ASS. REC. BY: STEVE - REF: CS/CT127	1001839/EV43
The state of the s	GNMENT
From: Date:	Veh No: (X 54 09 M Yr Regn: 30/6/04) Type: M.Car / M.Cycle / Bus / Van / Jorn / Taxl / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD (TE) WS I TP RES I OD RES I EVA I INV I MY	KATA A STATE OF THE STATE OF TH
To inspect Vehicle No:	. 15-12
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA
of	Sp.Reading 75430 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CINO: FB51/BOJSRAE.
Claims No.	Gen. Cond: Good / fall / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrider / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STO A/Rim or Tyre Size: F: 1957 15(
1	Tyre Size: F:
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS (OUN) EXNOVA (GY) FS (LIZA) MIC (OHTSU (PIR) SUMI)
repair at the time of inspection.	ТОЙО / УОКО ог
Bal. or Market Value:	Front Rear
IDAC Accident Rport Consistent? : Yes or No	R/Bal, Wm R/Bal. U mm
GIA / PR Seen:Consistent? : Yes or No	U/Bal. U/Bal. U/Bal. mm
Est Repairs: days Res.: Yes or No	D.O.A. 23 (1) D.O.I. \$ (3/4)
Lum Sum: % 3 Val.: Yes or No	Survey held at Wan Hom
CA I REV I REP. I 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / Of	UT F/OR LF) The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The Old 7 Chassis frame 7 Body Structure affected due to collision.
MV- 16 K	
·	
District Grants	
Dale/Time, File Pass to? : Prell. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
<u>2)</u> Add	Fee:: Site Insp (\$)s+Rssi
F	: Interview (\$) Photos
Repert Formal :	: Tech, Invs (\$) others
Lump Sum / LB.A: (\$)	: Weel and (#)
	TOTAL



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 \$(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No. GX5409M MITSUBISHI CANTER

Page No. 1

QTY	DESCRIPTION	CONDITION	1000	PAIRER'S IMATE(S\$)	SURVEYOR'S ADJUSTMENT	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PARTS (LIST ITEMS) Front panel logo badge	Part Items Total:	-25%	75.00 100.00 739.00 619.00 584.00 223.00 237.00 444.00 209.00 248.00 58.00 416.00 0.00		
Si	de lamp light bulb LH X			25.00		6.
		SN Items Total: Total Parts	- 1	K ISSELOC on	sultants hence no fithe following:	ıty
				To display dama To display dama Parts prices are Third party sun No illegal modil	aged part(s) during rest a subject to confirmation rey is on a "Without Pre flication(s) is allowed titem(s) must be resur- al approval from Insura	judice" basis



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 5(608581)

Email: motor@wahhong.sg (199806235M)

GX5409M MITSUBISHI CANTER Vehicle No.

Page No. 2

s/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTIMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1000.00	400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1000.00	500
3	To perform anti-rust treatment on affected areas	60.00	30
4	To remove and repair/refit wiring system at accident damaged area and check for all electrical proper function	60.00	30
5	To remove, replace and focus headlamp beam	60.00	30
	Labour Total :	2180.00	
	TOTAL (PARTS & LABOUR):	5479.00	

Stere (LKK) in AL 8/3/22, 3m L/S My AL y 3 45



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 witholding of material facts may allow insurance companies to repudiate 3. Internation product that ce is trothed and accurate as possible. Any which misrepresentation of which part of the insurance companies.

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

d 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

24/02/2022 13:22 (SGT) 23/02/2022 15:00 (SGT) 11 Penjuru Rd, Singapore 609159 11 PENJURU ROAD, OUTSIDE KIAN HUA HARDWARE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GX5409M

INSURED/POLICYHOLDER

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

Yes TIAN SAN SHIPPING (PTE) LTD 1XXXXX912W SAYHOONG, TAY@TIANSAN.COM.SG (Phone) +65-81230783 +65-81230783

VEHICLE PARTICULARS

Alternative Phone No

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

Mitsubishi Canter

Employment

No - Claiming third party Commercial vehicle Manual 2998

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number ...

Great Eastern General Insurance Limited **ThirdParty**

2021-V0112825-VCV-R001

Cover Note Number

DRIVER

Name of Driver Work Permit No

SOMAN KRISHNAN FXXXX363X



Accident report SW0C222O0002

Page 1 of 15

Date Of Birth 04/06/1969 Occupation Indoor **Date Of Driving Pass** 20/07/2018 3 YEARS AND 7 MONTHS **Driving experience** Gender Male Mobile Number (Phone) +65-98110917 Alt. Phone Number **Email Address** SAYHOONG, TAY@TIANSAN.COM.SG Address 6, JALAN SAMULUN Address complement 629123 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 Collision - Head on 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name PADINJARATH RAMAN AJITHPUMAR Gender Male PASSENGER 2 Name TRANGANATHAN BABU 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? CIRCUMSTANCES OF ACCIDENT **REFER TO SKETCH & SUMMARY** ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GW7073P Vehicle Manufacturer Toyota



Vehicle Model	*.
Vehicle Variant	•
Vehicle Colour	•
Vehicle Category	Commercial vehicle
Name of Driver	SETHU RAVIKUMAR
Contact Number	(Phone) +65-87130069
Address	-
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	•
Details of property damaged in accident	
No. Of Passenger (Including Driver)	<u> </u>

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust 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 fability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation
- 8. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (a) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

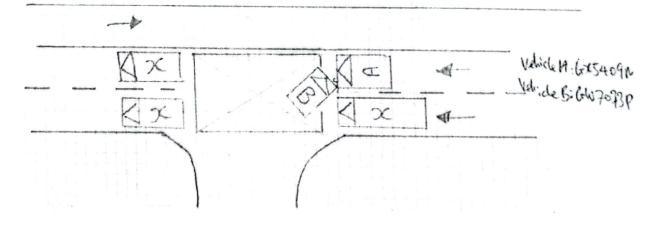
L. r.h.

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

STOTON STORY

Witnessed by Reporting Centre Personnel

Sketch Plan



	ımstances of the Accident							
-	On 23/2/22 at about 3.pm 1 was chine							
my los	thile and tung offents penting Pod out sic							
II Amaria	hardwar to words AVE will approading							
Oh 23/2/22 at about 3.PM I was che my believe ax 5409 along penjung Rod out 3. Hiem has hardware to wards Ayr well apprendic the trathic behelien I slow down and come to a Stepped behind the yellow Rox Vehicle as w 7075P was seen faminy out two Vehicle as w 7075P was seen faminy out two Vehicle as w 7075P was seen faminy out two Vehicle as w 7075P was seen faminy out two Vehicle develope Exit while vehicle B was turing the drever cedided on my vehicle delt tro Portal of line.								
					Welle Sow 1635 While Vehile B was			
					1	the show collided on my vehicle left from		
FULL	7 I CONTROL CONTROL OF THE PROPERTY OF THE PRO							
1/124 6	all are was insured in this accident of the							
.0.	or to me time							
$-\mu$	Delia 67 Mass							
ALC: No.								

Declaration

We declare the foregoing particulars are true in every respect.

PHONE:

Policyholder's Signature / Date &

L. mich

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

STEELING TO STEEL SHOULD SHOUL

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	912W	
Vehicle No.:	GX5409M	
Vehicle to be Exported:	No	
Intended Deregistration Date:	24 Feb 2022	
Vehicle Make:	MITSUBISHI	
Vehicle Model:	FB511BOJSRDE	
Primary Colour:	White	
Manufacturing Year:	2004	
Engine No.:	4M40GM9084	
Chassis No.:	FB511BA46048	
Maximum Power Output:		
Open Market Value:	\$19,228.00	
Original Registration Date:	30 Jun 2004	
First Registration Date:	30 Jun 2004	
Transfer Count:	Ō	
Actual ARF Paid: Intended PARF Rebate Details	\$962.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	31 May 2024	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	5	
PQP Paid:	\$13,910.00	
COE Rebate Amount:	\$6,311.00	
Total Rebate Amount:	\$6.311.00	
	the desired framework (framework) of the	
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 24 Feb 2022