

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1001927213

Claims No. 271093

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:

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

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time

Action / Instruction

Dep / Sk.

Repair front bumper

7/4/22/s & 2800 informed Sisen (red 3558.80, 55%)

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

L/Bal.

D.O.A.

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?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 7/4/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Report Format: Merimen

Lump Sum / t.B.t. (\$ 2800

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	YP2879M
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FM65FM2RDEB
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	6M60215448
Chassis No.:	FM65FMA30103
Maximum Power Output:	-
Open Market Value:	\$60,518.00
Original Registration Date:	17 Jun 2016
First Registration Date:	17 Jun 2016
Transfer Count:	2
Actual ARF Paid:	\$3,026.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jun 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,302.00
COE Rebate Amount:	\$17,916.00
Total Rebate Amount:	\$17,916.00

The information contained herein is correct as at 22 Mar 2022

OK

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Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Mar 2022 / 12:46:53

Receipt Date/Time : 22 Mar 2022 / 12:46:53

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220322-001807

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SDL6714Z				
As at 11 Mar 2022/19:35:00				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SDL6714Z			
	Enquiry Fee	7.00	0.49	7.49
	20220322124529196722			
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.



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1 vehicles



Mitsubishi FUSO FM

Any Category

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Mitsubishi FUSO FM		Any	Any	Any	Any	Any	Any	Available
	Mitsubishi Fuso Fighter FM65		\$98,000	\$17,620 /yr	16-Oct-2017	7,545 cc	29,000 km	Truck	Available
	Fuel Type: Diesel								DIRECT OWNER
	First Owner. Lowest Genuine Mileage Clocked. Under Utilized. Arrange To View Now Before It's Gone.								
	Posted: 17-Mar-2022.								

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	14/03/2022 09:54 (SGT)
Date of Accident	11/03/2022 19:35 (SGT)
Exact Location of Accident	Marina Coastal Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2879M
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-92291464
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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
Transmission	Manual
CC	7545

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D21097582
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD RAFFE BIN AMAD
NRIC No	SXXXX859G

Date Of Birth	25/12/1965
Occupation	Outdoor
Date Of Driving Pass	14/06/2011
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92291464
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 616 WOODLANDS AVENUE 4 #04-559
Address complement	-
Postcode	730616
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	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 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

ON 11/03/2022 AT ABOUT 1935HRS, I WAS DRIVING VEHICLE A (YP2879M) ALONG MARINA COASTAL DRIVE. I STOPPED MY VEHICLE AT THE RIGHT TURN JUNCTION TO MARINA SOUTH WHARVES, WHICH IS ONLY ACCESSIBLE FOR LORRIES ONLY. AS I WAS ABOUT TO CROSS THE JUNCTION, VEHICLE B (SDL6714Z) DECIDED TO OVERTAKE ME ON MY LEFT (STRAIGHT ONLY) AND OUR VEHICLES COLLIDED. NOBODY WAS INJURED.

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	SDL6714Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96424360

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

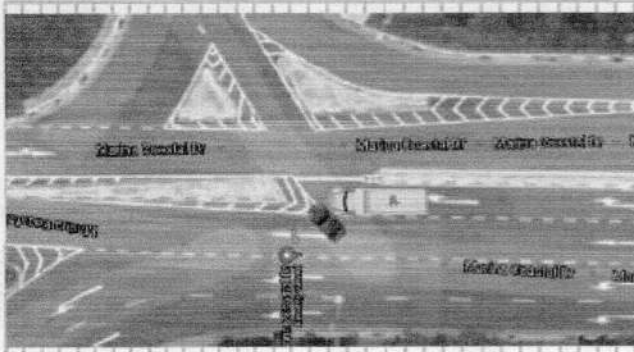
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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)
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - 4P2879M

B - SP26714Z


Describe Circumstances of the Accident

ON 11/03/2022 AT ABOUT 1935HRS, I WAS DRIVING VEHICLE A(YP2879M) ALONG MARINA COASTAL DRIVE. I STOPPED MY VEHICLE AT THE RIGHT TURN JUNCTION TO MARINA SOUTH WHARVES, WHICH IS ONLY ACCESSIBLE FOR LORRIES ONLY. AS I WAS ABOUT TO CROSS THE JUNCTION, VEHICLE B(SDL6714Z) DECIDED TO OVERTAKE ME ON MY LEFT(STRAIGHT ONLY) AND OUR VEHICLES COLLIDED. NOBODY WAS INJURED.


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 13/03/2022 1125



Witnessed by Reporting Centre
Personnel LATIFF

ESTIMATE

24-03-2022

YP2879M220311

YP2879M

Mitsubishi Canter

Fuso FM65FM2RDEB

Name: MSIG Insurance (Singapore) Pte Ltd

Address: Motor Claims Department

4 Shenton Way #21-01

SGX Centre 2

Singapore 068807

Ref Date:

Ref No:

Vehicle No:

Model / Make:

[illegible]

Total Parts & Labour of estimate for damaged vehicle

\$ 6,258.80

6358.80

Total amount in Lumpsum Basis for repaired vehicle	
--	--

\$ -

SDL

Liu's Bro Auto Engrg Wks

not authorized
du
25/3/22
d/s \$2800/
w/ephr After 10 days
4 days.

$$\begin{array}{r} P-3268.98 \\ \quad 252 \\ \hline P-2451.73 \\ L-1070 \\ \hline 3571.73 \\ \quad 702 \\ \hline 2817 \end{array}$$