

(S/N/H) W/ ASS. REC. BY: Rane

REF:

CS4/FCI 22010293/Rgy3

3484

08-2021/anh

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: XD 61374

at Workshop m/s SC ANU

of SI, SANKO RD

Insured:

FCI

Policy No.

Claims No.

Sum Insured:

Excess:

5000

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

35K

IDAC Accident Rpt:

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:

XD 61374

Yr Regn:

2012/anh

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

Truck / Trailer or

RUBBISH TRUCK

Make:

D.A.F / FAT CF 75.310 c.c. 9186

Colour

YELLOW

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

XL RAT 75 PC0688 6067

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/70R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

13/10/22

D.O.I.

17/10/22

Survey held at

SC ANU

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIMIT - 9K

TOTAL LOSS

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: 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	15/10/2022 10:42 (SGT)
Reported by	Driver
Date of Accident	13/10/2022 10:30 (SGT)
Exact Location of Accident	Aft Senoko Dr, Singapore
Additional Location Information	SENOKO RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6137U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COLEX ENVIRONMENTAL PTE LTD
Company Reg No	2XXXXX348M
Email Address	Claims@scauto.com.sg
Mobile Phone No	(Phone) +65-90662376
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Daf
Model	Cf75
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	9186

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22098725MFVS/5

DRIVER

Name of Driver	CHONG FOH ONN
NRIC No	SXXXX434H
Date Of Birth	28/09/1961
Occupation	Outdoor

Date Of Driving Pass	08/02/2013
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97994938
Alt. Phone Number	-
Email Address	Claims@scauto.com.sg
Address	BLK 314 YISHUN RING ROAD
Address complement	#07-1182
Postcode	760314
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DRIVER
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	LIEW KAR HOE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: L/20221015/7012

ATTACHMENT(S)

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

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 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 renege on 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 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/are 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

COLEX ENVIRONMENTAL PTE LTD

Sketch Plan

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

A- XD613717

Describe Circumstance of the Accident

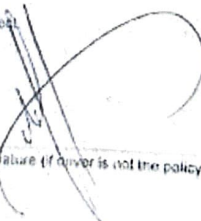
Refer to police report L/20221015/7012

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Person(s) (Name as in NR/CID card)

COLEX ENVIRONMENTAL PTE LTD

01/20/2023

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SINGAPORE POLICE FORCE



L/20221015/7012

1 of 1

POLICE REPORT (NP299)

Report No. L/20221015/7012

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 15/10/2022 09:54	Vide Report No.	Station Diary No.
Name Of Informant CHONG FOH ONN	Address 314 YISHUN RING ROAD #07-1182 SINGAPORE 760314	
ID Type / ID No. NRIC NO / S2756434H	Contact No. Home/Office: Mobile: 97994938	
Nationality MALAYSIAN	Email Address chongfohonn@gmail.com	
Occupation SUPERVISOR	Sex Male	Age 61
Institution/School Name	Date of Birth 28/09/1961	Race Chinese
Date/Time Of Incident 13/10/2022 10:30	Location Of Incident 314 YISHUN RING ROAD #07-1182 SINGAPORE 760314	

Brief details.

I WAS DRIVING VEHICLE NUMBER NO: XD6137U ON 13/10/2022 AT ABOUT 10.30AM ALONG SENOKO ROAD. I CHECKED ON MY RHS REAR VIEW MIRROR, I NOTICED THAT THERE WAS SMOKE COMING OUT. I IMMEDIATELY STOPPED MY VEHICLE ALONG THE ROAD SHOULDER AND WENT DOWN TO INSPECT, JUST WITHIN A FEW SECONDS, THE FIRE BROKE OUT.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2022 09:54
Officer In-Charge Of Case:	Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	348M
Vehicle No.:	XD6137U
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Oct 2022
Vehicle Make:	DAF
Vehicle Model:	FAT CF75.310
Primary Colour:	Blue
Secondary Colour:	Yellow
Manufacturing Year:	2010
Engine No.:	119609
Chassis No.:	XLRAT75PCOE886067
Maximum Power Output:	-
Open Market Value:	\$125,737.00
Original Registration Date:	23 Aug 2012
First Registration Date:	23 Aug 2012
Transfer Count:	1
Actual ARF Paid:	\$6,287.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	22 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$26,442.00
COE Rebate Amount:	\$25,617.00
Total Rebate Amount:	\$25,617.00

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 18 Oct 2022

OK