· · ·	
ASS. REC. BY: Marcus REF: CS/LAW?	23002569/4147
	IGNMENT
Form Date	Veh No: 4224 Yr Regn: 13/08/16
From: Date:  Estimated Cost:	Veh No: / Yr Regn: 3/05/16  Type: M.Car / M.Cycle / Bus / Van/ Lorry / Taxi / Prime Mover /
OD / TP// WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	CONTRACTOR SCHOOLSENIE BOX
at Workshop m/s  Tull her 1-2m	Make: UD TRUCKS MKB C.c. 7013 Colour Wife A/C: Insured / Std / NI / NA
	2 0
of	-21310
Insured:	Eng/No: TN/C/ pp = 0 2 61/ 0 = 7 7 20
Policy No.	Gen. Cond. Good / Fair / Poor / Burnt
Claims No.	9
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Increder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (NM) S/Rim / STD A/Rim or Tyre Size: F: 235/75 17-5
(Policy Condition)  Remark: The veh had commenced its  N/S O/S	R:
Remark: The veh had commenced its  repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
c (d)	TOYO/YOKO or Lineata
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 6 mm
Est. Repairs: S days Res.: Yes or No	D.O.A. 16(03/2) D.O.I. 6/4/23
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS * /6 (C	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:   Vehicle: IN / OUT	O/S Boyl
Date / Time Action / Instruction Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
have video of folder	
Note new jords replacement.  Note new jords replacement.  (Red. &	✓ ,
10/27 Resair SUM \$ 6100 19/1	nd Robert
(Red. \$	8300, 57%)
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 5
	Resurvey No. of Trip: 2 Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	
Papart Format	: Interview (\$ ) Photos
Report Format:	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	: Weekend (\$
	TOTAL

SN07233H000F / Income Insurance Limited ENTRY DATE & TIME: 17/03/2023 14:09 (SGT) SUBMITTED BY: Tien Toh Kiat Henry VERSION: 1 (17/03/2023 14:09 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

- This Form must be completed by the Policyholder and/or the Actual Driver
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 17/03/2023 14:09 (SGT) Reported by Driver Date of Accident 16/03/2023 09:25 (SGT) **Exact Location of Accident** Singapore Additional Location Information SATS AIRFREIGHT TERMINAL 5 CORE 1 30 AIRLINE ROAD SPORE 819830 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP2482Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TLT TRANSPORTATION PTE LTD Company Reg No 200107165C Email Address SHAWN@TLTTPT.COM Mobile Phone No (Phone) +65-97349449 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **UDTrucks** Model MKB8ELL5AA 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 - Reporting only Vehicle Category Commercial vehicle Transmission

Manual 4970

**INSURANCE COMPANY** 

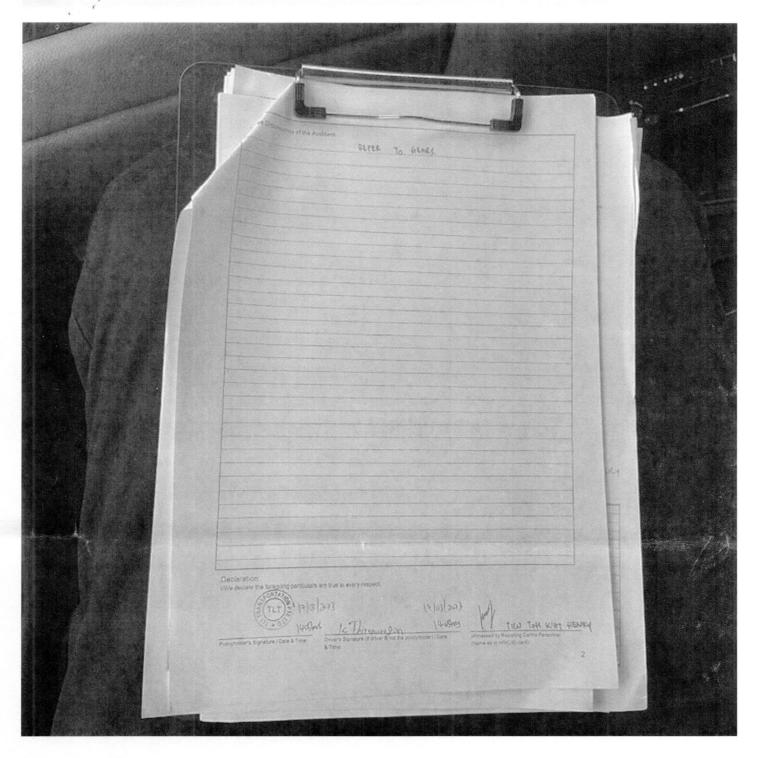
Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5126935121

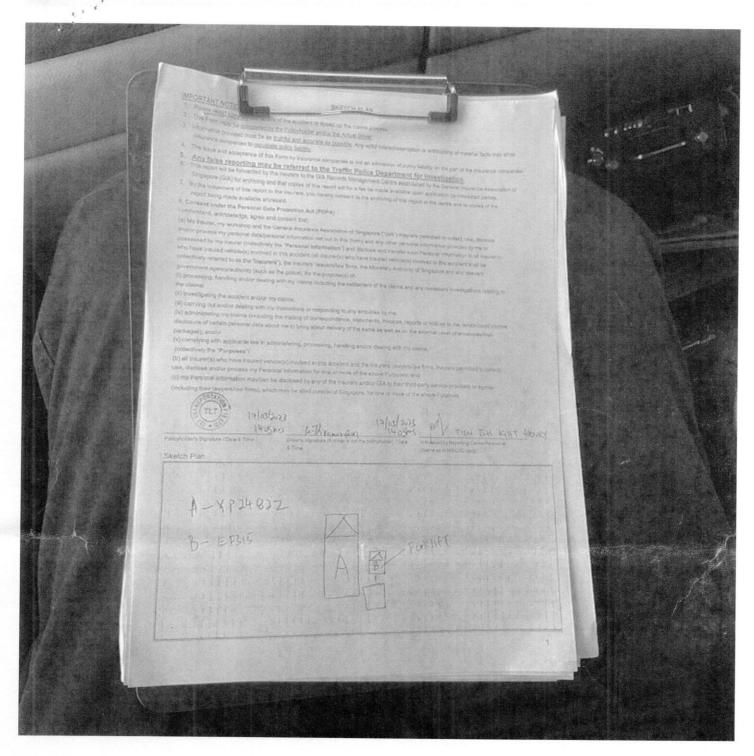
DRIVER

CC

Name of Driver KARUPPAIYA THIRUMURUGAN Passport No/FIN G6889588Q Date Of Birth 15/04/1991

Occupation	Outdoor
Date Of Driving Pass	16/12/2014
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83795435
Alt. Phone Number	-
Email Address	SHAWN@TLTTPT.COM
Address	BLK 1 CHANGI VILLAGE ROAD #03-2002
Address complement	-
Postcode	500001
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	,
Annual Committee of the	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
OTHER INCORNATION	
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)	0
Has the driver been approached by unknown person(s)	<u>-</u>
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?	N
Was notice of intended Prosecution given?	No No
If yes, against whom?	NO -
, , , , , , , , , , , , , , , , , , , ,	-
CIRCUMSTANCES OF ACCIDENT	
MY VEHICLE WAS PARKED STATIONARY. A FORKLIFT WAS ( CARGO HIT ONTO THE RIGHT OF MY VEHICLE.	CARRYING CARGO AND WHILE IT PASS MY VEHICLE THE
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Yes
a ridge of the decident	ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number	EF315
/ehicle Manufacturer	-
/ehicle Model	-
/ehicle Variant	-
Achicle Colour	





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Compare

# TICK HAI MOTOR & WELDING SERVICES 1 KAKI BUKIT AVE 6 #01-54 SINGAPORE 417883

TEL: 6842 9089 FAX: 6841 2869 REG NO: 48992400W

Vehicle Number: YP2482Z

Vehicle Model: UD Trucks MKB8ELN5AA

Manufacturing Year: 2016

Chassis: JNCL0D0A2GU003329

S. Nett

S/N	Special Nett Item		A	mount (\$)	
	Rear Cargo Box Company Decal 015	ser	\$	3,800.00	200
2	Rear Cargo Box Aluminium Panel (RH) x 3 pcs	cna	\$	4,000.00	380
					-00
		Amount:	\$	7,800.00	

Labour	Amou	int (\$)
Labour to remove, cut, change damaged items	\$	3,800.00
To putty and respray affected areas	\$	2,800.00
Labour Total :	\$	6,600.00
Total (Parts & Labour)	\$	14,400.00

Not Authority
6/4/23
Reprin Sum \$6100
Sidays

- No illegal modification(s) is allowed

7200

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	165C	
Vehicle No.:	YP2482Z	
Vehicle to be Exported:	No	
Intended Deregistration Date:	07 Apr 2023	
Vehicle Make:	UD TRUCKS	
Vehicle Model:	MKB8ELN5AA	
Primary Colour:	White	
Manufacturing Year:	2016	
Engine No.:	GH7209785	
Chassis No.:	JNCL0D0A2GU003329	
Maximum Power Output:		
Open Market Value:	\$48,120.00	
Original Registration Date:	13 May 2016	
First Registration Date:	13 May 2016	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$2,406.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	12 May 2026	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$4,555.00	
COE Rebate Amount:	\$1,410.00	
Total Rebate Amount:	\$1,410.00	

The information contained herein is correct as at 07 Apr 2023