

05/11/2011 wef  
ASS. IEC. BY: 2011

REF:

CS3/CT122006464/RVC

722N

EXPIRY-2026/36

### ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No: YN 2491H  
at Workshop m/s M36 Motor  
of 7, SIN MINH Ind Est Sec C#0196  
Insured: CTI

Policy No.

Claim No.

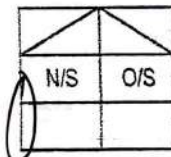
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value: 46k

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:

YN 2491H

Yr Regn: 2011 / SH

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

Truck / Trailer or

Make: MITSUBISHI FE83BE6SRDEA c.c. 2977

Colour: MULTI A/C: Insured / Std / NI / NA

Sp. Reading: 246369 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FE83BEA 20677

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: 7.00R16

R: 8.00R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7/7 mm

L/Bal. 7 mm

L/Bal. 7/7 mm

D.O.A. 30/06/22

D.O.I. 18/07/22

Survey held at

M36

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S REAR

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action / Instruction

REPAIR LIMIT - 29k

ESTIMATE RANGE OF REPAIR / NO OF DAYS - 5k - 3k7 / 3 days

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) : S + RS, SI

) : Photos

) : Others

)

## 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	01/07/2022 16:04 (SGT)
Reported by	Driver
Date of Accident	30/06/2022 13:55 (SGT)
Exact Location of Accident	Ang Mo Kio Ind Park 2, Singapore
Additional Location Information	Ang Mo Kio Industrial Park 2 (near Blk 5025)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2491H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Wee Guan Construction Pte Ltd
Company Reg No	199100720N
Email Address	alex.chia@weeguan.com.sg
Mobile Phone No	(Phone) +65-89136981
Alternative Phone No	-

### 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	3000

### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2021-V0118275-VCV

### DRIVER

Name of Driver	Uzzal Habib Hasan
Work Permit No	G2572309R
Date Of Birth	10/06/1992
Occupation	Outdoor



Date Of Driving Pass	19/12/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89136981
Alt. Phone Number	-
Email Address	alex.chia@weeguan.com.sg
Address	37 Kranji Link
Address complement	-
Postcode	728643
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	Manun
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 attached report.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5573A
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Sellathambi Karthikeyan
Work Permit No	G7623703X
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## Describe Circumstance of the Accident

I was driving vehicle A along Ang Mo Kio Industrial Park 2 near blk 5025. I drove straight on the end of the road. There were stationary vehicles parked parallel to the left of the road. I kept to the right of the road. Suddenly, vehicle B which was parked stationary, started reversing into one of the parking lots when I drove past it. While reversing, vehicle B intruded into my space and collided into the rear left of my vehicle. The front right of vehicle B collided into the rear left of my vehicle. I was driving my vehicle at 10/15 METER

## 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

Witnessed by Reporting Officer (Name & Time)

# **IMPORTANT NOTICE**

## **SKETCH PLAN**

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

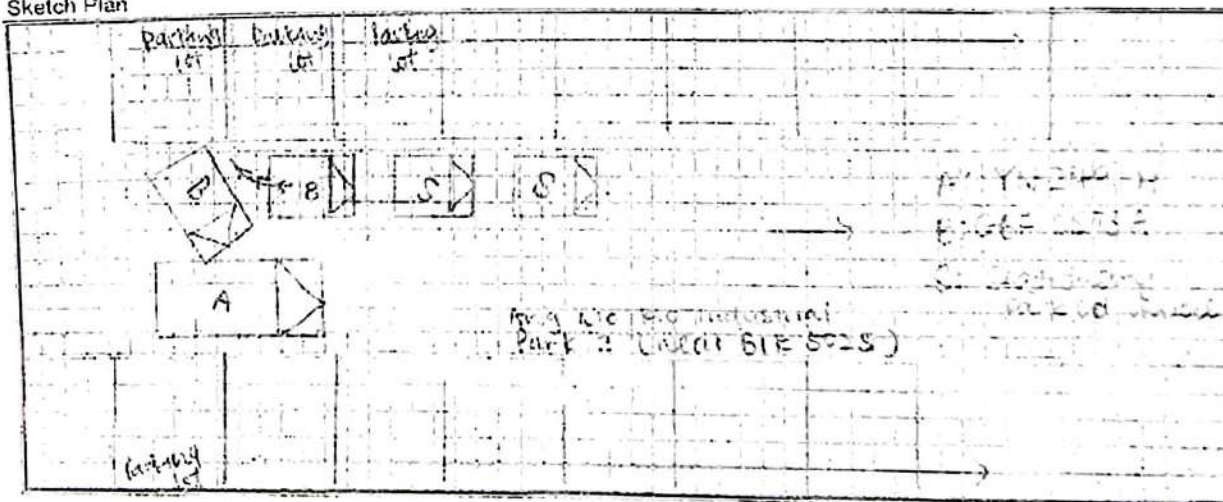
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 or 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 Name as in NRIC ID card

### **Sketch Plan**





> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	720N
Vehicle No.:	YN2491H
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jul 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE83BE6SRDEA
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	4M42A88217
Chassis No.:	FE83BEA20677
Maximum Power Output:	-
Open Market Value:	\$34,237.00
Original Registration Date:	08 Sep 2011
First Registration Date:	08 Sep 2011
Transfer Count: -	2
Actual ARF Paid:	\$1,712.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	07 Sep 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$19,586.00
COE Rebate Amount:	\$16,197.00
Total Rebate Amount:	\$16,197.00
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 19 Jul 2022

OK



# Mitsubishi Fuso Canter FE83 (COE till 09/2026)

## Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price****\$46,800****Lifespan**

04-Oct-2031

**Depreciation**

\$11,140 /yr

**Reg Date**05-Oct-2011  
(4yrs 2mths 11days COE left)**Mileage**

126,000 km (11.7k /yr)

**Manufactured**

2011

**Road Tax**

N.A.

**Transmission**

Manual

**Dereg Value**

\$16,463 as of today (change)

**Fuel Type**

Diesel

**COE**

\$19,586

**OMV**

\$33,054

**Engine Cap**

2,977 cc

**ARF**

\$1,653

**Curb Weight**

2,360 kg

**No. of Owners**

1

**Type of Vehicle**

Truck