

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: 6B59636E

at Workshop m/s 111's RD

of

Insured: YN 62394

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$68k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

196N Vehicle: IN / OUT

Date: Person Contacted: LIA 917332

Veh No: 6B59636E Yr Regn: 29/10/19

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

Truck / Trailer or MI

Make: Mit conter FEAO1 c.c 2998

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

Sp. Reading: 123263 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEAO1 BA30281

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: 195-215

R:

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

TOYO / YOKO or Austone

Front Rear

R/Bal. 5 mm R/Bal. 5/5 mm

L/Bal. 5 mm L/Bal. 5/5 mm

D.O.A. 04/08/22 D.O.I. 29/08/22

Survey held at

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

Rear

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

Date / Time Action / Instruction 29/10/22

L/S \$ 900

Lump sum \$ 900 (Red. 1119.60, 557.)

Date/Time, File Pass to?

Preli. Report

Days Of Repair:

1)

Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: Site Insp (\$) S + RS, SI

Interview (\$) Photos

Tech. Invs (\$) Others

Weekend (\$)

Report Format :

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

TOTAL

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 04/08/2022 14:25 (SGT)
Reported by Driver
Date of Accident 04/08/2022 11:40 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information KPE EXIT 9A TURNING LEFT INTO TAMPINES ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ9636E

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) +65-87395613
Alternative Phone No (Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant FEA01BR2SDEK (CBU)
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 MS First Capital Insurance Ltd
Policy Number / Cover Note Number D22099240

DRIVER

Name of Driver PERIYASAMY BAKIYARAJ
Work Permit No GXXXX660N
Date Of Birth 15/07/1983
Occupation Outdoor

Date Of Driving Pass 22/01/2022
 Driving experience 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-87395613
 Alt. Phone Number -
 Email Address isaacngcl@gbl.com.sg
 Address 100G PASIR PANJANG ROAD #05-07
 Address complement -
 Postcode 118523
 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 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 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
 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 04/08/2022 AT AROUND 1140HRS, I WAS DRIVING VEHICLE A (GBJ9636E) ALONG KPE EXIT 9A TURNING LEFT INTO TAMPINES ROAD. WHILE WAITING AT THE GIVE WAY ROAD SIGN BEFORE TURNING LEFT, VEHICLE B (YN6239U) SUDDENLY REAR ENDED ME. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED

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 YN6239U
 Vehicle Manufacturer Mitsubishi
 Vehicle Model Fuso
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle

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) -

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 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 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.

P. B. G.

[Signature]

Policyholder's Signature / Date & Time

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

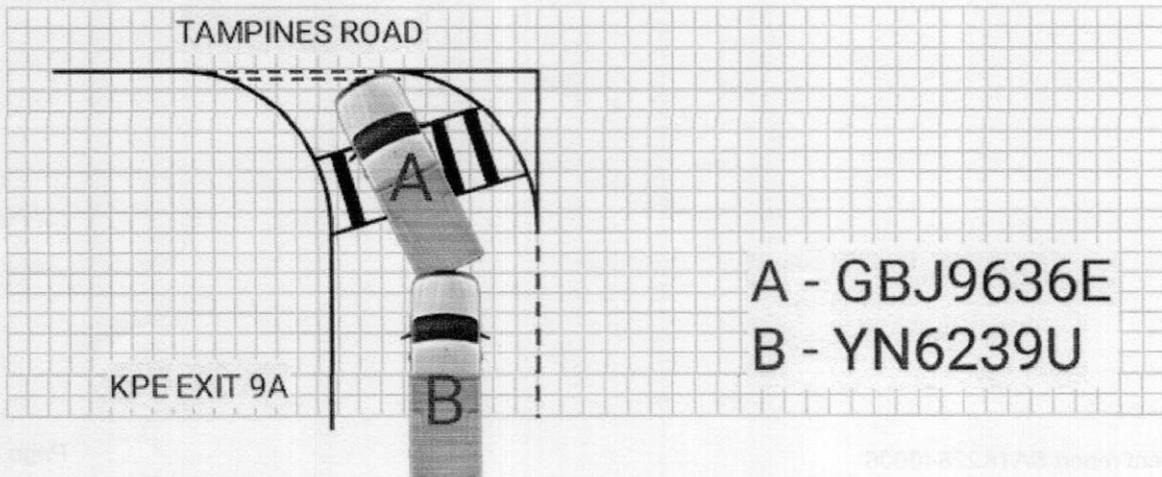
Witnessed by Reporting Centre Personnel

04/08/2022

1300HRS

FRO Sufiyan

Sketch Plan



Describe Circumstances of the Accident

ON 04/08/2022 AT AROUND 1140HRS, I WAS DRIVING VEHICLE A (GBJ9636E) ALONG KPE EXIT 9A TURNING LEFT INTO TAMPINES ROAD. WHILE WAITING AT THE GIVE WAY ROAD SIGN BEFORE TURNING LEFT, VEHICLE B (YN6239U) SUDDENLY REAR ENDED ME. NOBODY WAS INJURED AND NO OTHER VEHICLES 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 04/08/2022 1300HRS



Witnessed by Reporting Centre
Personnel FRO Sufiyan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	GBJ9636E
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Aug 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR2SDEK (CBU)
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	4P10D70192
Chassis No.:	FEA01BA30281
Maximum Power Output:	-
Open Market Value:	\$30,028.00
Original Registration Date:	29 Oct 2019
First Registration Date:	29 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$1,502.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Oct 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$24,203.00
COE Rebate Amount:	\$17,351.00
Total Rebate Amount:	\$17,351.00

The information contained herein is correct as at 27 Aug 2022

OK

> **Back to OneMotoring****Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	GBJ9636E
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Aug 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR2SDEK (CBU)
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	4P10D70192
Chassis No.:	FEA01BA30281
Maximum Power Output:	-
Open Market Value:	\$30,028.00
Original Registration Date:	29 Oct 2019
First Registration Date:	29 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$1,502.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Oct 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$24,203.00
COE Rebate Amount:	\$17,332.00
Total Rebate Amount:	\$17,332.00

The information contained herein is correct as at 29 Aug 2022

OK

Post an Advertisement
 Sell it yourself! Advertise it at just
\$68 until it's SOLD!

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2018 Mazda 2 HB Deluxe @ \$79.8K



Highest Spec, With Full Leather Interior! Almost New Condition! Flexible Loan! Car (S) Pte Ltd StarAd

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3 vehicles

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Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

Search Selection Mitsubishi canter fea01 Any Any 2019 Any Any Any Available



Mitsubishi Fuso Canter FEA01 \$62,800 \$9,690 /yr 19-Feb-2019 2,998 cc - Truck Available

Fuel Type: Diesel
 One Owner, Well Maintained, Reliable Vehicle, No Repairs Required, Low Down Payment, Flexible Loan Plans Cater to Your Needs, Call/...

Posted: 25-Aug-2022



Mitsubishi Fuso Canter FEA01 \$68,800 \$9,420 /yr 17-Dec-2019 2,998 cc - Truck Available

Fuel Type: Diesel
 1 owner, superb low mileage. Business need a good workhorse in order to operate your work flow smooth. Mitsubishi fea01 is a good ch...

ABS Bus Pte Ltd

Posted: 22-Aug-2022



Mitsubishi Fuso Canter FEA01 \$71,800 \$10,100 /yr 07-Oct-2019 2,998 cc 85,800 km Truck Available

Fuel Type: Diesel
 10ft box with checkered plate, very good condition, reliable and durable, new paint work on cabin, call for inquiry!

Bell Auto Pte Ltd

Posted: 07-Jul-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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ESTIMATE

Name: MSIG Insurance (Singapore) Pte Ltd

Address: Motor Claims Department

4 Shenton Way #21-01

SGX Centre 2

Singapore 068807

Ref Date:

26/08/2022

Ref No:

GBJ9636E220804

Vehicle No:

GBJ9636E

Model / Make:

Mitsubishi

Capacity: 2998 cc

FEA01BR2SDEK (CBU)

Item #	Damaged Area	Description	Unit Price	Qty	Estimation / Quotation	N / SN	Cost Of Repair
1	Rear Lh	Tail Lamp 175.10 <i>one</i>	\$ 239.60	1	\$ 239.60		✓
2	<i>1 set</i>	Reverse Sensor <i>should</i>	\$ 220.00	1	\$ 220.00	SN	200 s/n
3		"70 KM/H" Sticker <i>ner</i>	\$ 15.00	1	\$ 15.00	SN	10 s/n
4		"12 PAX" Sticker <i>ner</i>	\$ 15.00	1	\$ 15.00	SN	X
5		"Corporate" Advertisement & Artwork <i>ner</i>			\$ 400.00	SN	200 s/n
6		To check all wiring & electrical component for proper function			\$ 30.00		10
7		Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc			\$ 500.00		300
8		To putty & spray painting & including touch up paint on accident affected areas			\$ 600.00		300

Total Parts & Labour of estimate for damaged vehicle

\$ 2,019.60

Total amount in Lumpsum Basis for repaired vehicle



SDL

Liu's Bro Auto Engrg Wks

Not Approved
llm
 29/08/22
 4/5 @ 900/
 3 days.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

2-175-1
252
 131-32
 410
 610
 1151-32
 202
 921.