

ASS. REG. BY:

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated cost: \_\_\_\_\_

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

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: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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: YM9310G Yr Regn: 2008 / Oct.

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

Truck / Trailer or

Make: Mit Fighter C.O. 7545

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

Sp. Reading: 646769. T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: FM65FMB00092

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: 295/80 R22.5

R: 295/80 R22.5

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

TOYO / YOKO or Hankook

Front R/Bal. 06 mm

Rear R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 07/11/22

Survey held at 2 Buroh Crescent

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

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

Date / Time	Action / Instruction
	<u>TP Allianz</u>
	<u>COE Expiry: 15/10/23.</u>
	<u>MV : 12.5K (Depreciation @ 12.5K x 1yr = 12.5K)</u>
	<u>PV : 2.8K</u>
	<u>Nett: 9.7K.</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI. \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Rep. Format: \_\_\_\_\_

Lump Sum / I.B.R. (\$ \_\_\_\_\_)



## 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	01/11/2022 14:03 (SGT)
Reported by	Driver
Date of Accident	28/10/2022 20:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Clementi Avenue 6 towards AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9310G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	POH TIONG CHOON LOGISTICS LIMITED
Company Reg No	1XXXXX049H
Email Address	jinming.hu@ptclogistics.com.sg
Mobile Phone No	(Phone) +65-66628822
Alternative Phone No	(Office) +65-66628822

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fm65fm1rdea
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7545

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099586MFCV/29

#### DRIVER

Name of Driver	Cheng Koon Seng
NRIC No	SXXXX650E
Date Of Birth	06/07/1970
Occupation	Outdoor



Date of Driving Pass	16/04/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91285388
Alt. Phone Number	-
Email Address	jinming.hu@ptclogistics.com.sg
Address	APT BLK 270 Bishan Street 24
Address complement	-
Postcode	570270
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	Ng Voon Yee
Translator's ID	TXXXX410B
Translator's phone number	(Phone) +65-85491223
Translator's email	nicoleng@asmauto.com.sg
Original language used in the statement	Mandarin

#### 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 28/10/2022 around 20:40 hours, I was driving company vehicle YM9310G along Clementi Avenue 6 towards AYE on lane 3. I stopped my vehicle due to traffic light turned red. Suddenly, I felt an impact from behind, a vehicle XB9376L hit onto my vehicle rear side.

#### 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	XB9376L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	Ravichandran Deva
Passport No/FIN	GXXXX974U
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.



Policyholder's Signature / Date & Time

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

Witnessed by Recording Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 28/10/2 around 20:40 hours, I was driving company vehicle YM931061 along Clementi Avenue 6 towards AYE on lane 3. I stopped my vehicle due to traffic light turned red. Suddenly, I felt an impact from behind, a vehicle XB93761 hit onto my vehicle rear side.

Declaration

I hereby declare that the information provided is true and correct.



Signature of Driver: [Signature]

Signature of Police Officer: [Signature]

Signature of Police Officer: [Signature]



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## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	049H
Vehicle Details	
Vehicle No.:	YM9310G
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FM65FM1RDEA
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	6M60130795
Chassis No.:	FM65FMB00092
Maximum Power Output:	-
Open Market Value:	\$54,260.00
Original Registration Date:	16 Oct 2008
First Registration Date:	16 Oct 2008
Transfer Count:	1
Actual ARF Paid:	\$2,713.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Oct 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$14,699.00
COE Rebate Amount:	\$2,750.00
<b>Total Rebate Amount:</b>	<b>\$2,750.00</b>
Message	
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 08 Nov 2022

OK

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Search Selection	mitsubishi fm65	Any	Any	> 10 year(s) old	Any	Any	Any	Available
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☐ **Mitsubishi Fuso Fighter FM65 (COE till 12/2028)**
**\$76,800**
**\$12,500 /yr**
**30-Dec-2008**
**7,545 cc**
**-**
**Truck**
**Available**

**Fuel Type:** Diesel

10 ton manual transmission truck with full canopy with sliding canvas, Include new paint work, engine gearbox great condition. Nice and clean interior, high loan available, trade in welcome. View to believe, call us now.

Net Link Partners Pte Ltd

★ Posted: 28-Oct-2022

PREMIUM AD



☐ **Mitsubishi Fuso Fighter FM65 (COE till 11/2031)**
**\$108,800**
**\$12,000 /yr**
**14-Dec-2011**
**7,545 cc**
**108,050 km**
**Truck**
**Available**

**Fuel Type:** Diesel

Tailgate + canopy unit! Payload of 8 ton! Tailgate up to 2.2 tons! Immaculate condition! Wear & tear replaced! Worry free ownership covered by our premium warranty! Flexible loan packages available! Call/WhatsApp our friendly sales consultants to arrange viewing app...

Car (S) Pte Ltd

★ Posted: 07-Nov-2022

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