(08/11/13) wef ASS REC BY: MCrous REF: CS/CT/2	7222671/11/
ACC: NEC: - 1	A STATE OF THE PROPERTY OF THE
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. DMPCSNW00265802100 Claims No. SNM23D200485/C02/KHONGLH Sum Insured: Excess:	Veh No: XD 6020 Yr Regn: 29/08/12 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (M / TMA Make: M. F. FUSO FVS1., c.c. / 2882 Colou Wille Green A/C: Insured / Std / NI / NA Sp.Reading 3 40/6 T/Radio: Insured / Std / NI / NA Eng/No: C/No: FVS1JADOFS Gen. Cond. Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: (DAC Accident Rport: GIA / PR Seen: Consistent?: Yes or No Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: Whicle: IN / OU Date: Person Contacted: Consistent?: Yes or No Consistent?: Yes or No Lum Sum: Consistent?: Yes or No Consistent?: Yes or No	Modi: Nil) S/Rim / STD A/Rim or Tyre Size: F: 29 \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Date/Time Action / Instruction COL until 25-05-227 14/3/23 4/5 \$ 17. 800 informal Date/Time, File Pass to? 1: Preli. Report Date/Time, File Return to? 2: Preli. Report Add F	Days Of Repair: 3 Resurvey No. of Trip: 2 Survey Fee: Transportation: Transportation: Site Insp (\$)S+RSSI Interview (\$) Photos
Report Format: Merimen Lump Sum /-I.B.I: (\$17,800)	: Tech. Invs (\$) Others : Weekend (\$)
- Lump Gam / 11 ,000	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

wner ID Type:	Company
Owner ID:	158D
Vehicle Details	1305
Vehicle No.:	XD6020Y
Vehicle to be Exported:	Yes
ntended Deregistration Date:	31 Jan 2023
Vehicle Make:	MITSUBISHI
Vehicle Model:	FV51JJD4RDEA
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	6M70451891
Chassis No.:	FV51JJA00852
Maximum Power Output:	F
Open Market Value:	\$99,788.00
Original Registration Date:	29 Aug 2012
First Registration Date:	29 Aug 2012
Transfer Count:	1
Actual ARF Paid:	\$4,990.00
ntended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
COE Expiry Date:	28 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$26,442.00
COE Rebate Amount:	\$24,195.00
Total Rebate Amount: Message	\$24,195.00
The state of the s	or this vehicle can only be for a 5-year period

The information contained herein is correct as at 31 Jan 2023

subject to the statutory lifespan (if applicable) of the vehicle.

OK

sgcarmart

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Car Reviews

Sgcarmart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, from vans, trucks, sedan cars, luxury cars, sports Cars/Add whather on the cars of the c

OH PRESSURANT OF THE PRESSURAN

SK0U231G0011 / KAN FOOK SING MOTOR WORKSHOP [533758]

ENTRY DATE & TIME: 16/01/2023 17:27 (SGT)

SUBMITTED BY: Boo Miow Hwa VERSION: 1 (16/01/2023 17:27 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

16/01/2023 17:27 (SGT)

Driver

14/01/2023 23:15 (SGT)

Singapore

TPE LAMP POST NUMBER 87 NEAR LOYANG AVE EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XD6020Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

WEE GUAN ENGINEERING PTE LTD

199804158D

alex.chia@weeguan.com.sg

(Phone) +65-96868669

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Mitsubishi

FV51JJD4RDEA

No - Claiming third party Commercial vehicle

Manual

12882

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Great Eastern General Insurance Limited 2022-V0105675-VCV-R004

DRIVER

Name of Driver

Work Permit No

Date Of Birth

Occupation

RAJAVEL SENTHILKUMAR

G7715384K

30/03/1985

Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt, Phone Number **Email Address** Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

alex.chia@weeguan.com.sg APT BLK 613 BUKIT PANJANG RING ROAD #10-856 (S) 670613

No Employee No

18/04/2017

5 YEARS AND 9 MONTHS

(Phone) +65-87120280

Insurance Company of Other Vehicle Owned by Driver

Vehicle Registration Number of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Does Driver Own Other Vehicles?

Collision - Head to Rear Type of Accident Clear Weather Conditions 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) 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? Choa Chu Kang Neighbourhood Police Centre Police Station Name (Phone) +65-18007659999 Police Station Phone No (Fax) +65-67644104 Alt. Police Station Phone No No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

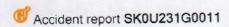
ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Yes Yes

WITH INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

SME7329B Vehicle Registration Number Mercedes Vehicle Manufacturer Vehicle Model



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DANIEL HO POH YIN
NRIC No	S7909175H
Contact Number	(Phone) +65-8311004
Address	-
Address complement	-
Postcode	1150
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Pease report correctly the details of the accident to speed up the claims process.
- 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)

Lunderstand, 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 law yers/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' law yers/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 they less yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

2. Supra 16/01/23

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date

Sketch Plan

A X0 6000Y B: SIME 7329R

scribe Circum	stances of the Accident
At	the above Mentioned date and time, my various XDEO264 with TASA
los stationary	ning TPE near Bot 2 Leging Ave 2 at the most right lane doing work
y vehicle the	re was TMA warning signage blounted on rear of my vehicle to keep now
from my V2	hick but of Sudden, i felt on big impact from my Vehicle behind.
I contra down	from my valuele I tealised valuele B was hit ente my values
rear portion	& caused damages to my vehicle.
DI	ase Rober to Police Report REF No T/26230115/2040.
1	

Declaration

We declare the foregoing particulars are true in every respect.

(2.8.W)

J. Suky

16/01/28 12.15 120

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 1 of 3 Report No. T/20230115/2040

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 15/01/2023 15:09
 G/20230114/0295
 76

15/01/20	123 15:09		G/20230114/0295	76	
Informa	nt's Partic	ulars			
Name of Informant: RAJAVEL SENTHILKUMAR			Address: APT BLK 613 BUKIT PANJANG RING ROAD #10-856 SINGAPORE 670613		
	/ ID No.: / G7715384	‡K	Contact No.: Home/Office: Mobile: 87120280		
National INDIAN	ity:		Email:		
Sex: Male	Age:	Date of Birth: 30/03/1985	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Other heavy truck and lorry drivers		and larry drivers	Driving Licence Information Class: 2B,3,4	Date of Expiry: 03/04/2026	

Type of Accident:	Non-Injury Attended by Police			Type of Location	
	XPRESSWAY				
Lamp Post N Weather	umber, d/	Road Surface:	R	load Speed Limit:	
Traffic Flow:		Traffic Control:	1	raffic Volume:	

Details of V	ehicle Invo	lved	STATE OF STREET			
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SME7329B	Car				Seriously Damaged	0
XD6020Y	Lorry				Slightly Damaged	0





Police Station Of Origin. Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 Report No. T/20230115/2040

CONTINUATION OF REPORT

Brief Details.

On 14/01/2023 at about 2315hrs at TPE towards PIE 1.8Km L/P 87. I was in my truck waiting for my other worker to finish up their works. Out of sudden, the white vehicle collided onto my back of my truck.

Thereafter, TP and ambulance arrive at scene. We both exchange particular and thereafter, the driver of the white vehicle was conveyed to the hospital.

This report is for insurance claim purposes.



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999



3 of 3

Report No. T/20230115/2040

CONTINUATION OF REPORT

01.	-4	-	-	121	-	-
Sk	62.1	IIG.	п	100	12	51

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

SGT 2 ALAN YAP PENG KWEE

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185

NP168

Signature Of Informant:

7 25

Date/Time: 15/01/2023 15:09

Classification Of Case:



SCHEDULE COMMERCIAL VEHICLE

ORIGINA

POLICY INFORMATION

2022-V0105675-VCV-R004 Policy No.

Date of Issue 11/08/2022

Previous Policy

intermediary

: B0000061

Insured

WEE GUAN ENGINEERING PTE LTD

Address

: 37 KRANJI LINK

SINGAPORE 728643

Period of Insurance : From 19/09/2022 to 18/09/2023 (both dates inclusive)

PREMIUM

Gross Premium 2,250.00 157.50 Total Amount Due SGD 2,407,50

DETAILS OF COVER

Risk Number 001 : Owner

WEE GUAN ENGINEERING PTE LTD

Vehicle Number : XD6020Y

Vehicle Make

MITSUBISHI FV51JJDA4RDEA

Vehicle Body Type TIPPER TRUCK

Year of Manufacture : 2012 Tonnage / Seating : 16.59

Engine Number : 6M70451891

Chassis Number FV51uJA00852

Cover Type

. Comprehensive Any Workshop

UNITED OVERSEAS BANK LIMITED

NCD / Fleet Discount: 20,00%

Excess

S\$1,500,00 SECTION I

Additional Benefits -

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: China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road

#15-00 Springleaf Tower

Singapore 079909

ATTN: Motor Claim Department

Your Ref No:

TEL:

WEE GUAN ENG PL

FAX: -

Claim Type: Accident Date:

Third Party 14/01/2023

TP Veh Reg No:

SME7329B

Estimate No:

ES1701032

Date:

14 Jan 2023

Policy No:

2022-V0105675-VC

Veh Reg No: XD6020Y

Make/Model:

MITSUBISHI FV51JJD4RDEA

Chassis No:

FV51JJA00852 6M70451891

Engine No: Reg. Date:

29/08/2012

Estimate Renair Cost to Vehicle No :XD6020Y

Description		U/Price	Quantity	List Price	Amount
				<u>S\$</u>	<u>S\$</u>
S. Net Price					
TMA Module A Energy Absorbig Box	5.7	8,980.00	1 PC	8,980.00	
2 Bottom Angle Cartridge ,MASH	315	3,050.00	1 PC	3,050.00	1000
3 Top Angle Cartridge ,MASH	Dis	3,180.00	1 PC	3,180.00	1000
Rear Diaphragm ,Cartridge ,MASH	NS	4,250.00	1 PC	4,250.00 众	,
5 Cartridge Tail Light Assy RH	11	580.00	1 PC	580.00 D	
6 Cartridge Tail Light Assy LH	300	580.00	1 PC	580.00 -	- 300
7 ICC Bar Light Assy W/Cover Flap	11	980.00	1 PC	980.00 ✗	
8 TMA Module C Mash Energy Absorbing Box	NS	9,850.00	1 PC	9,850.00 🗶	
Cartridge Tube Assy LH Mash , Vehicle Reinforcing B	sar meged cre	15,350.00	1 PC	15,350.00	
0 Cartridge Tube Assy RH Mash , Vehicle Reinforcing E			1 PC	15,350.00	5000
1 3M Reflective Stickers	nec	-180.00	10PC/S	ef 1,800.00	200
				63,950.00	63,950.00
Labour					
2 Labour to dismantle & renew all above parts.		3,800.00	1 JOB	3,800.00 2	000
3 Labour to check & connect all lighting & lamp & wiri	ng.	380.00	1 JOB	1 1 380.00 D	
4 To rust proofing on affected area.		850.00	1 JOB	11 850.00 X	
5 To spray & painting on affected area.		1,500.00	1 JOB	1,500.00 3	00
				6,530.00	6,530.00
				Total	S\$ 70,480.00
			Add GS	T @ 8%	5,638.40
			Total Amount	Payable	SS 76,118.40

TOTAL: SINGAPORE DOLLAR SEVENTY SIX THOUSAND ONE HUNDRED EIGHTEEN AND CENTS FORTY ONLY

Third party survey is on a "Without Prejudice" basis

No illegal modification(s) is allowed

 Supplementary item(s) must be resurveyed nm3 is subject to final approval from Insurance Company

For MAH LIAN MOTOR VEHICLE REPAIRER

AUTHORISED SIGNATURE