ASS. REC. BY: Ryan PRS | REF: CS3/LPC20011071/Riyd3 | 985P

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YP 9114R

at Workshop m/s R & S ENGINEERING

of 13, PIONEER SECTOR

Insured: LONPAC

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition) 2pm-4pm

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

N/S	O/S

Bal. or Market Value: 89K

IDAC Accident Rport: _____ 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: YP 9114R Yr Regn: 2018 / July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: ISUZU / FRR90S4QA-AMT c.c 5193

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

Sp.Reading 123784 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALFRR90JJ7000125

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/90R17.5

R: " 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	7/7 mm
L/Bal.	7 mm	L/Bal.	7/7 mm
D.O.A.	12/10/2020	D.O.I.	13/10/2020

Survey held at R & S

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S REAR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	ESTIMATE RANGE OF REPAIR — (500 - 1000) / 3 days
	SUBMIT PRS

Date/Time, File Pass to?

1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2) 16/10/20 TYPIST

Days Of Repair: _____

Resurvey No. of Trip: 2

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

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	

MASM20089074 / ASM Automotive Services Pte Ltd - HQ
ENTRY DATE & TIME: 12/10/2020 14:13
SUBMITTED BY: Ang Ee Yan, Yandy

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.

ACCIDENT STATEMENT

Date Of Report	12/10/2020 14:13
Date Of Accident	12/10/2020 11:00
Exact Location Of Accident	ALONG AYE TWDS CITY (EXIT 17)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9114R
Insured/Policyholder	
Name Of Registered Owner	VINZ LOGISTICS PTE LTD
Co Reg No	2XXXXX985R
Email Address	VADER@VINZLOGISTICS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97778723
Vehicle Particulars	
Manufacturer	ISUZU
Model	FRR90SUQA-C-5.2 D (M)
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 Comparly	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD20V03322/VCH/R00
Cover Note Number	
Driver	
Name of Driver	KOH HOE CHONG
Passport No/FIN	FXXXX319X
Date Of Birth	01/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2006
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97778723
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 569 PASIR RIS ST 51 #04-74
Postcode	510569
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

REFER TO THE ATTACHED STATEMENT.

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	XB9416E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LYU ZEHUA
NRIC/Passport Number	GXXXX262M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

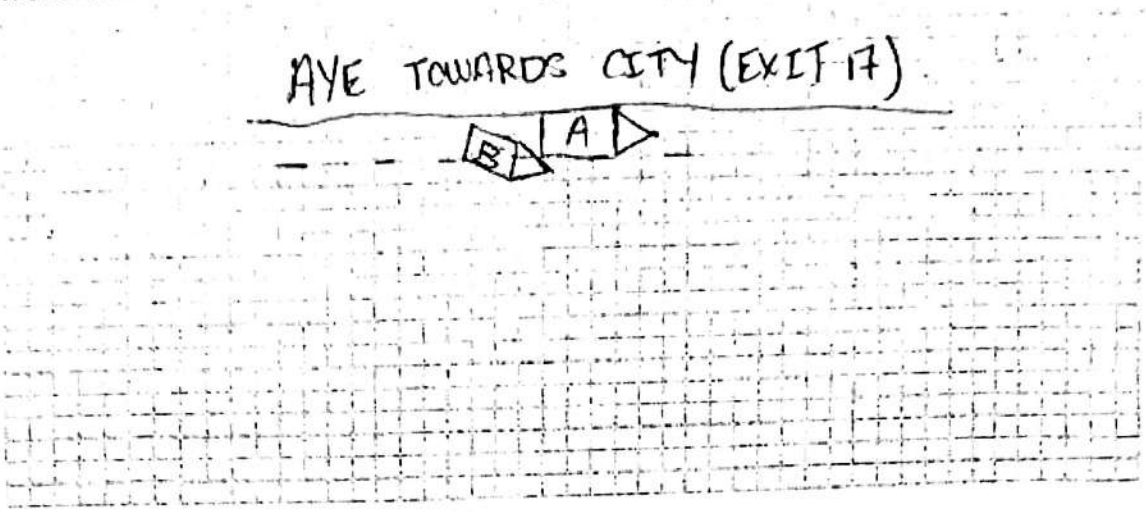
   (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

A)(YP9114R)
B) XB9416E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12-OCT-2020 at 11 00AM, I was driving along AYE (EXIT 17) towards city. Suddenly the vehicle behind me XB 9416E knocked into my vehicle YP9114R while trying to change lane. There is no injuries. I'm the only person in the vehicle.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	985R

Vehicle No.:	YP9114R
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Oct 2020
Vehicle Make:	ISUZU
Vehicle Model:	FRR90SUQA-C AMT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	4HK1718740
Chassis No.:	JALFRR907J7000125
Maximum Power Output:	-
Open Market Value:	$56,350.00
Original Registration Date:	20 Jul 2018
First Registration Date:	20 Jul 2018
Transfer Count:	0
Actual ARF Paid:	$2,818.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	19 Jul 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$29,902.00
COE Rebate Amount:	$23,222.00
Total Rebate Amount:	$23,222.00

The information contained herein is correct as at 13 Oct 2020

OK

Yellow

Merimen e-Claims | Used 2018 Isuzu FRR90 for Sale | PARF/COE Reb

armart.com/used_cars/info.php?ID=933997&DL=1099

Isuzu FRR90

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$92,800**	**Lifespan**	30-Sep-2038
Depreciation	$11,640 /yr View models with similar depre	**Reg Date**	01-Oct-2018 (7yrs 11mths 17days COE left)
Mileage	62,000 km (30.5k /yr)	**Manufactured**	2018
Road Tax	N.A.	**Transmission**	Manual
Dereg Value	$24,220 as of today (change)	**OMV**	$60,158
COE	$30,389	**ARF**	$3,008
Engine Cap	5,193 cc	**No. of Owners**	1
Curb Weight	6,120 kg		
Type of Vehicle	Truck		

Accessories

1500kg Tailgate With Remote.

Description

24ft Lorry With Box And Tailgate. Mint And Original Interior Like Brand New. 1 Owner. New Paintwork. Fully Serviced By Agent. Still Under Agent Warranty. No Repairs Needed. Selling Price Guarantee Cheaper Than Brand New. Price Negotiable. Hurry And Grab This Before COE Gets Higher.

Ca