ASS BC BY: LOOM	ASSIGNMENT
	Ven No: 4P1406B Yr Regn: 2016 1 FEB
From = Date: Estim = 24 Cost	Type: M.Car / M.Cycle / Bus / Van / Corp / Taxi / Prime Mover /
The second secon	Fruck / Trailer or
OD/ TEV WS/TP RES/OD RES/EVA/INV/MV	
To In-speci Vehicle No: 4P 14066	
at Washing m/s WILCOAM AM	VINVIE
of 3/1000 DLANS 10 391-B	
nsured SPF	Eng/No:
Policy N.	CANO: FEBZIEAZOIAY.
Claims b.	Gen. Cond: Good (Fair) Poor / Burnt
Sum Insered: Excess:	Steering: Mordel / Jammed / Leaked / Burnt or
(Client Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (NR / S/Rim / STD A/Rim or
· · · · · · · · · · · · · · · · · · ·	Tyre Size: F: 195 85R (\$
(PolicyCondition)	R: 21 #20
사용 수 있다는 아이들이 하는 그것은 하는데 하면 하면 하면 가장 보고 있다. 아이들은 아이들은 아이들은 사용을 하는데 없는데 모든데 모든데 되었다. 그 아이들은 사용 이 없었다.	O/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YOKO or
Bal. or Narket Value: 50 K	Front Rear
DAC Acident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7/7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7, mm L/Bal. 7/7 mm
st Reptirs: days Res.: Yes or No	DOA 28/10/2 D.O.L 17/19/22
sim Sum: % 3 Val.: Yes or No	Survey held at WILLIAM AMO
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / Ols / N/S / U/C / Rooftop or
Vehicle: 1N	
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	and an area of the second seco
REPAIR LIMIT - 48K	
<u> </u>	
sle/Time, Fie Pass to? Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
ate/Time. File Return to?	Transportation:
Add	Fee: Site Insp (\$)_s+RS_s
	Interview (\$) Photos
Report Format : ump Sum / I.B.I: (\$: Tech, Invs (\$) Others

the second of the second of

WILLIAM'S AUTO PTE LTD

BLK c3 WOODLANDS ROAD 391-B YEW TEE INDUSTRIAL ESTATE SINGAPORE 677965 TEL: 67636811 FAX: 67632166 Email: waplsp21@singnet.com.sg GST:M2-0032987-2 RCB NO:A03151/1978Z

SINGAPORE POLICE FORCE M/S:

Estimate No: EST2201071

Date:

26 Jul 2022

Policy No:

P1717225

999 TEL:

FAX: spf logs acs@spf.gov Veh Reg No:

YP1406B

ATTN: Motor Claim Department \ MISS LOW LEE KENG

MITSUBISHI Make/Model:

FEB21ER4SDEB

Your Ref No:

YP1406B

Chassis No:

FEB21EA20194

Claim Type:

Third Party

Engine No:

4P10B98112

Accident Date:

25/07/2022

Reg. Date:

04/02/2016

TP Veh Reg No:

QX684Z

AREAS.AND WOODEN FRAME

Estimate Repair Cost to Vehicle No: YP1406B

	Description U/P	rice	Quantity	Cost	Amount
	Description			<u>S\$</u>	<u>S\$</u>
	Net Price				
1	REAR CHASSIS MAIN WIRING SOCKET X		2 PC	18.00	36.00
2	REAR TAILLAMP - (RE) Chr. LHX I/C		2 PCS	489.00	978.00
3	REAR NUMBER PLATE LAMP		1 PC	48.00	48.00
4	REAR NUMBER PLATE BRACKET 54/	_	1 PC	189.00	189.00
	Rean Cargo body wooden step Plate coal		(197)		1,251.00
	to the stay see that if sings		11/2	DOD .00	b
	Special Net				
5	REAR CARGO BOX BODY FRONT PANEL		1 PC	600.00	600.00
6	REAR CARGO BODY REAR TOP END FRAME		1 PC	500.00	500.00
7	REAR CARGO BOX REAR TAILGATE LHX RH		2 PC	950.00	1,900.00
8	REAR CARGO BOX REAR TAIL GATE LOCK - LH-RH	.,	2 PC	390.00	780.00
9	REAR CARGO BOX REAR TAIL GATE LOCK CATCH RH - LH	X	4 PCS	60.00	240.00
10	REAR CARGO BOX BODY SIDE PANEL - RH X		1 PC	900.00	900.00
11	AND ADMINISTRATION OF THE PROPERTY OF THE PROP		I PC XPCS	165.00	660.00
	REAR CARGO BODY REAR END FRAME - RH 🛠 🗡		1 PC	650.00	650.00
	REAR CARGO BODY FRAME LOWER WOODEN SUPPORT		1 RAPC	800.00	3,200.00
	REAR CARGO BODY LOWER WOODEN SUPPORT LOCK PIN 🗶		2 PC	50.00	100.00
	REAR CARGO BODY WOODEN FLOOR PLANK FRONT LOWER SUPPO	RT 🗡	1 PC	800.00	800.00
16	REAR WOODEN CARGO BODY END SUPPORT FRAME		1 PC	800.00	800.00
17	REAR CARGO BODY LOWER WOODEN SUPPORT U BOLT ?		10 PC	80.00	800.00
18	REAR CARGO BODY ROBBER STOPPER LH - RH /		2 PC	150.00	300.00
19	REAR BODY SAFETY RAIL BUMPER 🗶		1 PC	850.00	850.00
20	REAR NUMBER PLATE 5+		1 PC	25.00	25.00
			B		13,105.00
	Labour				
	LABOUR TO REMOVE DAMAGED PARTS &		1 JOB	1 200 00 7	70 12000
	ATTACHMENTS, JACK, STRAIGHTEN, CUT, WELD, REPAIR AND RESHANDENTED PANELS RENEW DAMAGED PANELS AND PARTS ALIGN AN REFIT ATTACHMENTS THE SAME.		1308	1,200.00 /6	1,290.00
22	LABOUR TO REMOVE AND LIFT UP REAR CARGO BODY ENABLE		1 JOB	1,200.00	1,200.00
- 8	NECESSARY REPAIR, CUT AND WELD THE REAR CARGO METAL FRA REPLACE REAR WODEN BODY FRAME SUPPORT AND ALIGN CAEGO BOX METAL FRAME STRUCTURE	ME,	sheho?		200
23	BOX METAL FRAME STRUCTURE . TO SPRAY PAINT ON REPLACEMENT PARTS AND AFFECTED		1 JOB	400.00	400.00

WILLIAM'S AUTO PTE LTD

BLK c3 WOODLANDS ROAD 391-B YEW TEE INDUSTRIAL ESTATE SINGAPORE 677965 TEL: 67636811 FAX: 67632166 Email: waplsp21@singnet.com.sg GST:M2-0032987-2 RCB NO:A03151/1978Z

SINGAPORE POLICE FORCE M/S:

Estimate No: EST2201071

Date:

26 Jul 2022

Policy No:

P1717225

999 TEL:

FAX: spf_logs_acs@spf.gov Veh Reg No:

YP1406B

ATTN: Motor Claim Department \ MISS LOW LEE KENG

MITSUBISHI Make/Model:

FEB21ER4SDEB

Your Ref No:

YP1406B

Chassis No:

FEB21EA20194

Claim Type:

Third Party

Engine No:

4P10B98112

Accident Date:

25/07/2022

Reg. Date:

04/02/2016

TP Veh Reg No:

QX684Z

Estimate Repair Cost to Vehicle No: YP1406B

Description	U/Price Quantity	Cost	Amount
24 WIRING JOB	1 JOB	<u>50.00</u> 3	5 60.00 2,860.00
			2,000.00
	Total	5	\$\$ 17,216.00
	Add GST @ 7%		1,205.12
	Total Amount payable		\$ 18,421.12

TOTAL: SINGAPORE DOLLAR EIGHTEEN THOUSAND FOUR HUNDRED TWENTY ONE AND CENTS TWELVE ONLY

For WILLIAM'S AUTO PTE LTD

AUTHORISED SIGNATUR

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

Signature:

Date:

Rey after report



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 policy liability. 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

Reported by **Date of Accident**

Exact Location of Accident

Additional Location Information

Country/State of Loss

26/07/2022 20:14 (SGT)

Driver

25/07/2022 15:40 (SGT)

Woodlands Ave 12, Singapore

WOODLANDS AVE 12 TOWARDS SLE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP1406B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Yes

DE PACK PTE LTD

200211030W

SHIRLEY_LOW@DEPACK.NET

(Phone) +65-81809516

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

CC

Mitsubishi

Fuso

Employment

No - Claiming third party

Commercial vehicle

Manual

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd

P1717225

DRIVER

Name of Driver Passport No/FIN

Date Of Birth Occupation

ZUO FENGWEI G2883741R 29/05/1983 Outdoor



Date Of Driving Pass **Driving** experience 03/12/2019 2 YEARS AND 7 MONTHS Gender Mobile Number Alt. Phone Number (Phone) +65-81809516 **Email Address** SHIRLEY_LOW@DEPACK.NET Address 315 SEMBAWANG VISTA #10-177 Address complement Postcode 750315 Is the driver the policyholder? If No, Relationship of the Driver with the Insured No **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

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

Yes

Yes

No

Sembawang Neighbourhood Police Centre

4 Sembawang Crescent Singapore 757633

(Phone) +65-18005549999

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

QX684Z

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

Government

Page 3 of 23

SKETCH PLAN

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

l 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 law yers/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.

(colectively the 'Purposes')

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/aw 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 cutside of Singapore, for one or more of the above Purposes.

De Pack Pie Ltd

88, Admiralty Street, #03-20.

Singapore 757440

Tel: 6363 7055 Fax: 6366 5193

Email: sales@depack.net

Tilin

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre

Personnel

Sketch Plan

A.YP1406B B. QX 6847

->> SLE

-> BY AN IXBIED IFD

Refer to	police No: 7/20	220725 2105
da41d: 2	5-7-22 20:50 hr	
		1
-		
Declaration		
102020755778677 507 42 50 50 50 50		
We declare the foregoing particular Pack Pte Ltd	lars are true in every respect.	
Admiralty Street, #03-20,	. 1	
Singapore 757440 363 7055 Fax: 6366 5193	1 + (4)	1944)
nail: sales@depaek.net	1221	Vilin
Policyholder's Signature / Date & Time	Driver's Signature (# driver is not the policyholder) / & Time	Date Witnessed by Reporting Centre Personnel
COURSE CALL		TO THE RESIDENCE OF THE PARTY O



2 of 3

Report No. T/20220725/2105

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

	DANIEL MOUTHURS	1.5		000001100
lame	DANIEL KOH ZHI HAO		No.	S9206140X
Related Vehicle	QX684Z (Car)	Co	ntact No.	85112702
Hospital/Clinic NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharg	e NIL	
	ted Medical Leave NIL	Degree of Inju	ry NIL	
Driver				THE SERVICE
Name	ZUO FENGWEI	ID	No.	G2883741R
Related Vehicle	YP1406B (Lorry)	Co	ntact No.	81089516
Hospital/Clinic	NIL	Dr Lic	ess of ving ence & piry Date	Class: 3 Date of Expiry: 29/08/2024
Date Treatment	NIL	Date Discharg		
No. of Days ora	nted Medical Leave NII.	Degree of Inju	ry NIL	

On the 25/07/2022 at about 1540hrs, I was driving my White Mitsubishi Canter lorry bearing plate YP1406B travelling along Woodlands Avenue 12 towards SLE, traffic was a little slow and I was on the right most lane. I then stopped my vehicle as the traffic lights were red. Suddenly, I felt an impact from the back of my vehicle and I alighted to take a look. I then saw a Police vehicle bearing plate QX684Z had knocked into the rear of my vehicle.

We then exchanged particulars and waited for Traffic Police to come. After traffic police finish with their stuff, I was then given a case card(L/20220725/0112) and was asked to make a traffic accident report regarding the matter.

I would like to state that my lorry suffer damages such as dented car plate and dented metal bar which was below the car plate. I would like to state that I do not suffer any injuries.





2-4

Report No. T/20220725/2105

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

10. 1000-3049999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SGT 3 SHAHRILKHAIRI BIN MOHAMED HAINI	Signature Of Informant:	>
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2022 20:50	
Officer in Charge Of Case: TP / GIT / STAFF SGT SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:	
ND168		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	030W
Vehicle Na.:	YP1406B
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Aug 2022
Vehicle Make:	MITSUBISMI
Vehicle Model:	CANTER FEB21ER4SDEB
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B98112
Chassis No.:	FEB21EA20194
Maximum Power Output:	
Open Market Value:	\$29,605,00
Original Registration Date:	04 Feb 2016
First Registration Date:	04 Feb 2016
Fransfer Count: -	O. D. C.
Actual ARF Paid:	\$1,481.00
ARF Eligibility:	No is had not been a few to the second of th
ARF Eligibility Expiry Date:	
ARF Rebate Amount:	SO, CO. The state of the state
ore to	
COE Expiry Date:	03 Feb 2026
OE Category:	C - Goods Vehicle & Bus
OE Period(Years):	10 10 10 10 10 10 10 10 10 10 10 10 10 1
QP Paid:	\$5,275.00
OE Rebate Amount:	\$1,829.00
otal Rebate Amount:	\$1,829.00

The information contained herein is correct as at 15 Aug 2022

Mitsubishi Fuso Canter FEB21

Overview

Financial

--- Accessories

Similar

Research

Photos

Мар



Price	\$51,800	Lifespan 🗇	29-Mar-2036
Depreciation	\$14,310 /yr View models with similar depre	Reg Date	30-Mar-2016 (3yrs 7mths 13days COE left)
Mileage	N.A.	Manufactured (2)	2016
Road Tax 🗇	N.A.	Transmission	Auto
Dereg Value 🕘	\$16,830 as of today (change)	Fuel Type	Diesel
COE	\$46,502	OMV (I)	\$34,173
Engine Cap	2,998 cc	ARF ()	\$1,709
Curb Weight	2,480.kg	No. of Owners (1