(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/2PC 20012002/Uba3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: YPS838C

at Workshop m/s Ry.

of

Insured: GBR/5699K

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $45K.

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: YPS838C Yr Regn: 3/17

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

Make: ISUZU (A) NHR85 c.c 2999

Colour wh. fe A/C: **Insured / Std / NI / NA**

Sp.Reading 125338 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JAANHR85EG7100341

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **In order / Jammed / Leaked / Burnt** or

Brake: **In order / Jammed / Leaked / Burnt** or

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

Tyre Size: F: 195 R 15

R: 165-R14 FALKEN

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	2/11/20	D.O.I.	3/11/20

Survey held at —

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

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

Date / Time	Action / Instruction
	LTA 26440

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:

Add Fee: ☐ : Site Insp ($) __S + RS,__SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

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	02/11/2020 14:39
Date Of Accident	02/11/2020 12:15
Exact Location Of Accident	SLIP ROAD OF TPE CHANGI EXIT (PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5838L

Insured/Policyholder

Name Of Registered Owner	LAW CHOON SEH
NRIC No	SXXXX842A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91993315
Alternative Phone No	OFFICE-91993315

Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPCVE000703
Cover Note Number	

Driver

Name of Driver	LAW CHOON SEH
NRIC No	SXXXX842A
Date Of Birth	12/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1980
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993315
Fax Number	
Contact Number	OFFICE-91993315
EMail Address	NOEMAIL

Address	BLK 482 ADMIRALTY LINK #16-17
Postcode	750482
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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

PLEASE SEE ATTACHED.

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	GBH5699K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
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

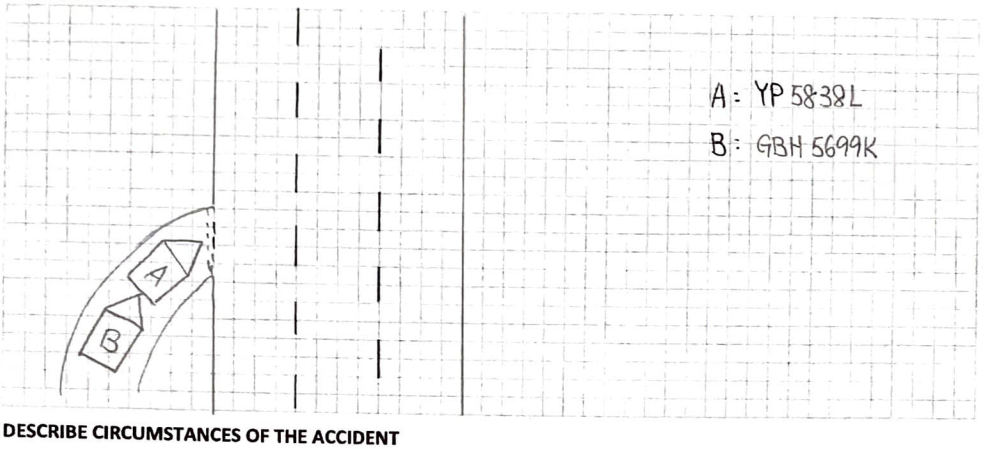
   (ii) for complying with requirements under any regulations, laws or court orders.

KAH FOOK SING MOTOR WORKSHOP

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.:

2/11/20 4:40pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02.11.2020 at about 12:15 pm. I was travelling along slip road of TPE Changi Exit (Pasir Ris Dr 8). I was stationary as I was checking for incoming vehicle from the main road. Suddenly, vehicle B hit my rear portion.

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:	KAN FOOK SING MOTOR WORKSHOP Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	842A
Vehicle Details	
Vehicle No.:	YP5838L
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Nov 2020
Vehicle Make:	ISUZU
Vehicle Model:	NHR85AUE4A R1
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4JJ12P9348
Chassis No.:	JAANHR85EG7100341
Maximum Power Output:	-
Open Market Value:	$29,675.00
Original Registration Date:	17 Mar 2017
First Registration Date:	17 Mar 2017
Transfer Count:	0
Actual ARF Paid:	$1,484.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$41,519.00
COE Rebate Amount:	$26,440.00
Total Rebate Amount:	**$26,440.00**

The information contained herein is correct as at 03 Nov 2020

OK

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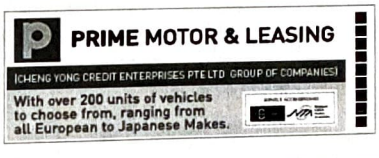
WOW! 2.5% P.A, $488 Monthly By Gv Financing, $0 Admin,$0 Down,2 years warranty
GV Credit Pte Ltd StarAd



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9 vehicles

Isuzu NHR85

Advanced Search Submit (

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Isuzu NHR85		Any	Any	Any	Any	Any	Any	Available

Isuzu NHR85A — $41,800 — $7,850 /yr — 01-Mar-2016 — 2,999 cc — 92,327 km — Truck — Available

Fuel Type: Diesel
Come With High Deck, Able To Switch To Cabin Height. 3 Units To Choose. Brand: Thermo King. High COE Value. Done Servicing. Nice...

ABWIN (1994) Pte Ltd
Posted: 03-Nov-2020 Tags: 2016 Isuzu NHR85A, Isuzu NHR85A, Isuzu, NHR85A

Isuzu NHR85A — $33,800 — $6,630 /yr — 09-Dec-2015 — 2,999 cc — - — Truck — Available

Fuel Type: Diesel
1 Owner Only, Automatic For Easy Class 3A Driving, Can Register Under Private Name, HDB Parking, Low Mileage Done, Very Well Kept,...

Posted: 02-Nov-2020 Tags: 2015 Isuzu NHR85A, Isuzu NHR85A, Isuzu, NHR85A

Isuzu NHR85E (COE till 03/2027) — $40,800 — $6,400 /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....

Posted: 02-Nov-2020 Tags: 2007 Isuzu NHR85E, Isuzu NHR85E, Isuzu, NHR85E

Isuzu NHR85A (COE till 10/2024) — $23,800 — $6,030 /yr — 14-Oct-2009 — 2,999 cc — - — Truck — Available

PREMIUM AD

Fuel Type: Diesel
Rare Y Plate Able To Carry Up To 2.7 Ton Load. 3 Months Warrenty Will Be Given. Mthly Only At $594. Checker Plate Slope Done Up Wh...

Car (S) Pte Ltd
Posted: 30-Oct-2020 Tags: 2009 Isuzu NHR85A, Isuzu NHR85A, Isuzu, NHR85A

10 FT Tailgate Isuzu Boxed NHR85 (For Lease)
$1,799/mth Isuzu 10ft Boxed Lorry NNR85 with TAILGATE: medium to long term lease available !
More info about this vehicle

Isuzu NHR85E (COE till 11/2022) — $19,800 — $9,550 /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

Isuzu NHR85A — $40,800 — $8,060 /yr — 26-Nov-2015 — 2,999 cc — - — Truck — Available

PREMIUM AD

Fuel Type: Diesel
1 Owner Only! Registered Under Y Plate 10Ft Lorry! Can Register Under Private Name! Engine And Gearbox In Excellent Condition! Able...

KSL Automotive Pte Ltd
Posted: 02-Oct-2020 Tags: 2015 Isuzu NHR85A, Isuzu NHR85A, Isuzu, NHR85A

Compare