

ASSIGNMENT

From _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 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.

| | |
|-----|-----|
| N/S | O/S |
| | |

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YM7253B Tr Regn: 2007 Sept
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Isuzu NHR85E C.C. 2999.

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

Sp. Reading: 323901 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAANHR85E77100256

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: 195/75R16C

R: 185R14C

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 21/10/20.

Survey held at Thin Car.

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

Rear o/s.

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

Date / Time

Action / Instruction

TP Budget Direct.

COE Expiry: 24/09/22.

MV: 17K.

PV: 8.2K

Nett: 88K.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

3) S + P.S. \$

Fluore

Other

P. 1.1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp. (\$

☐

: Final Insp. (\$

Rep of Form 4:

Long Form / 1/1/1/1

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 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 | 20/10/2020 10:54 |
| Date Of Accident | 17/10/2020 16:30 |
| Exact Location Of Accident | MANDAI RD JUNC OF MANDAI LAKE RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | YM7253B |
| Insured/Policyholder | |
| Name Of Registered Owner | KHAISENG TRADING & FISH FARM P/L |
| Co Reg No | 1XXXXX228M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92393819 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | ISUZU |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5113528381 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | PARAMASIVAM KANNAN |
| Passport No/FIN | GXXXX939P |
| Date Of Birth | 06/04/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/03/2015 |
| Driving Experience | 5 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98646592 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 181 NEO TIEW ROAD |
| Postcode | 719023 |
| 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 | 4 |
| Was any body injured in the Accident? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CAIRNHILL NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2968999 - FAX NO: 63912398 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201019/2104

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 | SKV9375M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDM9498Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBH4748P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PARAMASIVAM KANNAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? YM7253B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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 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:

[Signature]

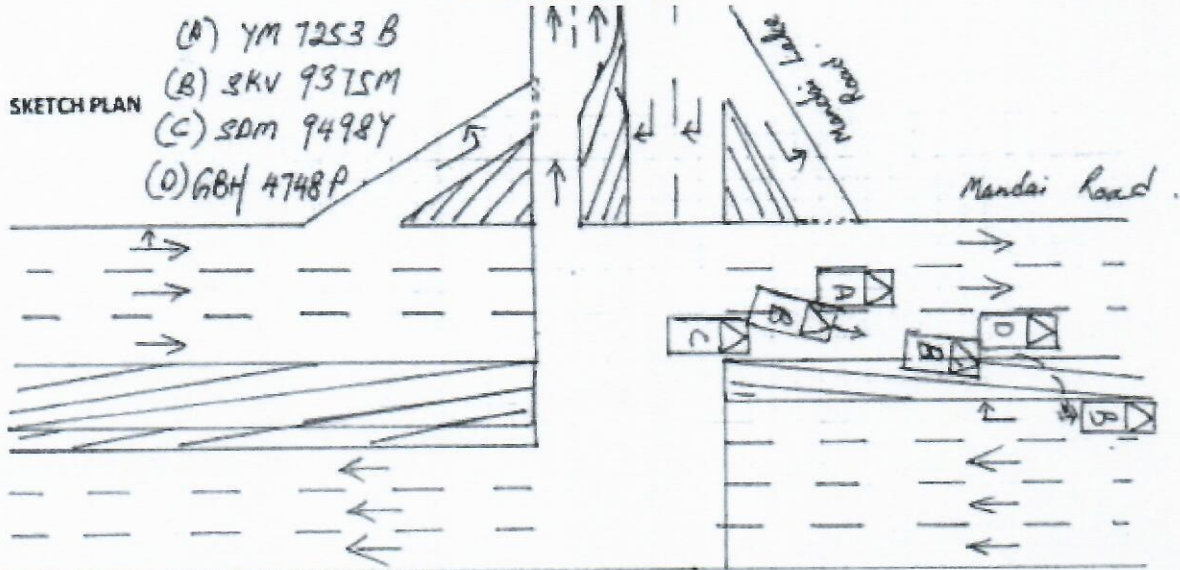
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature]

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

[Signature] 20/10/20

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report
No: 7/20201019/2104.

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:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201019/2104

1 of 3

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2988999

Report No: T/20201019/2104

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|---|----------------------------|--|
| Date/Time Report Made: 19/10/2020 17:37 | | Vide Report No.: L/20201017/0140 | | Station Diary No.: 14 | |
| Informant's Particulars | | | | | |
| Name of Informant: PARAMASIVAM KANNAN | | | Address: 181 Neo Tiew Rd SINGAPORE 719023 | | |
| ID Type / ID No.: FIN NO / G7121939P | | | Contact No.: Home/Office: Mobile: 98648592 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 06/04/1976 | Type of Informant: Driver | | |
| Race: Indian | | Language: English | | Institution / School Name: | |
| Occupation: DRIVER | | Driving Licence Information Class: 2B,3 | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 17/10/2020 16:30 | Type of Location: Straight Road |
| Location: MANDAI ROAD | | | | |
| Lamp Post Number: 133 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
|-------------|-------|--------|-------------------------------|-------|------------------|------------------|
| SDM9498Y | Car | TOYOTA | WISH 1.8X A | Black | Slightly Damaged | 1 |
| SKV9375M | Car | TOYOTA | COROLLA ALTIS CLASSIC 1.8 CVT | White | Slightly Damaged | 0 |
| YM7253B | Lorry | ISUZU | NHR85EU3E S | White | Slightly Damaged | 0 |

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201019/2104

Police Station Of Origin:
Caimhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

2 of 3

Report No. T/20201019/2104

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| YM7253B | NTUC Income Insurance Co-Operative Limited | | | |

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | PARAMASIVAM KANNAN | ID No. | G7121939P |
| Related Vehicle | YM7253B (Lorry) | Contact No. | 98646592 |
| Hospital/Clinic | HEALTHSPRINGS MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 19/10/2020 | Date Discharge | 19/10/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

I am working for Khaiseng Trading & Fish Farm Pte Ltd as a driver. On 17/10/2020 at about 1630hrs - 1700hrs, I was driving my company's lorry(YM7253B) along Mandai Rd towards Woodlands Rd. I was driving along the 2nd lane. While I was driving, there was one car which tried to cut into my lane as such I slowed down to give way to the vehicle to enter into the 2nd lane. However as I was doing that, a white Toyota(SKV9375M) hit the rear of my lorry. After hitting my lorry, the car did not stop and tried to escape by going to the 1st lane. As he abruptly change lane, the white Toyota was hit from the rear by another black Toyota(SDM9498Y). The impact was very strong that another van(GBH4748P) which was in front of the white Toyota was also hit. Traffic police came down to handle the scene. The damage on my lorry is at the rear right side of the lorry where it is dented inwards and the rear door is damaged.

There was one person injured who was from the black Toyota(SDM9498Y). No one else was seen with any visible injuries. I did not feel any pain at that point of time. However after I went home that night, I felt some pain at my neck. The next day it got worse. I went to the clinic on the 19/10/2020 and was given 3 days MC to rest. The doctor gave me some medications and told me to come back if I feel pain after the 3 days. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T202010192104

3 of 3

Report No. T202010192104

Police Station Of Origin:
Calmhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2958989

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:

A /

Sgt 2 MUHAMMAD RUSYDI BIN MOHD
YUSOFF

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

19/10/2020 17:37

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65475083

Classification Of Case:

Authentication Stamp

NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|--|-------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 228M |
| Vehicle Details | |
| Vehicle No.: | YM7253B |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 21 Oct 2020 |
| Vehicle Make: | ISUZU |
| Vehicle Model: | NHR85EU3ES |
| Primary Colour: | Blue |
| Manufacturing Year: | 2007 |
| Engine No.: | 4JJ1527136 |
| Chassis No.: | JAANHR85E77100256 |
| Maximum Power Output: | - |
| Open Market Value: | \$22,660.00 |
| Original Registration Date: | 25 Sep 2007 |
| First Registration Date: | 25 Sep 2007 |
| Transfer Count: | 4 |
| Actual ARF Paid: | \$0.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 24 Sep 2022 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 5 |
| PQP Paid: | \$20,268.00 |
| COE Rebate Amount: | \$8,138.00 |
| Total Rebate Amount: | \$8,138.00 |
| Message | |
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. | |

The information contained herein is correct as at 21 Oct 2020

OK



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Isuzu NHR85E

Advanced Search

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|-------------------------|---|-------|-----------------|--------------|------------------|----------|---------|----------|------------------|
| Search Selection | Isuzu NHR85E | | Any | Any | > 10 year(s) old | Any | Any | Any | Available |
| | Isuzu NHR85E (COE till 03/2027) | | \$40,800 | \$6,370 /yr | 19-Mar-2007 | 2,999 cc | - | Truck | Available |
| | Fuel Type: Diesel | | | | | | | | |
| | 10 Feet Box Lorry With Power Tail-gate Attachment, Still In Good Functioning Condition. Vehicle Well Maintained With Regular Servicing. Healthy Engine And Gearbox, No Repiar Needed. Flexible And 100% Loan Available, Trade In Welcome. Call Us Now To Find Out More. | | | | | | | | |
| | Posted: 13-Oct-2020 Tags: 2007 Isuzu NHR85E, Isuzu NHR85E, Isuzu, NHR85E | | | | | | | | |
| | Isuzu NHR85E (COE till 11/2022) | | \$19,800 | \$9,390 /yr | 28-Dec-2007 | 2,999 cc | - | Truck | Available |
| | Fuel Type: Diesel | | | | | | | | |
| | Cheaper Selling, Call Up For Viewing And Test Drive. | | | | | | | | |
| | Posted: 21-Oct-2020 Tags: 2007 Isuzu NHR85E, Isuzu NHR85E, Isuzu, NHR85E | | | | | | | | |

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