

(08/11/13) wef

ASS. REC. BY: James

REF:

CS3/LPC1008792/R13

4005

ASSIGNMENT

COB XP 124: 2021 Sep

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: XD 5222M

at Workshop m/s TONK HENG MOTOR

of 6, KEMAS LANE #01-26/30

Insured:

LPC

Policy No.

Claims No.

Sum Insured:

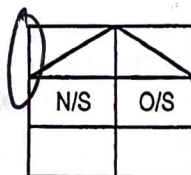
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

3K

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

Date / Time

Action / Instruction

Veh No:

XD 5222M

Yr Regn: 2011 / SEP

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

Truck / Trailer or

Make:

ISUZU CY252K

c.c 15681

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

666983

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JALCY252KB7000054

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

295/80R22-5

R:

22

D/D

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

TOYO / YOKO or

FIREMAX

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

19/08/21

D.O.I.

23/08/21

Survey held at

TONK HENG MOTOR

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

N/S FR

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

Repair cost - 2.5K

WORKSHOP WILL RETURN COB - UPON COMPLETION OF REPAIR, WILL GET FROM W/SHOP

SUBMIT PRS REPORT

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 (\$

)

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 19/08/2021 17:53 (SGT)
Date of Accident 19/08/2021 16:30 (SGT)
Exact Location of Accident Tuas Rd, Singapore
Additional Location Information TOWARDS PIE/KJE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD5222M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TONG HENG MOTOR WORK
Company Reg No 26971400J
Email Address tonghengmotorwork@gmail.com
Mobile Phone No (Phone) +65-63660537
Alternative Phone No (Office) +65-63660537

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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 15681

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA550888/1
Cover Note Number -

DRIVER

Name of Driver LOW ENG SIAH
NRIC No S1421686C

Date Of Birth 12/09/1960
 Occupation Outdoor
 Date Of Driving Pass 30/10/1982
 Driving experience 38 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97111218
 Alt. Phone Number -
 Email Address tonghengmotorwork@gmail.com
 Address BLK 217 PETIR RD #06-391
 Address complement -
 Postcode 670217
 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 DRIZZLING
 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 vehicle 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? No
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD2876X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -

Code
Insurance Company Name
Area Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1


Name SNG KANG XIANG
Phone (Phone) +65-85488868
Email

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.

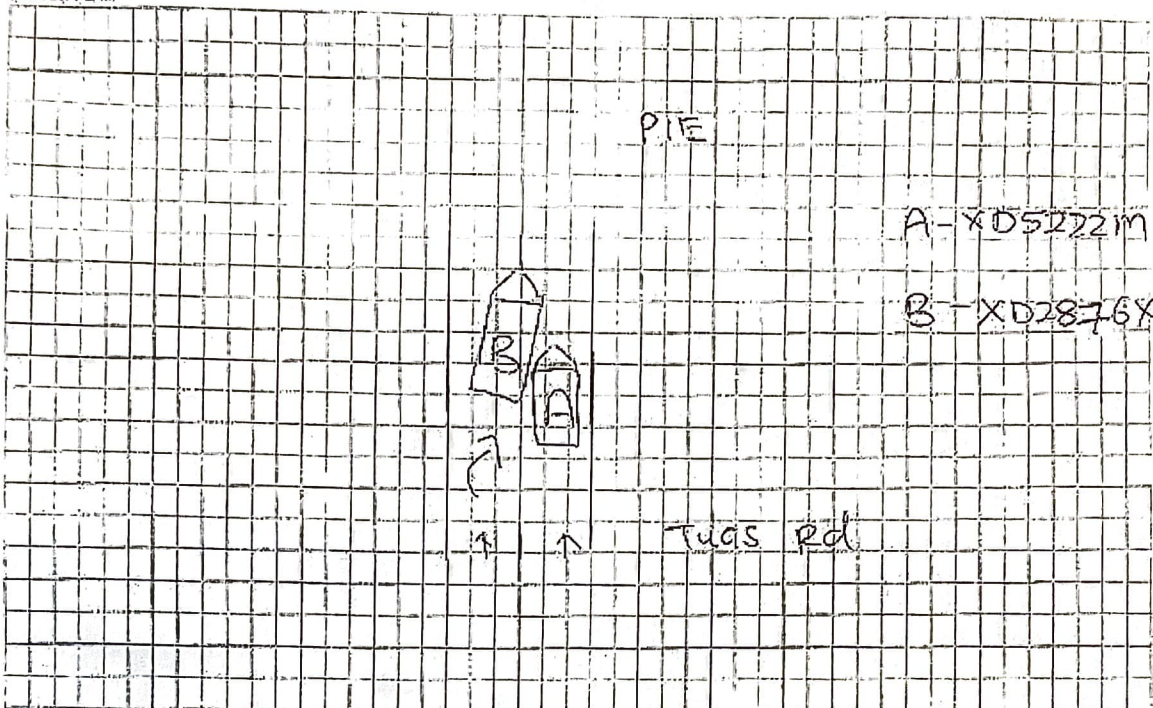
I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.


Policyholder's Signature:
Date & Time:

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

3
Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/08/2021 @ 1630

Towards PIE / KSE

When I was travelling along Tuas Rd, Vehicle B suddenly cut into my lane from the left lane causing my vehicle front left portion damage. No one was injured.

Vehicle didn't present at workshop due to side mirror is damage.

Remark: I was employee of Tong Heng Motor Work and authorise driver to drive XDS222M. I drive XDS222M for working purpose at the accident time.



DECLARATION

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



Policyholder's signature
Date & Time:

GUE/MC Search/InForm_V3

LOW

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

2

- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD / Rep at other workshop
- ☐ For record purpose

Policy No.

GA 550888

Insurer

AXA

Veh. No.

XDS189B

Tong Heng Motor Work

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	400J
Vehicle No.:	XD5222M
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Aug 2021
Vehicle Make:	ISUZU
Vehicle Model:	CYZ52K
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	6WG1415005
Chassis No.:	JALCYZ52KB7000054
Maximum Power Output:	-
Open Market Value:	\$99,708.00
Original Registration Date:	29 Sep 2011
First Registration Date:	29 Sep 2011
Transfer Count:	1
Actual ARF Paid:	\$4,986.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	28 Sep 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,289.00
COE Rebate Amount:	\$304.00
Total Rebate Amount:	\$304.00

The information contained herein is correct as at 24 Aug 2021

OK

Isuzu CYZ52K Tipper

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

NETLINK

Your Commercial Specialist

Specialized in New & Used Commercial Vehicles. Insurance. Hire Purchase. Scrap/Export

Price	\$60,800	Lifespan ?	28-May-2033
Depreciation ?	\$34,570 /yr View models with similar depre	Reg Date	29-May-2013 (1yr 9mths 4days COE left)
Mileage	N.A.	Manufactured ?	2012
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$9,480 as of today (change)	Fuel Type	Diesel
COE ?	\$53,900	OMV ?	\$95,663
Engine Cap	15,681 cc	ARF ?	\$4,784
Curb Weight ?	12,120 kg	No. of Owners ?	2