

08/11/13 Web

ASS. REC. BY:

REF:

CS3/SHK23000864/Rwy3

3003

ASSIGNMENT

06-2028/186

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.

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: 80K

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: XD 2973Z Yr Regn: 2008 OCT

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

Truck / Trailer or

Make: MITSUBISHI FPS13DR4RDEA C.C. 12882

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

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

Eng/No:

C/No: FPS13DA00677

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: 265/25R16

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. 19/11/22 D.O.I. 26/01/23

Survey held at SINCERE LEAD

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 - 40K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (35K - 39K) / 20 - 25 days

Date/Time, File Pass to?

: Prell. Report

1)

Date/Time, File Return to?

: Final Report

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 GI 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	06/01/2023 15:15 (SGT)
Reported by	Driver
Date of Accident	19/11/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	15A TUAS SOUTH AVE 12 TEMPORARY SITE OFFICE S(637133)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2973Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WENDY TRANSPORT ENTERPRISE COMPANY
Company Reg No	25866300J
Email Address	TONY@WENDYTPT.COM.SG
Mobile Phone No	(Phone) +65-91142244
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fp51jdr4rdea
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	Goods vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000628-R00

DRIVER

Name of Driver	SRIDHAR SESHAGOPAL
Work Permit No	G6746271N
Date Of Birth	17/05/1985

Occupation	Outdoor
Date Of Driving Pass	09/12/2013
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85751639
Alt. Phone Number	-
Email Address	TONY@WENDYTPT.COM.SG
Address	BLK 322 TAH CHING ROAD #10-74
Address complement	-
Postcode	610322
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	-
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?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

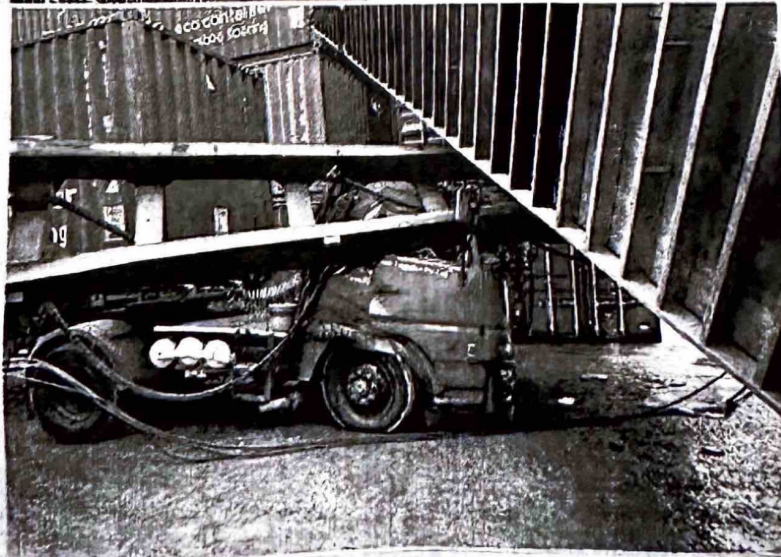
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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' 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 their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
X
Policyholder's Signature/Date
Time

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

[Signature]
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report no. J120221121/2114

Third party claim at Sincere Lead Automotive, please email FIA report to them.

Declaration

We declare the foregoing particulars are true in every respect.

X

 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



J/20221121/2114

1 of 2

POLICE REPORT (NP299)

Report No. J/20221121/2114

Police Station Of Origin
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Date/Time Report Made 21/11/2022 21:40	Vide Report No.	Station Diary No. 54
Name Of Informant SRIDHAR SESHAGOPAL	Address APT BLK 322 TAH CHING ROAD #10-74 SINGAPORE 610322	
ID Type / ID No. FIN NO / G6746271N	Contact No. Home/Office Mobile 85751639	
Nationality INDIAN	Email Address	
Occupation Trailer-truck driver	Sex Male	Age 37
Institution/School Name	Date of Birth 17/05/1985	Race Indian
Date/Time Of Incident 19/11/2022 12:30	Location Of Incident 15A TUAS SOUTH AVENUE 12 TEMPORARY SITE OFFICE SINGAPORE 637133	

Brief details.

On 19/11/2022 at about 1230hrs, I was at No 15A Tuas South Avenue 12. I was driving vehicle XD2973Z and was waiting to unload a container which I was driving.

At that time, there was a forklift behind my vehicle which was lifting 2 containers. There was a pin for the forklift which dropped off and that caused the hydraulic beam which was attached to the forklift to drop. I noticed it and immediately lied down on the seat as I knew that I am unable to escape.

Signature Of Officer Recording The Report:
J / SR STAFF SGT GUNASEELAN
RAVESADRAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
INSP (2) Liew Ray Keeve
Contact No.: 63167471

Signature Of Informant:

Date/Time:
21/11/2022 21:40

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221121/2114

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221121/2114

The hydraulic beam dropped onto the cabin of my prime mover. The container lifted by the hydraulic beam had dropped onto another vehicle, XD2853L, and the driver of the vehicle had lodged a report J/20221119/2062. The driver was the one who came to assist me out of my vehicle.

No one had called for the Police or Ambulance. The site manager, Bob HP: 98155900 had brought me to NTFGH and I was given 4 days MC as I suffered pain on my chest.

I am lodging this report for MOM purpose and insurance claims.

Signature Of Officer Recording The Report:
J / SR STAFF SGT GUNASEELAN
RAVESADRAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
INSP (2) Liew Ray Keeve
Contact No.: 63167471

Signature Of Informant:

Date/Time:
21/11/2022 21:40

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	300J
Vehicle Details	
Vehicle No.:	XD2973Z
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Mar 2023
Vehicle Make:	MITSUBISHI
Vehicle Model:	FP51JDR4RDEA
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	6M70427097
Chassis No.:	FP51JDA00677
Maximum Power Output:	-
Open Market Value:	\$77,540.00
Original Registration Date:	30 Oct 2008
First Registration Date:	30 Oct 2008
Transfer Count:	1
Actual ARF Paid:	\$3,877.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Feb 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$39,352.00
COE Rebate Amount:	\$39,193.00
Total Rebate Amount:	\$39,193.00

Mitsubishi Fuso Super Great FP51 (COE till 01/2028)

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

CONVINCE AUTO

YOUR TRUSTED & RELIABLE MOTORING PARTNER

Price	\$80,800	Lifespan ?	29-Oct-2028
Depreciation ?	\$16,470 /yr	Reg Date	30-Oct-2008 (4yrs 10mths 24days COE left)
Mileage	N.A.	Manufactured ?	2008
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	N.A.	Fuel Type	Diesel
COE ?	\$37,834	OMV ?	\$77,540
Engine Cap	12,882 cc	ARF ?	\$3,877
Curb Weight ?	6,760 kg	No. of Owners ?	3