

ASS. REC. BY:

REF:

CS/LPC 21 003689/R113

101 M

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: XD 6344Mat Workshop m/s VFIXof 7, Penang Road, CluskeInsured: LPC

Policy No. \_\_\_\_\_

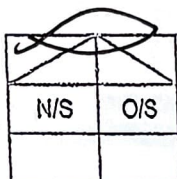
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: 2000

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: 89K

IDAC Accident Report: \_\_\_\_\_ 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: XD 6344M Yr Regn: 2012 / OCT

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

Truck / Trailer or \_\_\_\_\_

Make: ISUZU CYZ 52K c.c. 15681Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: ✓ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JALCY 252KC 7000059Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 295/80R22.5

R: \_\_\_\_\_

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

TOYO / YOKO or .

BETRIEND

Front

Rear

R/Bal. 8 mmR/Bal. 8/8 mmL/Bal. 8 mmL/Bal. 8/8 mmD.O.A. 22/03/21D.O.I. 22/03/21

Survey held at

VFIXDes. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Repair Int - 80K

Date/Time, File Pass to?

☐ : Prelt. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

) \$ + RS. \$ \_\_\_\_\_

☐ : Interview (\$ \_\_\_\_\_)

) Photos

☐ : Tech. Invs (\$ \_\_\_\_\_)

) Others

☐ : Weekend (\$ \_\_\_\_\_)

Rep. Format: \_\_\_\_\_

Lump Sum / L&amp;A: (\$ \_\_\_\_\_)

# 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 Submission ..... 19/03/2021 15:46 (SGT)  
Date of Accident ..... 18/03/2021 18:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TUASSOUTH AVE 3 TOWARDS TUAS SOUTH BOULEVARD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD6344M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PENG CHUAN MACHINERY PTE LTD  
Company Reg No ..... 2XXXXX101M  
Email Address ..... TOKWJ@VFIXAUTO.COM.SG  
Mobile Phone No ..... (Phone) +65-64552957  
Alternative Phone No ..... +65-64552957

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Cyz52k  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 15681

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z/20/VC06/107773  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PARI UMAPATHI  
Work Permit No ..... GXXXX487Q



Date Of Birth .....	26/06/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	06/06/2017
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-63260620
Alt. Phone Number .....	-
Email Address .....	TOKWJ@VFIXAUTO.COM.SG
Address .....	TAGORE 8, TAGORE INDUSTRIAL AVE
Address complement .....	#04-06
Postcode .....	787805
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	XD7189M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... XD6344M  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes



## 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 Authorized 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 fee be made available upon application by interested parties.
7. By the lodging 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:

x Pan Junpaku  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

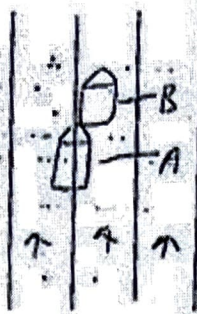
Reporting Centre Personnel's Signature  
Name:  
IDIC/FIN No.:



# SKETCH PLAN

A - XD654PM

B - XD7189M



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/5/2021, around 1850hrs, vehicle A was travelling along Tuas South Ave 3 towards Tuas South Boulevard. Vehicle A collided into vehicle B.

### DECLARATION

I declare the foregoing particulars are true in every respect.



Driver's Signature  
Date & Time:

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

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

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	
Owner ID:	Company
	101M
Vehicle No.:	
Vehicle to be Exported:	XD6344M
Intended Deregistration Date:	No
Vehicle Make:	24 Mar 2021
Vehicle Model:	ISUZU
Primary Colour:	CYZ52K
Manufacturing Year:	Green
Engine No.:	2012
Chassis No.:	6WG1417431
Maximum Power Output:	JALCYZ52KC7000059
Open Market Value:	-
Original Registration Date:	\$102,067.00
First Registration Date:	05 Oct 2012
Transfer Count:	05 Oct 2012
Actual ARF Paid:	1
	\$5,104.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	04 Oct 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$57,809.00
COE Rebate Amount:	\$8,829.00
Total Rebate Amount:	\$8,829.00

The information contained herein is correct as at 24 Mar 2021

OK



# Isuzu CYZ52K Tipper

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

WHOLESALE  
EXPERIENCE AT YOUR  
CONVENIENCE

<b>Price</b>	<b>\$89,800</b>	<b>Lifespan</b>	<b>14-Oct-2032</b>
<b>Depreciation</b> ?	\$57,600 /yr View models with similar depre	<b>Reg Date</b>	15-Oct-2012 (1yr 6mths 20days COE left)
<b>Mileage</b>	N.A.	<b>Manufactured</b> ?	2012
<b>Road Tax</b> ?	N.A.	<b>Transmission</b>	Manual
<b>Dereg Value</b> ?	\$8,730 as of today (change)	<b>OMV</b> ?	\$100,402
<b>COE</b> ?	\$56,001	<b>ARF</b> ?	\$5,021
<b>Engine Cap</b>	15,681 cc	<b>No. of Owners</b> ?	2
<b>Curb Weight</b> ?	11,940 kg		
<b>Type of Vehicle</b>	Truck		

## Description

Finance And Insurance Facility Provided. Why Wait! Call For An Appointment Now. New 10 Yrs COE.

## Category

-

## Status

Available for sale. Shortlist this car to get alerted whenever the price or availability changes.

## Resources



### Car Valuation - Free

Find out the market value of your existing car for free. Get started



### Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Shortlist  
More

## Seller Information

### Bell Auto P

62 vehicles for s

8 Tuas Avenue  
Tel: 674570  
Search cars

Raymond N  
SP Tan

view our: us



674570



Posted on: 06-Mar-2021 | Last Updated on: 22-Mar-2021

## Upfront Payment

[» more Financial info](#)

**Transfer Fee** ? \$25