

Ref
C. BY: Marcus

REF:

CS/LIP22010370/4vy3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. AVS22/2945

Sum Insured:

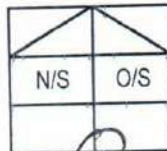
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Yr Regn: 13/03/19

4Q360A

mit conter

white

3081x

FEB21EA30099

195/85 R15 (D/D)

195/85 R15 Dun

Rear

R/Bal.

L/Bal.

D.O.I.

6/6

6/6

20/10/22

Rear

Date / Time

Action / Instruction

22/4/22 11/2 only 1 hour And 15 minutes (red 8035, 92%)
21/4 715 informed S.H.N.

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2) 22/11/22-typist

Report Format : TP

Lump Sum / I.B.I: (\$ 715

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	905E
Vehicle Details	
Vehicle No.:	YQ360A
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Oct 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEN
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	4P10D61992
Chassis No.:	FEB21FA30099
Maximum Power Output:	-
Open Market Value:	\$36,099.00
Original Registration Date:	13 Mar 2019
First Registration Date:	13 Mar 2019
Transfer Count:	0
Actual APF Paid:	\$1,205.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	12 Mar 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$13,502.00
COE Rebate Amount:	\$8,626.00
Total Rebate Amount:	\$8,626.00

The information contained herein is correct as at 20 Oct 2022

OK



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\$50/mth with PayLater 36!



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\$68 until it's SOLD!

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Ways of Selling

Odyssey 2.4A, 100% Loan by GV CARS FINANCING



Secured Loan by in house
finance. Warranty packages and
services available.

GV Automobile Centre Stocked

Sort by 20 results/page

2 vehicles



Mitsubishi feb21

Any Category

Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Mitsubishi feb21		Any	Any	2019	Any	Any	Any	Available
	Mitsubishi	Fuso Canter FEB21	\$89,800	\$13,060 /yr	04-Sep-2019	2,998 cc	27,200 km	Truck	Available
Fuel Type: Diesel Mitsubishi 14 footer, very good condition with retractable canopy. Fully service by GoldBell all record are well keep. View to believe, high... Posted: 13-Oct-2022									
	Mitsubishi	Fuso Canter FEB21	\$85,800	\$12,760 /yr	11-Jul-2019	2,998 cc	-	Truck	Available
Fuel Type: Diesel Well maintained 14ft. Smooth engine and ready for your business needs. Call for viewing and test drive. Easy loan available. Posted: 08-Sep-2022									

Save this search criteria, to get email alerts whenever a match is found.

For old advertisements, view Expired ads

20 results/page

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Cars For Rent

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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	14/10/2022 16:41 (SGT)
Reported by	Driver
Date of Accident	14/10/2022 07:45 (SGT)
Exact Location of Accident	Seletar Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ360A
-----------------------------	--------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EVER SAN CONSTRUCTION PTE LTD
Company Reg No	198802905E
Email Address	soonhuabee@gmail.com
Mobile Phone No	(Phone) +65-67886920
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	FEB21ER4SDEN
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	Income Insurance Limited
Policy Number / Cover Note Number	5108112933-03

DRIVER

Name of Driver	MRIDUL PARVEJ SHEKH
Work Permit No	G2918411P
Date Of Birth	12/07/1994
Occupation	Outdoor

Date Of Driving Pass	11/08/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89009312
Alt. Phone Number	-
Email Address	soonhuabee@gmail.com
Address	201E TAMPINES STREET 23 #04-100
Address complement	-
Postcode	527201
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	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)	16
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male



DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	PUNGGOL N.P.C
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH

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	YQ6080T
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 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 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/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

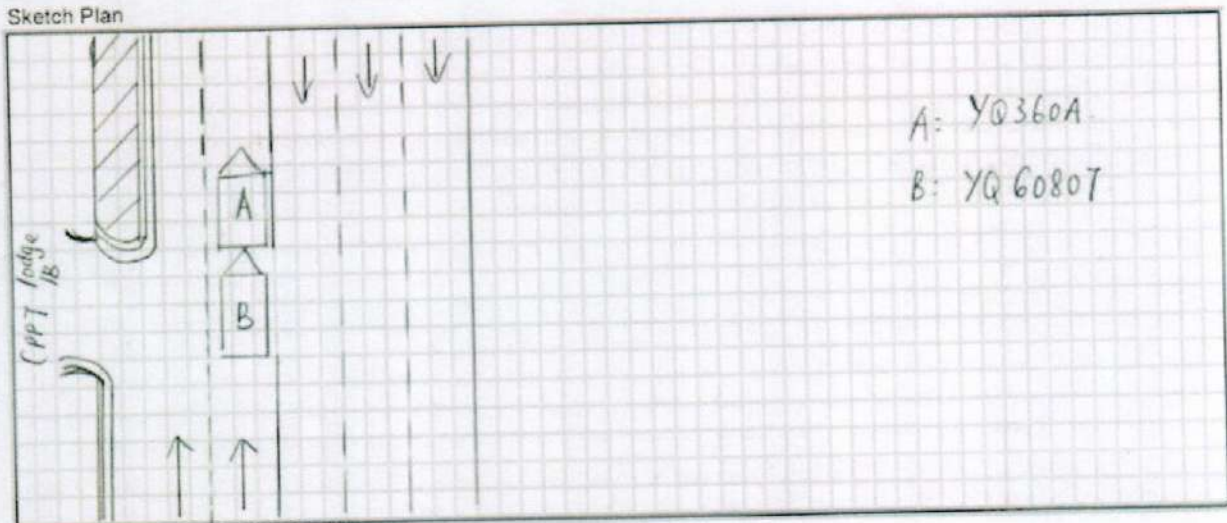


Driver's Signature (if driver is not the Policyholder) / Date & Time

Hong Gao

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

Sketch Plan



Describe Circumstance of the Accident

I was travelling along Seletar Link & i was driving straight on
 the most right lane. out of sudden, a big impact from my vehicle behind,
 Vehicle B was banged onto my vehicle rear portion. My vehicle rear
 portion ~~was~~ caused damages. No One was injured.

Declaration

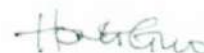
I/We declare the foregoing particulars are true in every respect.

 EVER SINCE CONSTRUCTION PTE LTD

Policyholder's Signature / Date & Time

 EVER SINCE CONSTRUCTION PTE LTD

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



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



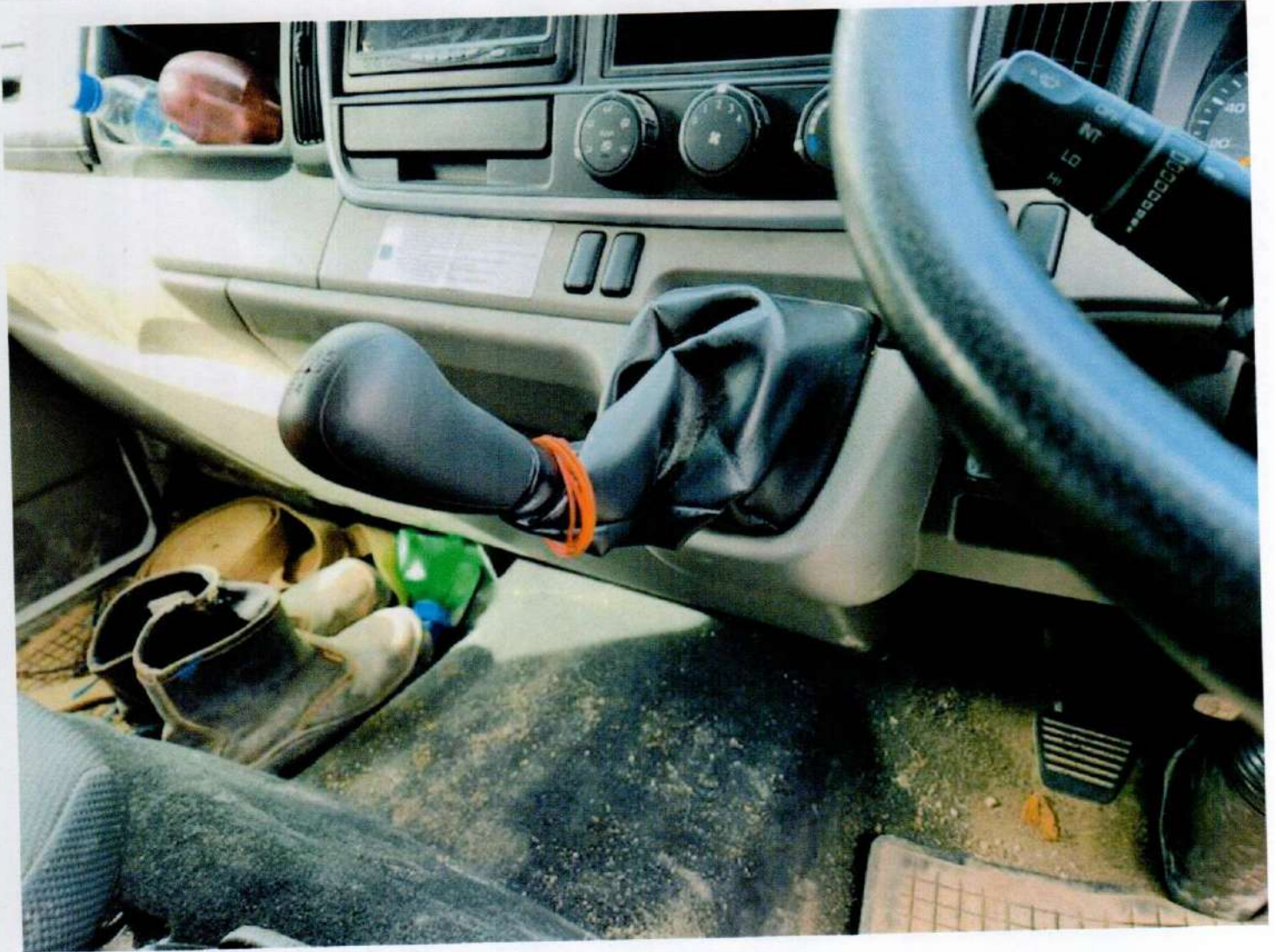




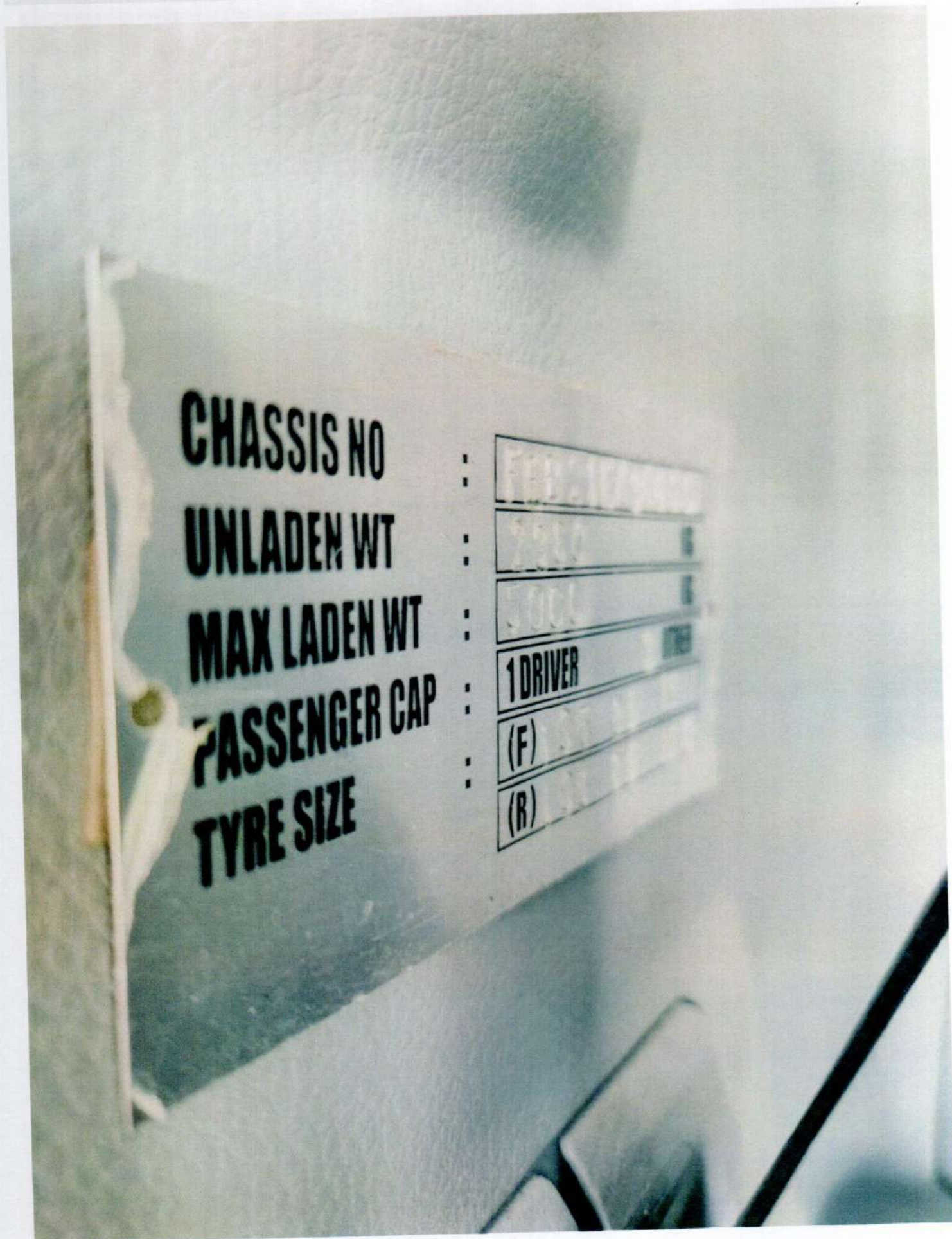




















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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Mridul Parvej Shekh,

NRIC/FIN G2918411P, has reported to the Police a non-injury traffic accident

which occurred along Seletar Link before the turn at Seletar North Link,

on 14/10/2022 at 0745 hours involving the following vehicles:

- YQ360A, Mitsubishi, White Color Lorry (Eversan Construction Pte Ltd)
- YQ6080T, Mitsubishi, White Color Lorry

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Alicia Siew

Date: 14/10/2022 Time: 1107hrs

S/D Ref: 04

Police Post/Unit: Punggol Neighborhood Police Centre

Original – to be issued to informant

Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

PUNGGOL NPC
151 Punggol Central
Singapore 828727
Tel: 1800 604 9999







MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278
TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg
GST:M90362564P RCB NO:201327339E

M/S : Liberty Insurance Pte Ltd
51 Club Street #03-00 ,
Liberty House ,Singapore 069428

TEL: 6636 1131
ATTN: Motor Claim Department

Your Ref No: EVER SAB CONST PL
Claim Type: Third Party
Accident Date: 14/10/2022
TP Veh Reg No: YQ6080T

Estimate No: ES1701008
Date: 14 Oct 2022
Policy No: 5108112933-03
Veh Reg No: YQ360A
Make/Model: MITSUBISHI CANTER
FEB21ER4SDEN
Chassis No: FEB21EA30099
Engine No: 4P10D61992
Reg. Date: 13/03/2019

Estimate Repair Cost to Vehicle No :YQ360A

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
Net Price				
1 Rear Bumper	1,800.00	1 PC	1,800.00	X
2 Rear Tipper Door	2,350.00	1 PC	2,350.00	X
3 Rear Number Plate	40.00	1 PC	40.00	15 s/n
4 Rear Wooden Frame	1,100.00	1 PC	1,100.00	X
			5,290.00	5,290.00
Labour				
5 Labour to cut & weld & renew rear bumper .	850.00	1 JOB	850.00	300
6 Labour to renew rear tipper wooden crossmember .	750.00	1 JOB	750.00	X
7 To spray & painting on affected area .	1,300.00	1 JOB	1,300.00	400
8 To rust proofing on affected area .	560.00	1 JOB	560.00	X
			3,460.00	3,460.00
Total			SS 8,750.00	
Add GST @ 7%			612.50	
Total Amount Payable			SS 9,362.50	

TOTAL: SINGAPORE DOLLAR NINE THOUSAND THREE HUNDRED SIXTY TWO AND CENTS FIFTY ONLY

For MAH LIAN MOTOR VEHICLE
REPAIRER

AUTHORISED SIGNATURE

Not Authorised
Her
many
P/P & 715 / 2
2 days

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: