

(08/11/03) wef
ASS. REC. BY: *JIT*

REF: CS/FCI22008085/RVY3

B
335M

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **YP 4338U**
at Workshop m/s **JIT KEONH**
of **28 BEND PL**
Insured: **FCI 2**
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: **YP 4338U** Yr Regn: **2016 / OCT**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: **MITSUBISHI CANTEL 3.0 D.T** c.c. **2998**
Colour: **WHITE** A/C: **Insured / Std / NI / NA**
Sp. Reading: **264134** T/Radio: **Insured / Std / NI / NA**
Eng/No: _____
C/No: **FEB50543960**
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

(Policy Condition) **11am**
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Tyre Size: F: **205/85R16**
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **WSTLAKE**

Bal. or Market Value: **57K**
IDAC Accident Rport: 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

Front Rear
R/Bal. **7** mm R/Bal. **7/7** mm
L/Bal. **7** mm L/Bal. **7/7** mm
D.O.A. **19/08/22** D.O.I. **24/08/22**
Survey held at **JIT KEONH**

CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S FR
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	REPAIR LIMIT - 54K

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

1) Date/Time, File Return to?
2) _____

Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Weekend (\$))

Survey Fee:	
Transportation:	
Photos	
Others	
TOTAL	

Report Format : _____
Lump Sum / I.B.I: (\$) _____



Co. Reg. / GST Reg. No.
201900335M

日強貿易私人有限公司 JIT KEONG TRADING CO. PTE. LTD.

bizSAFE₃

No. 28 Benoi Place Singapore 629945. Tel: 6863 4186 Fax: 6861 3533
E-mail: main@jitkeong.com.sg

Date : 20 Aug 2022

To : MS First Capital Insurance Ltd
6 Raffles Quay
#21-00
Singapore 048580

Attn. : Motor Claim Department Person In-Charge
Tel : 6222 2311 Fax : 6222 3547
Your Ref No.: SBS6367D

RASUL
Hp 90010068
1 day
4/5
24/08/22 P1045
Resy after repair

RE : Accident On 19/08/2022 @ 07:15hrs involving YP4338U & SBS6367D along Toh Guan Road East towards Toh Guan Road

Estimate Repair Bill For Vehicle No.: YP4338U

Parts:

S/n	Product Description	Qty	Unit Price	Amount S\$
1	R/H Wing Mirror Arm <i>bt</i>	1 pc	\$ 547.62	\$ 547.62
2	R/H Wing Mirror <i>cut</i>	1 pc	\$ 119.43	\$ 119.43
SUB-TOTAL				\$ 667.05
Gst 7%				\$ 46.69
				\$ 713.74

Labour & Equipment use charge:

S/n	Product Description	Qty	Unit Price	Amount S\$
1	Labour To Remove Damage Parts & Replace	1 job	\$ 280.00	\$ 280.00 150
SUB-TOTAL				\$ 280.00
Gst 7%				\$ 19.60
				\$ 299.60

Parts \$ 713.74
Labour \$ 299.60
TOTAL \$ 1,013.34

Note: The above estimate does not include any hidden damage parts that is are not visible at the time of inspection of the following damage found after dismantling, we will advise you accordingly.
Remark: Contact Person : Sunny Yeoh (Hp: 9662 1626)

JIT KEONG TRADING CO. PTE LTD

Authorised Signature

LKK Auto Consultants hence notify the Repairer of the following damage

- 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:

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 Actual 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	19/08/2022 16:03 (SGT)
Reported by	Driver
Date of Accident	19/08/2022 07:15 (SGT)
Exact Location of Accident	Toh Guan Rd E, Singapore
Additional Location Information	TOWARDS TOH GUA RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4338U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JIT KEONG TRADING CO PTE. LTD.
Company Reg No	201900335M
Email Address	RENTAL@JITKEONG.COM.SG
Mobile Phone No	(Phone) +65-68634186
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2353362

DRIVER

Name of Driver	CHANDRABABU PRAGANANTHAN
NRIC No	G2374914P
Date Of Birth	22/05/1993
Occupation	Outdoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

12/05/2017
 5 YEARS AND 3 MONTHS
 Male
 (Phone) +65-86484365

RENTAL@JITKEONG.COM.SG
 1 CHANGI BUSINESS PARK CRESCENT #04-01/02/03
 PLAZA 8 CHANGI BUSINESS PARK TOWER 14
 486025
 No
 Employee
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
 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) 7
 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 JAMAL NIL
 Gender Male

PASSENGER 2

Name HOQUE MD MONIRUL
 Gender Male

PASSENGER 3

Name MIIAH MD SUJON
 Gender Male

PASSENGER 4

Name KHAN MD ALAMIN
 Gender Male

PASSENGER 5

Name SAJAN MD HAFIZUR RAHMAN
 Gender Male

PASSENGER 6

Name SARKER MD ABDULLAH
 Gender Male

DETAILS OF POLICE ACTION

ASS.P

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 PLAN

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 SBS6367D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver MOHAMED RAFI BIN MOHAMED NASSER
 NRIC No S8622486J
 Contact Number (Phone) +65-94570080
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

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.
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7. By the lodgment 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.
- (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.



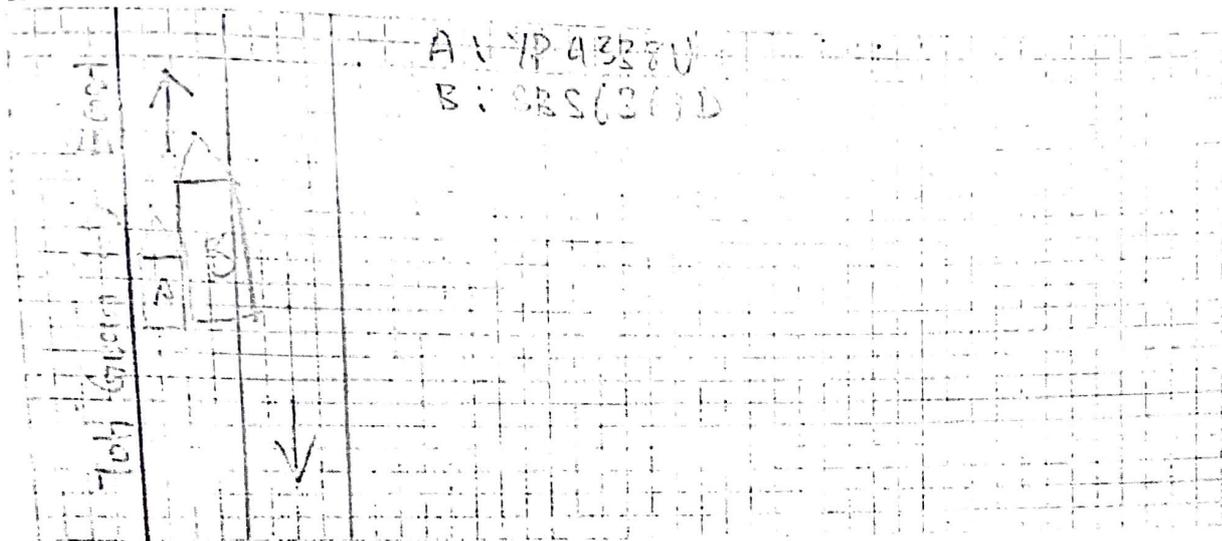
Policyholder's Signature
Date & Time:

C.P.S.P.
Driver's Signature
(if driver is not the policyholder)
Date & Time: 19/08/22 10.44 am

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 7:15am I am in the vehicle YP 4338U waiting to pick up workers. A bus over took my vehicle and collide into the right side of my vehicle. Bus vehicle plate is SBS 6367D.

DECLARATION

I/We declare the following particulars are true in every respect.

Claim own policy
 Claim third party
 Claim OD / TP at other works hop Jit Keong
 For record purpose
 Policy No. P2353362
 Insurer AYA Veh. No. YP4338U



Policyholder's Signature
Date & Time:

C. P. K.
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 19/08/22 . / 10.44 am

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	335M
Vehicle No.:	YP4338U
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Aug 2022
Vehicle Make:	mitsubishi
Vehicle Model:	CANTER 3.0 DIESEL TURBO M/T
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C08197
Chassis No.:	FEB50543960
Maximum Power Output:	-
Open Market Value:	\$37,286.00
Original Registration Date:	13 Oct 2016
First Registration Date:	13 Oct 2016
Transfer Count: -	1
Actual ARF Paid:	\$1,865.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	12 Oct 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,912.00
COE Rebate Amount:	\$2,183.00
Total Rebate Amount:	\$2,183.00

The information contained herein is correct as at 25 Aug 2022

OK

Mitsubishi Fuso Canter 3.0M

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[Financial](#)

[Accessories](#)

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[Research](#)

[Photos](#)

[Map](#)



**YOUR ONE-STOP COMMERCIAL VEHICLE
SOLUTION PROVIDER**

Price	\$65,800	Lifespan ?	11-May-2037
Depreciation ?	\$13,960 /yr View models with similar depre	Reg Date	12-May-2017 (4yrs 8mths 16days COE left)
Mileage	N.A.	Manufactured ?	2016
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$12,266 as of today (change)	Fuel Type	Diesel
COE ?	\$26,029	OMV ?	\$39,724
Engine Cap	2,998 cc	ARF ?	\$1,987
Curb Weight ?	3,340 kg	No. of Owners ?	2