

A.S.S. REC. BY: P. SamREF: CS/GA121005136/R1/f3

5912

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 4P384Lat Workshop m/s WILLY MOTORof 27A, JALOHAN PORT RD #01-32Insured: GAI

Policy No. _____

Claims No. _____

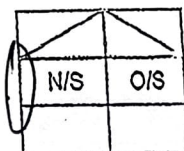
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 46K

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: 4P384LYr Regn: 2015/DECType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: ISUZU NNR85H4Ac.c. 2999Colour: BLUG

A/C: Insured / Std / NI / NA

Sp. Reading: 73350

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAANNR85H47100229Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 195/85R16R: 185/80R15
☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mmR/Bal. 7/7 mmL/Bal. 7 mmL/Bal. 7/7 mmD.O.A. 03/02/21D.O.I. 27/04/21Survey held at WILLY MOTORDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Repair limit - 43KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (1K-2K) / 3 days

Date/Time, File Pass to?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

2)

Report Format: _____

Lump Sum / L.B.F. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Weekend (\$ _____)

Survey Fee:

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

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	03/02/2021 17:19 (SGT)
Date of Accident	03/02/2021 09:50 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	ROUND-ABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP384L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GEOMETRA WORLDWIDE MOVERS PTE. LTD.
Company Reg No	1XXXXX591R
Email Address	GATOT@GEOMETRAMOVERS.COM.SG
Mobile Phone No	(Phone) +65-68417880
Alternative Phone No	(Office) +65-68417880

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPCVE003359
Cover Note Number	-

DRIVER

Name of Driver	JASMANI BIN MD NOOR
NRIC No	SXXXX933E
Date Of Birth	20/02/1959
Occupation	Outdoor

ing Pass
erience
umber
ne Number
Address
ss
ess complement
stcode
the driver the policyholder?
No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

05/03/1983
37 YEARS AND 11 MONTHS
Male
(Phone) +65-94836381
-
GATOT@GEOMETRAMOVERS.COM.SG
BLK 624 SENJA RD #02-104
-
670624
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Major/Minor Rd
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? No
Was any injured conveyed to hospital by ambulance? -
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name RASHID
Gender Male

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 GBD6640T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -

complement
e
nce Company Name
e Of Damage
ails of property damaged in accident
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 Authorized Driver.**
3. Information provided must be **as truthful and accurate as possible.** Any willful 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 insured or 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 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)**
understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 be 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.

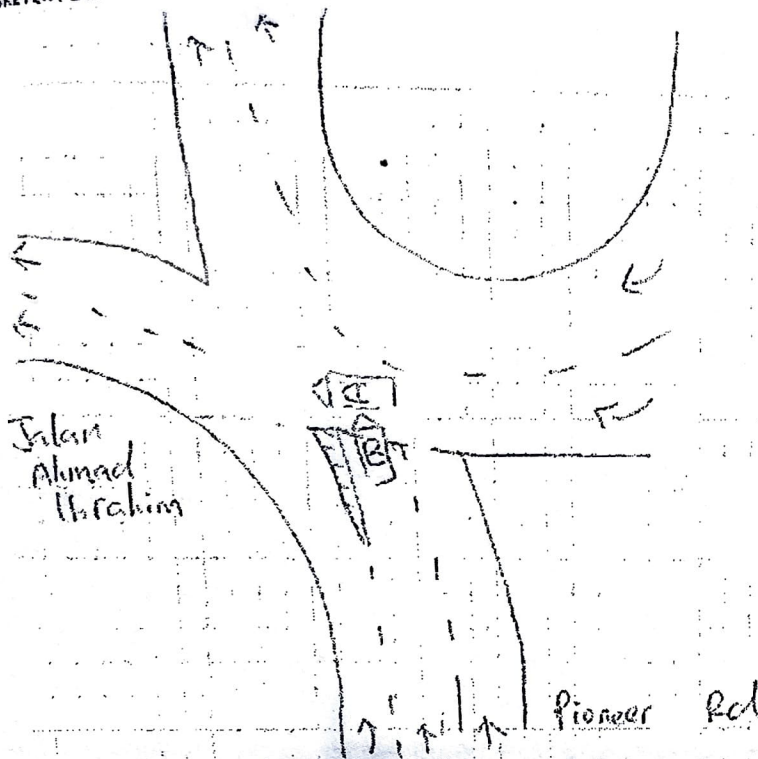
I AM AWARE THAT MY INSURER MAY HAVE A 30 DAYS TIME FRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
ARIC/Station:

SKETCH PLAN



A-YP384L

B-GBD6640T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/02/2021 (W) .

While I was travelling on Pioneer Rd round-about turning towards Jln Ahmad Ibrahim, Teras direction.

I saw that vehicle B is stationary at Pioneer Rd waiting to turn out. When I pass over vehicle B.

Suddenly I feel an impact of my left side portion.

I notice that vehicle B coming out from Pioneer Rd and collided onto left side portion of my vehicle.

No one was injured.

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:
NRX/INN No:

- ☐ Claim own policy
- ☒ Claim third party
- ☒ Claim OD (TP) at other workshop
- ☐ For record purpose

Policy No. D20MTPCVE003359
Insurer: SOMPO Vehicle: YP384L

to OneMotoring

PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	591R
Vehicle No.:	YP384L
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Apr 2021
Vehicle Make:	ISUZU
Vehicle Model:	NNR85UH4A
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	4JJ12B4694
Chassis No.:	JAANNR85HF7100229
Maximum Power Output:	-
Open Market Value:	\$27,351.00
Original Registration Date:	17 Dec 2015
First Registration Date:	17 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$1,368.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	16 Dec 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,484.00
COE Rebate Amount:	\$2,075.00
Total Rebate Amount:	\$2,075.00

The information contained herein is correct as at 29 Apr 2021

OK

Isuzu NNR85

- Overview
- Financial
- Accessories
- Similar
- Research
- Photos
- Map

Price	\$37,800	Lifespan	29-Sep-2034
Depreciation	\$11,050 /yr View models with similar depre	Reg Date	30-Sep-2014 (3yrs 5mths COE left)
Mileage	180,570 km (27.4k /yr)	Manufactured	2013
Road Tax	N.A.	Transmission	Auto
Dereg Value	\$14,372 as of today (change)	OMV	\$29,810
COE	\$42,001	ARF	\$1,491
Engine Cap	2,999 cc	No. of Owners	3
Curb Weight	2,380 kg		
Type of Vehicle	Truck		

Description

Well-maintained Unit With Spacious Open Deck! High In-house Loans And High Trade-in Options Are Available! Contact Our Sales Representatives Today To Inquire More About The Vehicle, Or To Make A Viewing Appointment With Us. Don't Wait!

Category

Status

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

Resources



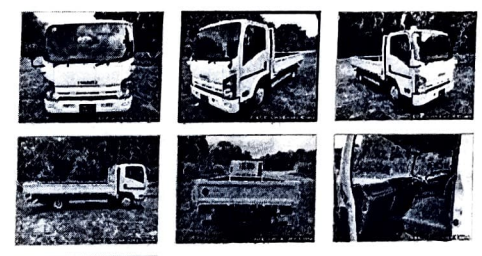
Vehicle Evaluation

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



Car Valuation - Free

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



- Shortlist
- Compare
- Report Error
- More

Seller Information

MCT Trader LLP

23 vehicles for sale. 25 sold in past 3 mths

210 Turf Club Road Lot B70/B71

Car Mall @ The Grandstand

Tel: 64648880

Search cars nearby

- Kelvin Kang 90098718
- Alan 85753382
- JJ 86064693

Posted on: 02-Mar-2021 | Last Updated on: 26-Apr-2021

Upfront Payment

Transfer Fee \$25

Down Payment \$3,780 (change) Maximum 90% Loan

1st Instalment \$926 Based on 3.4% interest rate
Get your loan approved now in 60 seconds. T&Cs apply.
Learn More

Total \$4,731 Check with seller for exact figure (excluding insurance)

OCBC Bank

Compare