

(08/11/13) wef

ASS. REC. BY: PJm

REF:

CS3/LPC 22008267/Rug3<sup>-1</sup>

787m

**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

4P9848G

at Workshop m/s

AAK

of

4, Penzance Close

Insured:

XD 5780T

LPC

Policy No.

Claims No. 22/22/22/VC05/025195

Sum Insured:

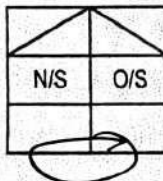
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

79K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

4P9848G

Yr Regn:

2018 / DK

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

Truck / Trailer or

Make:

MITSUBISHI CANTE FEB 21 EA C.C 2998

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

142221

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FEB 21 EA 25417

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:

155/80R15C

R:

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

TOYO / YOKO or

KENDA

Front

Rear

R/Bal.

7

mm

R/Bal.

7/7

mm

L/Bal.

7

mm

L/Bal.

7/7

mm

D.O.A.

28/08/22

D.O.I.

26/08/22

Survey held at

AAK

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

REPAIR LIMIT - 62K

ESTIMATE RANGE OF REPAIR / NO OF DAYS - (4K - 5K) / 7 days

29/8/22

Submit PRS

17/1/23

Submit LS \$6350 (Red 7150, 52%)

Date/Time, File Pass to?



Preli. Report

Days Of Repair: 14

1)



Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 17/1/23-typist

Add Fee:



Site Insp (\$

) S + RS SI



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

Report Format :

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

)



# 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 ..... 25/08/2022 17:34 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 25/08/2022 12:05 (SGT)  
Exact Location of Accident ..... Jln Buroh, Singapore  
Additional Location Information ..... Junction of Penjuru Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP9848G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AAK LOGISTICS SERVICES PTE. LTD.  
Company Reg No ..... 201325787M  
Email Address ..... peijuan\_lee@aakls.com  
Mobile Phone No ..... (Phone) +65-65184953  
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 ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00152002101

### DRIVER

Name of Driver ..... MAHMOOD BIN KHAIRULLAH  
NRIC No ..... S1332480H  
Date Of Birth ..... 11/07/1958  
Occupation ..... Outdoor

Date Of Driving Pass ..... 09/05/1980  
 Driving experience ..... 42 YEARS AND 3 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-83423272  
 Alt. Phone Number ..... -  
 Email Address ..... peiJuan\_lee@aakls.com  
 Address ..... APT BLK 148 YISHUN STREET 11 #05-131  
 Address complement ..... -  
 Postcode ..... 760148  
 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) ..... 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 ..... MUHD NURMAN  
 Gender ..... Male

#### 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

#### 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 ..... XD5780T  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -

Vehicle Colour  
 Vehicle Category  
 Name of Driver  
 NRIC No  
 Contact  
 Address  
 P

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAY KIM PHEOW
NRIC No .....	S1277317Z
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

*John S.*

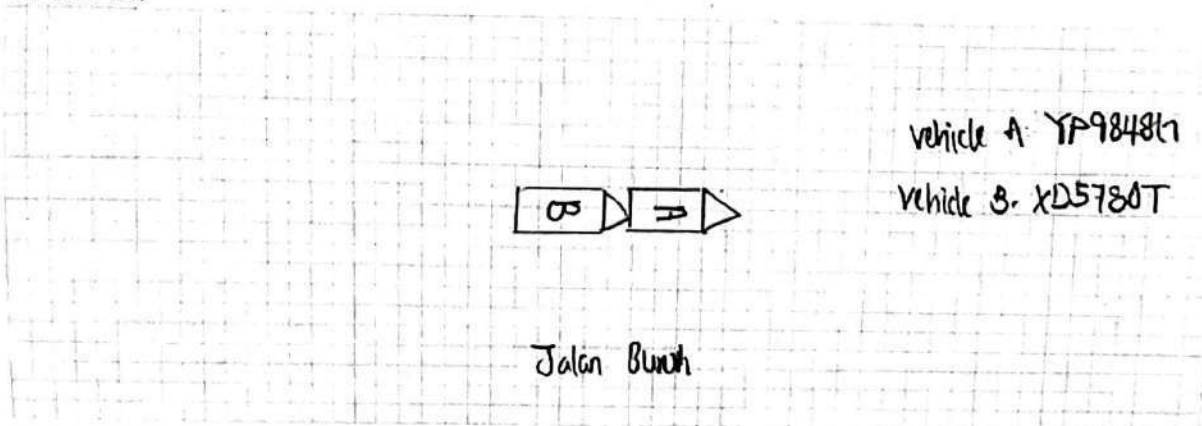


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**


On 26-08-2013 @ 12.05pm, I drive company lorry A (YP9848G) along Jalan Buroh junction of Perijum Road. I stop my lorry when traffic light in red. Suddenly I felt big impact from rear, I went down and check realised one lorry B (XD5180T) head to rear my lorry.

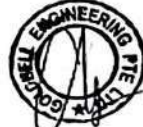
Name: <u>Muhammad Bin Ahmadiah</u>	
(Owner / Insured / Driver)	
WIPK No: <u>9133248024</u>	Company Stamp for Company registered vehicle
Vehicle No: <u>YP9848G</u>	
I will send my above stated damaged vehicle to	
Company name: <u>MAK Workshop</u>	Signature of Owner/Insured/Driver <u>Mohamed</u>
for my vehicle damage repairs and insurance claim.	
<small>AAK had clearly informed me on how AAK rules, I accept AAK facilities and discharge AAK/AAK Engineering Pte Ltd. from all accident involvement report.</small>	

**Declaration**

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

  
Witnessed by Reporting Centre Personnel



## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

787M

### Vehicle Details

Vehicle No.:

YP9848G

Vehicle to be Exported:

No

Intended Deregistration Date:

28 Aug 2022

Vehicle Make:

MITSUBISHI

Vehicle Model:

CANTER FEB21ER4SDEN

Primary Colour:

White

Manufacturing Year:

2018

Engine No.:

4P10D47626

Chassis No.:

FEB21EA25417

Maximum Power Output:

-

Open Market Value:

\$35,041.00

Original Registration Date:

11 Dec 2018

First Registration Date:

11 Dec 2018

Transfer Count:

0

Actual ARF Paid:

\$1,753.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

10 Dec 2028

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$27,009.00

COE Rebate Amount:

\$16,968.00

Total Rebate Amount:

\$16,968.00

The information contained herein is correct as at 28 Aug 2022

OK



# Mitsubishi Fuso Canter FEB21

Overview

Financial

Accessories

Similar

Research

Photos

Map



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

Price	<b>\$79,800</b>	Lifespan	02-Dec-2038
Depreciation	\$12,730 /yr <a href="#">View models with similar depre</a>	Reg Date	03-Dec-2018 (6yrs 3mths 4days COE left)
Mileage	N.A.	Manufactured	2018
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$15,876 as of today ( <a href="#">change</a> )	Fuel Type	Diesel
COE	\$25,326	OMV	\$35,664
Engine Cap	2,998 cc	ARF	\$1,784
Curb Weight	2,260 kg	No. of Owners	2