

ASS. REC. BY:

REF:

CS/A620005928/Rivf3

5402

COE/P/RY: 2022/MAY

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: PA 77182

at Workshop m/s STS TRANSPORT MANAGEMENT

of IS, PIONEER SECTOR 2

Insured: AIG

Policy No. _____

Claims No. _____

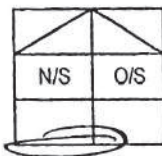
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PA 77182 Yr Regn: 2012 / MAY

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

Truck / Trailer or _____

Make: SUZUKI LV434R c.c. 7710

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

Sp. Reading: 291463 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALLV434 CC7600013

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N/D / S/Rim / STD A/Rim or

Tyre Size: F: 11R22.5

R: 1"

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or GOLDEN CLAW

Front Rear

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 26/07/18 D.O.I. 28/05/2020

Survey held at IS, PIONEER SECTOR 2

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 2/6/20-Typist

Rep. Form: DAR

Lump Sum / L.B.: /%

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

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 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 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 28/07/2018 10:08
Date Of Accident 26/07/2018 15:30
Exact Location Of Accident ALONG AYE TOWARDS TUAS AT TEBAN FLYOVER
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA7778Z

Insured/Policyholder

Name Of Registered Owner STS TRANSPORT MANAGEMENT PTE LTD
Co Reg No 200107540Z
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-92323269

Vehicle Particulars

Manufacturer ISUZU
Model LV434R
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
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 SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D18MTSCBU000183
Cover Note Number

Driver

Name of Driver LUO WEI
NRIC No G8268868X
Date Of Birth 17/09/1972
Occupation OUTDOOR
Date Of Driving Pass 12/11/2008
Driving Experience 9 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92323269
Fax Number
Contact Number
EMail Address OPWONG@STSTRANSPORT.COM.SG

Address	NIL
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG AYE TOWARDS TUAS AND I WAS DRIVING AT THE MOST LEFT LANE. TRAFFIC WAS NORMAL AT MOMENT AND I DRIVING AS NORMAL TOO. WHEN IM AT THE DOWNHILL OF TEBAN FLYOVER, SUDDENLY I FELT AN IMPACT ON REAR. VEHICLE B COLLIDED ONTO MY REAR PORTION. I MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY: 1

Vehicle Registration Number	GBG8278C
Vehicle Make/Model/Colour	MERCEDES BENZ/CITAN 109/RED
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANDIN ADDIE DJAYADYB BIN AGUSTINO SAMAN
NRIC/Passport Number	S9704769C
Contact Number	83663477
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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 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 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 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 enquires 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.



罗伟

VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

<p>A: PA 77382</p> <p>B: GBG 8275K</p> <p>NE to Road (GIA) Flyover</p>	
--	--

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG AYE TOWARDS TUAS AND I WAS DRIVING AT THE MOST LEFT LANE. TRAFFIC WAS NORMAL AT MOMENT AND I DRIVING AS NORMAL TOO. WHEN IM AT THE DOWNHILL OF TEBAN FLYOVER, SUDDENLY I FELT AN IMPACT ON REAR. VEHICLE B COLLIDED ONTO MY REAR PORTION. I MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
NG CHIN CHUN

MARS Officer

罗伟

Registered Owner or Driver's Signature

Job Complete Date/Time

28 July 2018 at 9:59 AM

Date/Time:

28 July 2018 at 9 59 AM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	540Z
Vehicle No.:	PA7778Z
Vehicle to be Exported:	No
Intended Deregistration Date:	28 May 2020
Vehicle Make:	ISUZU
Vehicle Model:	LV434R
Primary Colour:	Multicolor
Manufacturing Year:	2012
Engine No.:	6HK1620575
Chassis No.:	JALLV434CC7000013
Maximum Power Output:	-
Open Market Value:	\$131,982.00
Original Registration Date:	03 May 2012
First Registration Date:	03 May 2012
Transfer Count:	0
Actual ARF Paid:	\$6,600.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	02 May 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$57,589.00
COE Rebate Amount:	\$11,100.00
Total Rebate Amount:	\$11,100.00

The information contained herein is correct as at 28 May 2020

OK

Multicolor