

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: YN 1868L
 at Workshop m/s: 11u590
 of _____
 Insured: SBS 64944
 Policy No. _____
 Claims No. D23000605MFBP
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: YN 1868L Yr Regn: 29/12/10
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (M)
 Make: Mit FM 65 c.c. 7545
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 436415 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FM 65 FM A 00128
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 295/80 R 22.5
 R: Austone
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Kpato S
 Front 6 Rear _____
 R/Bal. _____ mm R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. 17/02/23 D.O.I. 16/3/23
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$ 38k.
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 1-B.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: LIA 7720 Vehicle: IN / OUT

Date / Time Action / Instruction
09/13k.
coe until 30-11-2025

21/3/23 1.3.1 @ 250 part by part : rebound suspension (red 1000, 80%)

Date/Time, File Pass to? : Preli. Report : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) 21/3/23-typist
 Report Format : TP
 Lump Sum / I.B.I: (\$ 250)
 Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____) : S + RS. _____ SI
 : Interview (\$ _____) : Photos
 : Tech. Invs (\$ _____) : Others
 : Weekend (\$ _____) : _____
 TOTAL _____

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	YN1868L
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Mar 2023
Vehicle Make:	MITSUBISHI
Vehicle Model:	FM65FM1RDEA
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	6M60149229
Chassis No.:	FM65FMA00128
Maximum Power Output:	-
Open Market Value:	\$69,058.00
Original Registration Date:	29 Dec 2010
First Registration Date:	29 Dec 2010
Transfer Count:	1
Actual ARF Paid:	\$3,453.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$14,268.00
COE Rebate Amount:	\$7,720.00
Total Rebate Amount:	\$7,720.00
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 16 Mar 2023

OK

Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 16 Mar 2023 / 09:59:56
 Receipt Date/Time : 16 Mar 2023 / 09:59:48

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230316-000670

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SBS6494U As at 17 Feb 2023/14:00:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SBS6494U			
	Enquiry Fee	24.77	1.98	26.75
	20230316095813857096			
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
Paid By				
	426588XXXXXX1485		eNETS Credit Card	26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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3 vehicles



Mitsubishi FM65

Any Category

Advanced Search



Search

Search Selection	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
	Mitsubishi	FM65	Any	Any	> 10 year(s) old	Any	Any	Any	Available
	Mitsubishi	Fuso Fighter FM65 (COE till 10/2023)	\$72,800	N.A	08-Oct-2008	7,545 cc	-	Truck	Available
		Fuel Type: Diesel							
		Excellent condition, Smooth engine transmission 3 ton power Full Canopy with tailgate attached to 24ft 10-ton truck with 6-drop sides. G... Car (S) Pte Ltd							PREMIUM AD
		Posted: 14-Mar-2023							
	Mitsubishi	Fuso Fighter FM65 (COE till 02/2030)	\$90,800	\$13,150 /yr	08-Feb-2010	7,545 cc	240,000 km	Truck	Available
		Fuel Type: Diesel							
		3 ton anteo power tailgate attached to 24ft 10-ton truck with 6-drop sides. Great setup for easy loading and unloading as under slung ta... Net Link Partners Pte Ltd							PREMIUM AD
		Posted: 04-Mar-2023							
	Mitsubishi	Fuso Fighter FM65 (COE till 03/2031)	\$119,800	\$15,000 /yr	11-Mar-2011	7,545 cc	-	Truck	Available
		Fuel Type: Diesel							
		Reliable engine, manual transmission, Flexible bank/inhouse Loan available, high Trade in value, please call for Enquires. Net Link Partners Pte Ltd							PREMIUM AD
		Posted: 01-Feb-2023							

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

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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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 18/02/2023 15:43 (SGT)
Reported by Driver
Date of Accident 17/02/2023 14:00 (SGT)
Exact Location of Accident Loyang Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1868L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 1XXXXX196N
Email Address isaacngcl@gbl.com.sg
Mobile Phone No (Phone) +65-93472704
Alternative Phone No (Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fm65fm1rdea
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 7545

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D22099240

DRIVER

Name of Driver POOBALAN A/L BALASIVAM
Work Permit No GXXXX478R
Date Of Birth 27/04/1989
Occupation Outdoor

Date Of Driving Pass 16/05/2017
 Driving experience 5 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93472704
 Alt. Phone Number -
 Email Address isaacngcl@gbl.com.sg
 Address 24 TUAS WEST ROAD
 Address complement -
 Postcode 638381
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 Side Swipe
 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 -
 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON THE 17/02/2023 AT ABOUT 1400 HOURS, I WAS DRIVING VEHICLE A (YN1868L) ON LANE 3 ALONG LOYANG AVENUE HEADING STRAIGHT WHEN VEHICLE B (SBS6494U) DRIVING ON LANE 4 HEADING TOWARDS PASIR RIS DRIVE 3 EXECUTED A ILLEGAL LEFT TURN ON A STRAIGHT ONLY LANE, DUE TO THE SLIP ROAD BEING CLOSED DUE TO ROAD WORKS. VEHICLE B DROVE TOO CLOSE TO ME WHILE TURNING CAUSING THE BUS REAR RIGHT SIDE PORTION WHERE THE BLIND SPOT SENSOR IS, TO HIT AGAINST THE LEFT REAR SIDE OF MY TRUCK. THERE WAS NO TRAFFIC CONTROLLER PRESENT. NOBODY IS INJURED.

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 SBS6494U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	SIEW AH PIN
NRIC No	SXXXX878F
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 correctly report the details of the accident to speed up the claims process.
- 2. This Form must be **completed by the Policyholder and/or the Authorized Driver.**
- 3. Information provided must be **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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

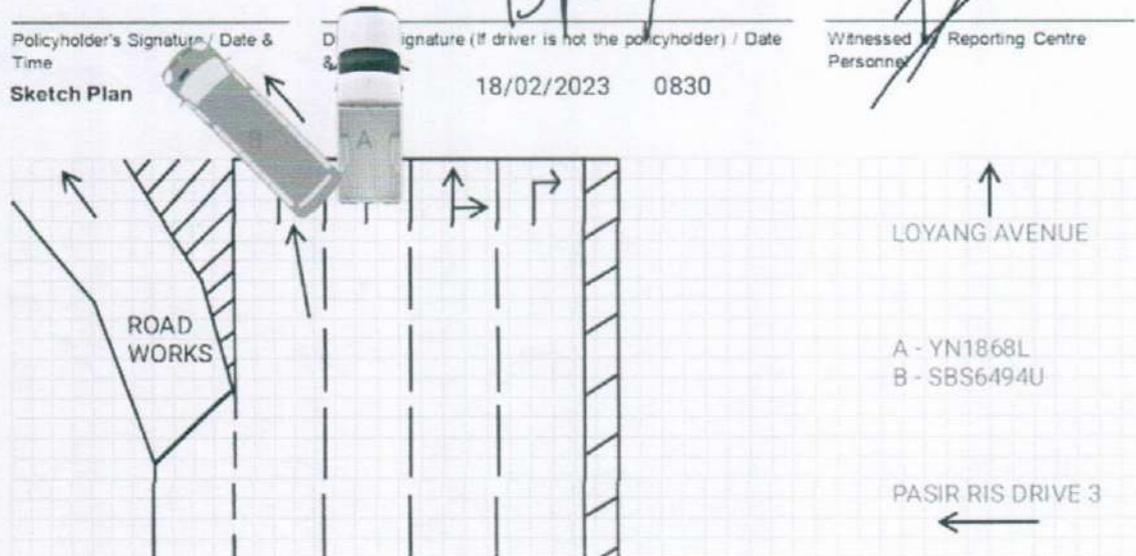
Policyholder's Signature / Date & Time

Sketch Plan

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

18/02/2023 0830

Witnessed / Reporting Centre Person

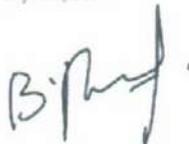


Describe Circumstances of the Accident

ON THE 17/02/2023 AT ABOUT 1400 HOURS, I WAS DRIVING VEHICLE A (YN1868L) ON LANE 3 ALONG LOYANG AVENUE HEADING STRAIGHT WHEN VEHICLE B (SBS6494U) DRIVING ON LANE 4 HEADING TOWARDS PASIR RIS DRIVE 3 EXECUTED A ILLEGAL LEFT TURN ON A STRAIGHT ONLY LANE, DUE TO THE SLIP ROAD BEING CLOSED DUE TO ROAD WORKS. VEHICLE B DROVE TOO CLOSE TO ME WHILE TURNING CAUSING THE BUS REAR RIGHT SIDE PORTION WHERE THE BLIND SPOT SENSOR IS, TO HIT AGAINST THE LEFT REAR SIDE OF MY TRUCK. THERE WAS NO TRAFFIC CONTROLLER PRESENT. NOBODY IS INJURED.

Declaration

I/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

18/02/2023 0830



Witnessed by Reporting Centre Personnel

