

08/11/13 wef
ASS. REG. BY: Rome

REF: CS3/ASM 21004.347/Rite

781K

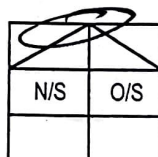
ASSIGNMENT

copy: 2022/may

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: YN 3284H
at Workshop m/s: VFIX
of 7, PENJURAN CLOSE LEVEL 1
Insured: AXA
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.



Bal. or Market Value: 53k
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: YN 3284H Yr Regn: 2012 / may
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: HINO GH8JRKA c.c. 7684
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 297795 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: GH8JRKA12575
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: 10.00R20
R: _____

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

Front Rear
R/Bal. 7 mm R/Bal. 7/7 mm
L/Bal. 7 mm L/Bal. 2/7 mm
D.O.A. 31/03/21 D.O.I. 07/04/21

Survey held at VFIX

Des. 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 Incl - 47K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (7K - 8K) / 5 days

submit prs report

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

S + RS, S)

Photos

Others

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 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 31/03/2021 16:24 (SGT)
Date of Accident 31/03/2021 06:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Pioneer Road Towards Tuas West Drive (near L/P 350)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN3284H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LLMS LOGISTICS PTE LTD
Company Reg No 200818781K
Email Address accounts@llms.com.sg
Mobile Phone No (Phone) +65-64552957
Alternative Phone No (Office) +65-64552957

VEHICLE PARTICULARS

Manufacturer Hino
Model Gh8jrka
Variant -
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 7684

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number GA553609/1
Cover Note Number -

DRIVER

Name of Driver Navanithan Elanthiravidan
Passport No/FIN G8012453N

Date Of Birth	04/07/1983
Occupation	Outdoor
Date Of Driving Pass	05/08/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94665636
Alt. Phone Number	-
Email Address	accounts@llms.com.sg
Address	9 Gul Circle
Address complement	-
Postcode	629565
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	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

On the above mentioned date and time, vehicle A (YN3284H) was travelling along Pioneer Road towards Tuas West Drive. Vehicle A was remain his lane in lane 2 and suddenly, vehicle B (SHB4245D) from opposite turn right and collided into vehicle A. During the accident time, it is green light for vehicle A to cross over the traffic light.

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	SHB4245D
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

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:

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

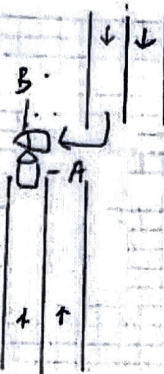
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

SKETCH PLAN

A - YN3284H

B - SHB4245D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/3/2021 around 0615hrs, vehicle A was travelling along Pioneer Road towards Teas West Drive (near LIP 650). Vehicle A was remain his lane in lane 2 and suddenly vehicle B from opposite turn right and collided into vehicle A. During the accident time, it is green light for vehicle A to cross over the traffic light.

Remark: I was authorised driver of UMS P/L. I am working during the time of accident.

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
Require PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|-------------------------|
| Owner ID Type: | Company |
| Owner ID: | 781K |
| Vehicle No.: | YN3284H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 08 Apr 2021 |
| Vehicle Make: | HINO |
| Vehicle Model: | GH8JRKA |
| Primary Colour: | White |
| Manufacturing Year: | 2011 |
| Engine No.: | J08EUB13337 |
| Chassis No.: | GH8JRK12575 |
| Maximum Power Output: | - |
| Open Market Value: | \$66,272.00 |
| Original Registration Date: | 28 May 2012 |
| First Registration Date: | 28 May 2012 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$3,314.00 |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| COE Expiry Date: | 27 May 2022 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$52,004.00 |
| COE Rebate Amount: | \$5,899.00 |
| Total Rebate Amount: | \$5,899.00 |

The information contained herein is correct as at 08 Apr 2021

OK

Hino GH8JRMA

Overview Financial Accessories Similar Research Photos Map

Price \$93,800 **Lifespan** 31-Dec-2041

Depreciation ⓘ \$25,440 /yr
View models with similar depre **Reg Date** 15-Dec-2014
(3yrs 8mths 6days COE left)

Mileage 63,634 km (10.1k /yr) **Manufactured** ⓘ 2014

Road Tax ⓘ N.A. **Transmission** Manual

Dereg Value ⓘ \$17,133 as of today (change) **OMV** ⓘ \$61,658

COE ⓘ \$46,460 **ARF** ⓘ \$3,083

Engine Cap 7,684 cc **No. of Owners** ⓘ 2

Curb Weight ⓘ 11,140 kg

Type of Vehicle Truck

Features

2 Ton Tailgate + Remote.

Accessories

Aluminium Side Rearing.

Description

Dec 2014 Hino GH8JRMA 10 Ton Truck With Crane Fassi F245 + Remote, Suitable For Carry Heavy Goods! Very Good Condition. Provide Personal Loan! Most Welcome To Have A Test Drive Today.

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



Location Map

Shortlist

More

Comp

Seller Information

EC3 Asset Management

1 vehicles for sale. 1 sold in

7 Yishun Industrial Street

North Spring Bizhub

Tel: 62596003

Search cars nearby

Eric Chew Choon Chye

Sit Bee Vi

Posted on: 12-Mar-2021 | Last Updated on: 12-Mar-2021

Upfront Payment

» more Financial Info

SHORTLISTED

HISTORY

Tra

Compare



\$25