

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 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 ability
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 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 Report	11/12/2015 16:42
Date Of Accident	11/12/2015 08:50
Exact Location Of Accident	BARTLEY ROAD TWDS SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6544T
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Insured/Policyholder

Name Of Registered Owner	KUAN AIK HONG CONSTRUCTION PTE LTD
Co Reg No	NA
Email Address	HR@KUANAILHONG.COM
Mobile Phone No	
Alternative Phone No	Office-67495000

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85LU5Y
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?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	P1621969
Cover Note Number	

Driver

Name of Driver	NAGARAJ JAYAMURUGAN
NRIC No	G8315954K
Date Of Birth	06/03/1983
Occupation	Outdoor
Date Of Driving Pass	28/01/2015
Driving Experience	0 Year And 10 Month
Gender	Male
Mobile Number	(Local) +65-83480546
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Collision- Chain Collision

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? Yes

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? Yes

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name Bedok South Neighbourhood Police Centre

Police Station Address **ROAD:** 20 Chai Chee Drive , **POSTCODE:** 469045 , **COUNTRY:** Singapore

Police Station Contact **TEL NO:** 1800-2448999 - **FAX NO:** 62446558

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK7331K

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LEE YONG SIE

NRIC/Passport Number S5504787G

Contact Number 91294604

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB9913B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver	JOANNA TAN
NRIC/Passport Number	S8027128Z
Contact Number	97948533
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC6769R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ISHAK YUSOFF
NRIC/Passport Number	S1188291I
Contact Number	81149521
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKW1063K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	AMALLIA ABDUL AZIZ
NRIC/Passport Number	S8317259B
Contact Number	90015146
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

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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

[Signature]

3:15 pm
11/12/2015

[Signature]

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

3:15 pm
11/12/2015

[Signature]

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

Bartley Road towards Serangoon.		Number Plate	
		A - YMG 5211 T B - SKK 7331 K C - SHB 9913 B D - SHC 6769 R E - SKW 1063 K	
		Legend	
		Vehicle Bike	

Accident Sketch Plan

Describe Circumstances of the Accident

Date of Accident:

Time of Accident:

Refer to Police Report. (Report No: T/20151211/2052)

Declaration

I/We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date &
Time

3:15pm
11/12/2015

Driver's Signature (If driver is not the policyholder) / Date & Time 3:15 PM

3:15 pm
11/12/2015

Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20151211/2052

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 4

Report No. T/20151211/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2015 12:44		Vide Report No.: F/20151211/0085		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: NAGARAJ JAYAMURUGAN			Address: C/O 11 KIM CHUAN TER SINGAPORE 537034		
ID Type / ID No.: NRIC NO / G8315954K			Contact No.: Home/Office: Mobile: 83480546		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 06/03/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry: 27/01/2020		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2015 08:50	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 BARTLEY ROAD SERANGOON AVENUE 1 Towards CTE. Underpass of Upper Serangoon				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB9913B	Car					1
SHC6769R	Car					0
SKK7331K	Car					1
SKW1063K	Car					1
YM6544T	Lorry					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20151211/2052

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20151211/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOANNA TAN	ID No.	S8027128Z
Related Vehicle	SHB9913B (Car)	Contact No.	97948533
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ISHAK YUSOFF	ID No.	S1188291I
Related Vehicle	SHC6769R (Car)	Contact No.	81149521
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE YONG SIE	ID No.	S5504787G
Related Vehicle	SKK7331K (Car)	Contact No.	91294604
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20151211/2052

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20151211/2052

CONTINUATION OF REPORT

Driver			
Name	AMALLIA ABDUL AZIZ		ID No. S8317259B
Related Vehicle	SKW1063K (Car)		Contact No. 90015146
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NAGARAJ JAYAMURUGAN		ID No. G8315954K
Related Vehicle	YM6544T (Lorry)		Contact No. 83480546
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: 27/01/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 11 Dec 2015 at about 0850 hrs, I was travelling on the 2nd lane of Bartley Rd towards Seranggon. I then signaled my intention to change lane to the first as the 2nd lane was congested. After travelling about 50 metres ahead, the accident occurred. I noticed that there was already a vehicle breakdown and V1 had already stopped. V2 had also stopped however I saw that V3 had collided onto V2. This caused V2 to surge forward and collide onto V1. I then braked my vehicle V4 however could not stop in time as such I collided onto V3. I then felt an impact from the rear and realized V5 had collided onto the rear.

It was a chain collision and TP attended to scene vide F/20151211/0085. Some of the drivers involved in the accident had also been conveyed by ambulance. There is in-car camera in my vehicle for the front and rear and TP had already taken the memory card of the footage.

V1 - SKW 1063 K
V2 - SHC 6769 R
V3 - SHB 9913 B
V4 - YM 6544 T
V5 - SKK 7331 K

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20151211/2052

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

4 of 4

Report No. T/20151211/2052

CONTINUATION OF REPORT

Sketch Plan

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:

G /

SHAHARALAMIN BIN ABDUL RAZAK

Signature Of Informant:

Jay Muzon

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2015 12:44

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SN 159

Authentication Stamp
NP168



Signature :

Singapore Police Force

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 11/12/2015		Time 08:50		2 Exact location of accident Bartley Road towards Serangoon Road		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>							
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) **YM 6544 T**

6 Insured / policyholder (see insurance cert.)

Name **Kuan Aik Hong**
(capital letters) **Construction Pte Ltd**

Address

NPIC / Passport no.

Tel no. (from 9am till 5pm)

HP **67 49 5000**

7 Vehicle

Make, type **ISUZU NPR85W5Y**

8 Insurance company

AVA ☐ C ☒ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. **VCC/P1621969**

9 Driver ☐ Same as Owner

Name **Nagaraj Jayamurugan**

(capital letters)

NPIC / Passport no. **G8315954 K**

Class of licence **2B, 3**

HP

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- 1 parked / stopped (at the roadside)
- 2 leaving a parking space / opening the door (at the roadside)
- 3 entering a parking space (at the roadside)
- 4 emerging from a car park, from private grounds, from a minor road
- 5 entering a car park, private grounds, a minor road
- 6 entering a roundabout or similar traffic system
- 7 circulating in a roundabout or similar traffic system
- 8 striking the rear of the other vehicle while going in the same direction and in the same lane
- 9 going in the same direction but different lane
- 10 changing lanes
- 11 overtaking
- 12 turning to the right, making a U-turn (official U-turn)
- 13 turning to the left
- 14 reversing
- 15 encroaching in the opposite traffic lane
- 16 coming from the right (at road junctions)
- 17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Registration No. (VEHICLE B) **SXK 7331 M**

6 Insured / policyholder (see insurance cert.)

Name
(capital letters)

Address

NPIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company

☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?

No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)

(if different from insured B above)

Name

(capital letters)

NPIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)												
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)														
Insured	1 Occupation (if more than one, state all)		Email: <u>HRE@kuanai.kong.com</u>											
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity											
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, State Relationship of Driver with owner	E	state the vehicle number and name of insurer of driver's own vehicle (where applicable)										
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward													
	<input type="checkbox"/> Others - please specify													
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>own workshop</u> Tel no. _____													
Of which vehicle are you the owner?	<input type="checkbox"/> A													
	<input type="checkbox"/> B													
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)													
	7 Date of birth													
	Occupation													
Driver or person in charge of vehicle at the time of accident (including insured)	Date of license pass		Was vehicle driven with the insured's permission?											
	08/03/1983 Indoor		Outdoor <input checked="" type="checkbox"/> 08/01/2015											
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability													
	9 Full details of all driving convictions including pending prosecutions in the last 36 months													
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty								
Date	Offence	Penalty												
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage											
	Vehicle C	SHB 9713 B												
	D	SHC 6769 B												
	E	SHW 1063 K												
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
	If yes, please state which Police station <u>Bedok South NPC</u>													
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
	If yes, against whom?													
	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>													
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>													
Accident details	16 Speed of vehicles A _____ km/hr B _____ km/hr													
	17 What warnings were given by driver or other party?													
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>													
	19 What lights were displayed on your vehicle/the other vehicle(s)?													
	20 If your vehicle is commercial, state weight of load carried at time of accident													
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)													
Declaration	22 State number of Passengers (including Driver) <u>1</u>													
	I/We declare the foregoing particulars are true in every respect													
	Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) <u>John Morgan</u> Date _____													

IC & DL

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
KUAN AIK HONG CONSTRUCTION PTE LTD

Sector: **CONSTRUCTION**

Name:
NAGARAJ JAYAMURUGAN

Occupation:
CONSTRUCTION WORKER

Work Permit No.
0 3434938-

Date of Application:
08-10-2014

Date of Issue:
28-09-2015

Date of Expiry:
09-10-2016

L6074279

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8315954K**

Name:
NAGARAJ JAYAMURUGAN

Birth Date: **06 Mar 1983**

Issue Date: **28 Jan 2015**

Valid Till: **27 Jan 2020**

SG 50

VISIT PASS
Immigration Regulations

Name:
NAGARAJ JAYAMURUGAN

Date of Birth: **06-03-1983** Sex: **M** Nationality: **INDIAN**

FIN: **G8315954K** Date of Issue: **28-09-2015** Date of Expiry: **09-10-2016**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	28 Jan 2015
Class 3	Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	28 Jan 2015

NP 428A

Licence No: **G8315954K**

Accident Photo



Accident Photo



Accident Photo



Accident Photo




Accident Photo




Accident Photo



Accident Photo

 **ISUZU MOTORS LIMITED**
- ENGINE SERIAL No. 483507
- VIN JAANPR85L770147

 **HOE HENG PTE LTD**
No. 7 Pioneer Place
Singapore 627824
Tel: 6898 5566 Fax: 6898 6556

Chassis Number
JAANPR85L770147

Unladen Weight
2400 Kg

Max Laden Weight
5000 Kg

Passenger Capacity
1 Driver Others

Tyre Size
F 700 x 16 x 10 (S)
R 700 x 16 x 10 (D)