026 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$42,036.00 |
| COE Rebate Amount: | \$20,430.00 |
| Total Rebate Amount: | \$20,430.00 |

The Information contained herein is correct as at 03 Mar 2021

OK

OK





Merimen e-Claims



Used 2016 Mitsubishi Fuso Canter



mart.com/used_cars/info.php?ID=967399&DL=2976

Mitsubishi Fuso Canter FEB21**Overview****Financial****Accessories****Similar****Research****Photos****Map**

| | | | |
|------------------------|------------------------------------------------|------------------------|----------------------------------------------|
| Price | \$52,800 | Lifespan | 25-Jan-2036 |
| Depreciation ? | \$10,770 /yr View models with similar depre | Reg Date | 26-Jan-2016 (4yrs 10mths 22days COE left) |
| Mileage | 90,000 km (17.6k /yr) | Manufactured ? | 2015 |
| Road Tax ? | N.A. | Transmission | Manual |
| Dereg Value ? | \$2,294 as of today (change) | OMV ? | \$29,705 |
| COE ? | \$4,680 | ARF ? | \$1,486 |
| Engine Cap | 2,998 cc | No. of Owners ? | 2 |
| Curb Weight ? | 2,260 kg | | |
| Type of Vehicle | Truck | | |

Features

View specs of the Mitsubishi Fuso Canter (2015)

De

Compare