

ASS. REC. BY: Marcus

REF:

CS/HLA22002351/4943

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 10897T

at Workshop m/s

of

Insured: SM 4 B 8555

Policy No.

Claims No. MPC07853/74

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: \$120K.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs: 2 days

Res.: Yes or No

Lum Sum: 1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted: LTA 49240

Date / Time

Action / Instruction

Dep 16/4.

Veh No: 10897T

Yr Regn: 23/4/19

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

Truck / Trailer or

Make: HINO FG8JRIA

C.C

Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 80431

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHD FG8JR1XXX15334

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:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A. 24/9/21

D.O.I. 15/3/22

Survey held at

Des. 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, File Pass to?

1) 21/3 2018

Date/Time, File Return to?

2)

☐

Preli. Report

☐

Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$

380

)

18/3/22 P/P 8380 informed Susan (red \$820, 68%)

ESTIMATE

Name: HL Assurance Pte Ltd
Address: Motor Claims Department
11 Keppel Road #11-01
ABI Plaza

Ref Date:
Ref No:
Vehicle No:
Model / Make:

14-03-2022
YQ897T210924
YQ897T
Hino
JR1A 6 TON MT

[illegible]

Total Parts & Labour of estimate for damaged vehicle

\$ 1,200.00

Total amount in Lumpsum Basis for repaired vehicle	
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\$ -

SDL

Liu's Bro Auto Engrg Wks

not Authorized
LUL
15/3/22
p/p \$380 |
2 days.
Whipple. After repair

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

Date:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	196N

Vehicle Details

Vehicle No.:	YQ897T
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Mar 2022
Vehicle Make:	HINO
Vehicle Model:	FG8JR1A 16 TON MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	J08EWS10232
Chassis No.:	JHDFG8JR1XXX15334
Maximum Power Output:	-
Open Market Value:	\$66,912.00
Original Registration Date:	23 Apr 2019
First Registration Date:	23 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$3,346.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	22 Apr 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$13,004.00
COE Rebate Amount:	\$9,240.00
Total Rebate Amount:	\$9,240.00

The information contained herein is correct as at 14 Mar 2022

OK

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 14 Mar 2022 / 10:52:55

Receipt Date/Time : 14 Mar 2022 / 10:52:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220314-000928

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
	Result of Insurance Enquiry - SMQ6855S As at 24 Sep 2021/15:00:00 Insurance Co: HL ASSURANCE PTE. LTD.			
1	Insurance Enquiry - SMQ6855S Enquiry Fee 20220314105015200012	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	426588XXXXXX1485	eNETS Credit Card		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	28/01/2022 20:03 (SGT)
Date of Accident	24/09/2021 15:00 (SGT)
Exact Location of Accident	Near Trellis Twrs, Singapore
Additional Location Information	Before exit Toa Payoh
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ897T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXXX96N
Email Address	IsaacNgCL@goldbellcorp.com
Mobile Phone No	(Phone) +65-64942888
Alternative Phone No	(Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer	Hino
Model	FG8JR1A 16 TON MT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7684

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097582MFCV
Cover Note Number	-

DRIVER

Name of Driver	HU ZHIYUAN
Passport No/FIN	GXXXX399T

SKETCH PLAN

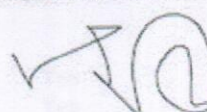
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.



VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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.:

28012022

Name of Driver	LAU TIONG WEE
NRIC No	SXXXX339D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 - (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;
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- (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.



**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

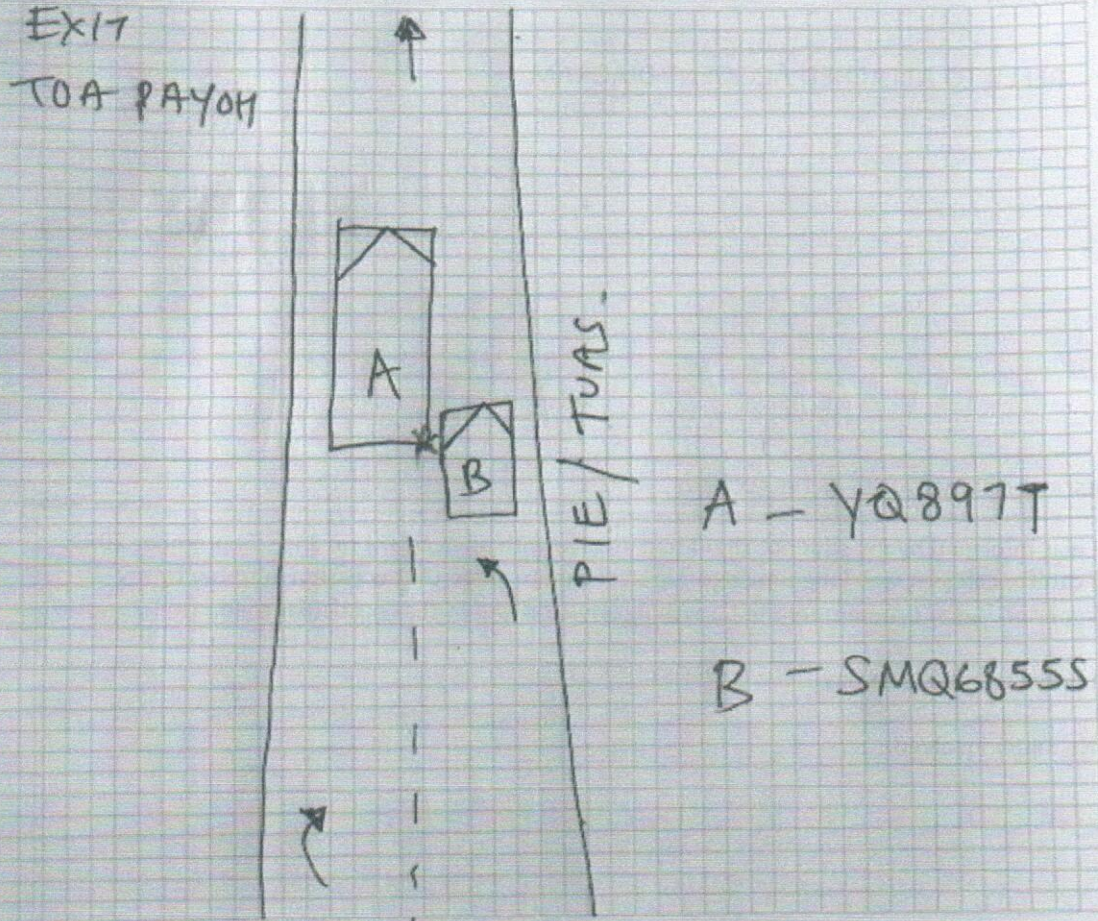
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

28012022

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:

[Signature]
HU ZHI YUAN

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

28/1/22

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was informed by my superior that I had involve with an accident on 24th September 2021. I can't recall as it was long time ago. Upon seeing to video that was shown to me by my superior . I don't remember I felt anything while driving at that particular road.

I drove as usual that day.

No injury involved.

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: 28012021

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: