

ASS. REC. BY: ADRIAN

REF:

CS/EGI21004144/Auf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: **XD 8371X**at Workshop m/s **RYDER AUTO**

of _____

Insured: **XD 4437S**

Policy No. _____

Claims No. **CDMCG21000501**

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: **5** days Res.: Yes or NoLum Sum: **20** % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **XD8371X** Yr Regn: **2013, Dec.**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi **Prime Mover**

Truck / Trailer or

Make: **Shacman SX4187** c.c. **11596**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **-** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **LZGJDJHXCX057960**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **315/80R22.5**R: **315/80R22.5**

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

TOYO / YOKO or

Front / Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **28/04/21**Survey held at **Ryder**Des. of Damages: **Frnt / Rear** / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

29/4/2021 Informed Ergo we are pending estimate from repairer.

21/7/2021 @ 3.39pm Revise to Ergo via Merimen.

MV:

PV: **20k** Confirmed final fig L/S \$9500, 5 repair days.

Nett: (RED \$8905.06; 48%)

Date/Time, File Pass to?

☐: Preli. ReportDays Of Repair: **5**

1) 21/7 TYPIST

☐: Final ReportResurvey No. of Trip: **1**

Survey Fee:

Transportation: _____

3 + PS. SI

Photos

Others

TOTAL

Add Fee: ☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech. Insp (\$ _____)☐: Weekend (\$ _____)Report Format: **TP**Lump Sum / L/S: **\$9500**

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	30/03/2021 13:30 (SGT)
Date of Accident	15/03/2021 10:05 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS TUAS BEFORE JURONG PORT EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8371X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUP LECK HEAVY EQUIPMENT SERVICES PTE LTD
Company Reg No	1XXXXX360G
Email Address	enquiry@hlgroup.com.sg
Mobile Phone No	(Phone) +65-86159876
Alternative Phone No	+65-97866006

VEHICLE PARTICULARS

Manufacturer	Shacman
Model	PRIME MOVER ATTACHED WITH CHASSIS
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	11596

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112011190-01
Cover Note Number	-

DRIVER

Name of Driver	ZHENG WEI
Passport No/FIN	GXXXX723P

Date Of Birth	18/10/1970
Occupation	Outdoor
Date Of Driving Pass	10/12/2008
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86159876
Alt. Phone Number	-
Email Address	enquiry@hlgroup.com.sg
Address	NO: 194 . #04-08 PANTECH BUSINESS HUB - PANDAN LOOP
Address complement	-
Postcode	129383
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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 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

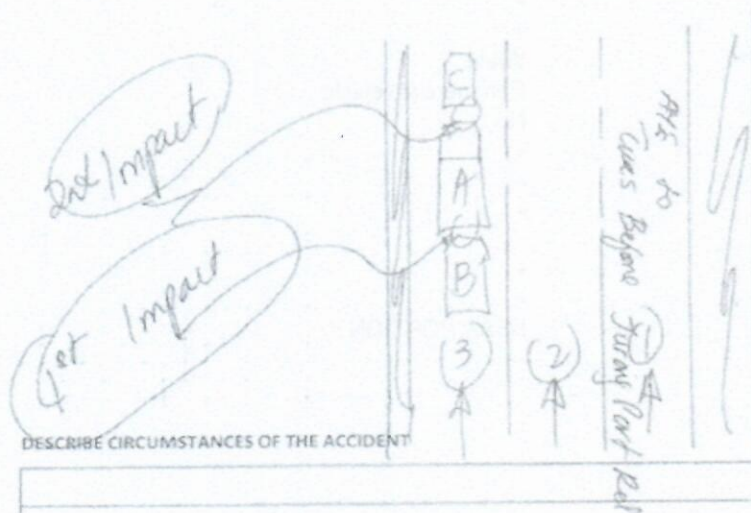
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD4437S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ914C
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	REAR PORTION
No. Of Passenger (Including Driver)	-



- (A) XD8371X
- (B) XBR4378
- (C) YQ914C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the 3rd lane going straight, the first vehicle slowed down, as I slowed down suddenly I felt & heard a Bang on my vehicle Rear, due to the impact my vehicle was pushed & Hit into a vehicle 'C' in front. Total 3 vehicles involved.

DECLARATION

I/We declare that the foregoing particulars are true in every respect.

CO 001 91

Policeholder's Signature

Driver's Signature

Reporting Constable's Signature

30/3/2011

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	360G
Vehicle Details	
Vehicle No.:	XD8371X
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Apr 2021
Vehicle Make:	SHACMAN
Vehicle Model:	SX4187JU361R
Primary Colour:	Blue
Manufacturing Year:	2012
Engine No.:	WP12400E401412S026668
Chassis No.:	LZGJDJU1XCX057960
Maximum Power Output:	-
Open Market Value:	\$76,274.00
Original Registration Date:	18 Dec 2013
First Registration Date:	18 Dec 2013
Transfer Count:	1
Actual ARF Paid:	\$3,814.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Dec 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$76,001.00
COE Rebate Amount:	\$20,002.00
Total Rebate Amount:	\$20,002.00

The information contained herein is correct as at 29 Apr 2021

OK