ASS. REC BY: Marcus REF: CS/CT	12000f045/UVF3
ASS	SIGNMENT
From: Date:	Veh No: XE 4288A Yr Regn: 9 / 18
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP/ WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or (M)
To Inspect Vehicle No:	Make: /SUZU EXRS26 c.c 15-68/
at Workshop m/s focus	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 126264 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: JALEXRELE 3 7000055
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Normer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil LS/Rim / STD A/Rim or
¥ .	Tyre Size: F: 295/fb 122.5
(Policy Condition)	R.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Annaite
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 402 mm R/Bal. 402 X2 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 402 mm L/Bal. 402x2 mm
Est. Repairs: 3 days Res.: Yes or No	D.O.A. 17/4/20 D.O.I. 4/0/25
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS / 4/2 (/079)	Des. of Damages: Frt / Rear J O/S / N/S / U/C / Rooftop or
Vehicle: IN OUT	N/S frf
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date Time Action / Instruction	
218 W 4/5 \$ 3500 conficult	vite MK wong (Red 3480.65, 50%)
Date/Time, File Pass to? : Preli. Report	Dave Of Renair: 2
1) : Final Report	Days Of Repair: 3
Date/Time, File Return to?	Resurvey No. of Trip: 2 Survey Fee:
2) Jule - typist Add Fee	Transportation:  Site Insp (\$ )S+RS,SI
1 01.	: Interview (\$ ) Photos
Report Format:	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$ 3500 2 )	: Weekend (\$
	TOTAL

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	442H
Vehicle No.:	XE4288A
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Apr 2020
Vehicle Make:	ISUZU
Vehicle Model:	EXR52E
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	6WG1436193
Chassis No.:	JALEXR52EJ7000055
Maximum Power Output:	•
Open Market Value:	\$96,754.00
Original Registration Date:	03 Sep 2018
First Registration Date:	03 Sep 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$4,838.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	02 Sep 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,902.00
COE Rebate Amount:	\$25,039.00
	\$25,039.00

The information contained herein is correct as at 18 Apr 2020

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Browse more than 3,000 car workshops in Singapore. You can read customers' reviews & ratings on their services too.

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Price

FOC 1 Year Liberty Extended Motor Warranty HTS Motor StarAd



Browse by Category ~ 2 vehicles Isuzu FXR52F Model Search Selection Isuzu EXR52E Isuzu EXR52E (New 10-yr COE) Fuel Type: Diesel

Advertiser Login

\$69,800

\$6,980 /yr

26-Oct-2010

Reg Date

15,681 cc

Eng Cap

Any Truck

Veh Type

Available Available

✓ 20 results/page

Submit (

Super Genuine Low Mileage! Exclusive Warranty Package To Be Given! Free Servicing! Prime Mover! Rare Manual Transmission Unit Wit...

Depreciation

Any

Car (S) Pte Ltd

Posted: 04-Aug-2020 Tags: 2010 Isuzu EXR52E, Isuzu EXR52E, Isuzu, EXR52E



Isuzu EXR52E

Fuel Type: Diesel

\$49.800

\$14,850 /vr

12-Dec-2013

15,681 cc

218,010 km Truck Available

1 Owner Isuzu EXR52E Prime Mover. Low Usage. Well Maintained By Previous Owner. No Repair Needed. 100% Financing. Fast Loan Ap...

Think One Automobile & Trading

Posted: 31-May-2020 Tags: 2013 Isuzu EXR52E, Isuzu EXR52E, Isuzu, EXR52E

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

Make

Model

Depreciation

Reg Date

Eng Cap

Mileage

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✓ results/page

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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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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Streethe	in di	<b>STATE</b>	to di	STREET, STREET,		line (le	A CONTRACTOR OF THE PERSON NAMED IN	Name and Address of	السالحة

 Date Of Report
 18/04/2020 14:36

 Date Of Accident
 17/04/2020 17:25

 Exact Location Of Accident
 PSA COMPLEX

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

SINGAPORE

Vehicle Registration Number XE4288A

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner LEGEND MOTORS & LEASING PTE LTD

Co Reg No 2XXXXX442H

Email Address ALAN, ANG@LEGENDLEASING, COM, SG

Mobile Phone No

Alternative Phone No OFFICE-87991700

**Vehicle Particulars** 

Manufacturer ISUZU

Model EXR52E-15.7 D (A)

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?

NC

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE Fleet Policy NO

Policy Number VFX/P1847906

Cover Note Number

Driver

 Name of Driver
 LIU ZHAOXIANG

 Work Permit No
 0XXXXX6445

 Date Of Birth
 08/10/1981

Date Of Birth 08/10/1981
Occupation OUTDOOR
Date Of Driving Pass 30/01/2018

Driving Experience 2 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87806429

Fax Number

Contact Number

EMail Address CLAIMS@FOCUSAUTO.COM.SG

Address

BLK 73 JALAN WANGI #02-23 SENNETT ESTATE SINGAPORE 349386

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PAID DRIVER

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 ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? 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?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX

TEL NO: 1800-2369999 - FAX NO: 62268438

BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

As per police report T/20200417/2053

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

YL3815L

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

TAY TIAN ENG

NRIC/Passport Number

Contact Number

96224696

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident 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 hability on the part of the insurance
- 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 (6)4) for archiving and that copies of this report will for a fee be made available upon application by

by the loagment of this report to the insurers, you hereby consent to the archiving or this report at the centre and to copies of the report being made available aforesain.

Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (codectively 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" i, the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing mandking and/or dealing with my daims including the terriement of the Haims and any necessary nvestigations relating to the claims
  - (ii) investigating the arcident and/or my claims-
  - (iii) carrying out and/or dealing with my instructions or responding to any enquines 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 clauss (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
- my Personal Information may/can be disclosed by any of the impress and/or GIA to their third party service providers of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Porposes.
- B) my Person at Information will also be collected and used to compile claims natory for the purpose of train detection. investigation and management in present and all future riginis.
- the information to collected under (c) above may be shared / discound.
  - (i) to ail insurers and/or any other third parties that assist in evaluating investigating, controlling or managing fraud, regulators. Taw enforcement and government agencies as reasonably required for the purposes stated, or

i) for coincily ng with requirements under any regulations, laws or court orders

Folicyholder's Synature Oate & Time. 180420

Oriver's Signlature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/RN No:

### **Accident Sketch Plan**

SKETCH PLAN	PRA COMPLEX	
CARPARK	1	CARPARK
	BIR	
	A-XE1388A B-YL381SL	
DESCRIBE CIRCUMSTANCE		1100 m2 300 S
-s pa ronce	report 1/20200417/20	75.3
	And the Annual Control of Control	
mentro Marco (in referentibile) et de designationales alexandes anno esta esta esta esta esta esta esta esta		
86.7		
	The Partition and Physics and Solat School School Solates School Solates School Solates School Solates Solates School Solates School Solates School Solates Solates School Solates School Solates School Solates School Solates Solate	
DECLARATION  1/We decrare the Voregoing part		11/1/20 200044559)-
Policyholder's Signature Date & Time 180100	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time.

NRIC/FIN No

#### **POLICE REPORT 1**





Report No. T/20200417/2053

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

17/04/2020 20:16			Vide Report No.:	Station Diary No.: 122			
Informa	nt's Particu	ilars					
Name of Informant: LIU ZHAOXIANG			Address: APT BLK 73 JALAN WANGI #02-23 SENNETT ESTATE SINGAPORE 349386				
ID Type / ID No.: FIN NO / G8107367N			Contact No.: Home/Office: Mobile: 87806429				
Nationality: CHINESE			Email:				
Sex: Age: Date of Birth: Male 38 08/10/1981			Type of Informant: Driver				
Race: Chinese			Language: Institution / School Nam Chinese				
Occupation: PSA LORRY DRIVER			Driving Licence Information; Class: 3,4 Date of Expiry:				

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/04/2020 17:30	Type of Location Car Park
Location: Along Road 1 KAMPONG B inside PSA co				
Weather: Clear	4	Road Surface: Dry	F	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		raffic Volume: ight
One Way			1	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE4288A	Lorry	ISUZU	EXR52E	Black	Seriously Damaged	properties of details and the contract of the
YL3815L	Lorry	MITSUBISHI	FK617MSJR DEC	White	No Damage	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

#### POLICE REPORT 2





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

2 of 3 Report No. T/20200417/2053

CONTINUATION OF REPORT

Tel No: 1800-2369999

Driver			
Name	LIU ZHAOXIANG	ID No.	G8107367N
Related Vehicle	XE4288A (Lorry)	Contact No.	87806429
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL

				Expin	y Date	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver						
Name	TAY TIAN ENG	A A A A CONTRACTOR AND A	to childronia casa (co i laide i latinatory sinè fino eco <del>ng per en</del> ite	ID No	١,	S2168904A
Related Vehicle	YL3815L (Lorry)	THE STATE OF THE S		Conta	ict No.	96224696
Hospital/Clinic	NIL			Class Drivin Licen Expin	9	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	The state of the s	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL .	Degree o	finjury	NIL	

#### Brief Details.

On 17/04/2020 at about 1730hrs, I was working and driving my lorry (XE4288A) in the PSA complex. While I was about to reverse my lorry into a parking lot, another lorry (YL3815L) carrying goods drove past my lorry's left side. This resulted in the other lorry's goods scratching against the left side of my lorry. My lorry sustained major damages at the front left of my lorry such as the whole left mirror spoiling and also part of the frame came off. The other lorry did not have any damage as it was the goods that collided with my lorry. The other lorry had one passenger and there was no injuries on all parties. No police or ambulance was at scene.

I would state that the standard practice inside the PSA complex is for all vehicles to wait patiently behind a vehicle that is reversing. A vehicle can only continue driving forward if the front vehicle have fully completed the parking process and when there is a safe distancing between the two vehicles.

I am lodging this report for my insurance's claims.

#### **POLICE REPORT 3**





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762 . CONTINUATION OF REPORT

3 of 3 Report No. T/20200417/2053

Tel No: 1800-2369999

#### 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.

A /	ing The Report:	Signature Of Informant.	
Sgt 2 CHUA REN YOU	You	<u></u> 5√	v
Signature Of Interpreter: Not applicable	,	Date/Time: 17/04/2020 20:16	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151		Classification Of Case:	
Authentication Stamp NP168		Signature	
	Singapore	Police Force	

# FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-48/50 AUTOBAY @ KAKI BUKIT SINGAPORE 417883

TEL: 6886 9097 FAX: 6844 4625 Email: claims@focusauto.com.sg

GST:201004495R RCB NO:201004495R

M/S: CHINA TAIPING

**Estimate No:** 

The shot of the case

Date:

19-May-20

Veh Reg No : XE4288A

ATTN:

Motor Claim Department

Make/Model: ISUZU EXR52E

Your Ref No: XE4288A

Chassis No: JALEXR52EJ7000055

Claim Type: THIRD PARTY

Engine No: 6WG1436193

Accident Date: : 17.04.20

Reg. Date:03.09.20

	Estimate Repair Cost to Vehicle No :XE4288A			PAGE:1/2
S/N	<b>Description</b> Quant	tity Unit	Price	Amount
			<u>S\$</u>	<u>S\$</u>
1	Front Coner Panel - LH 725.15 CNe 1	PCS	856.00	856.00
2	Front Coner Panel Rubber Seal - LH 1	PCS	50.00	50.00
3	Front Bumper 2260-15 But/Su(1	PCS	2984.00	2984.00
4	Front Bumper Coner Garnish - LH	PCS	140.00	140.00 X
5	Front HeadLamp Rim - LH 1	PCS	280.00	280.00 🗙
6	Front Step Panel Garnish - LH \$25.00 7.5 1	PCS	689.00	689.00
7	Front Slide Mirror Support - LH Buller 1	PCS	460.00	460.00
8	Front Side Mirror Top Bracket - LH 41 1	PCS	160.00	160.00
9	Front Side Mirror Support Garnish - LH 1	PCS	60.00	60.00 X
10	Front Side Mirror - LH (Top)	PCS	260.00	260.00X
11	Front Side Mirror Lower - LH 500 1	PCS	260.00	260.00
12	Front Lower Coner Garnish - LH 166 Mus 1	PCS	190.00	190.00
	TOTA	AL	6389.00	6389.00
	DISCO	UNT 15%	5430.65	5430.65
	LABOUR CHARGES			
13	Panel Beating		30	o 850.00
14	Check Wiring		20	60.00
15	Rust Proofing		11	60.00 🗶
16	Spray Painting $\psi$ ) 99.50		300	580.00
	3519.	*	TOTAL	1550.00

**OVERALL TOTAL** 6980.65

# FOCUS AUTO PTE LTD

# NO. 1 KAKI BUKIT AVENUE 6 #02-48/50 AUTOBAY @ KAKI BUKIT SINGAPORE 417883

TEL: 6886 9097 FAX: 6844 4625 Email: claims@focusauto.com.sg

GST:201004495R RCB NO:201004495R

M/S: CHINA TAIPING

Your Ref No: XE4288A

Accident Date: : 17.04.20

Claim Type: THIRD PARTY

ATTN:

**Estimate No:** 

M00159

Date:

19-May-20

Veh Reg No : XE4288A

Make/Model: ISUZU EXR52E

Chassis No: JALEXR52EJ7000055

Engine No: 6WG1436193

Reg. Date: 03.09.20

Estimate Repair Cost to Vehicle No: XE4288A

Motor Claim Department

PAGE:2/2

### FOR FOCUS AUTO PTE LTD

### **AUTHORISE SIGNATURE**

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: