

SJE :

Date of Survey :

Date of ReSurvey:

Contacts :

Vehicle Nos : PC 6105 L

Model : Isuzu LT134P

Year : 2007

Chassis No : JALLT134P77000139

*** AGREED Cost Of Repair and Repair Day/s with SJE ***

Amount:

Working Day:

2007

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
1	Sundries	1	\$ 80.00	\$ 80.00
2	RH door compartment 3	1	\$ 2,500.00	\$ 2,500.00
3	RH door compartment 4	1	\$ 4,500.00	\$ 3250.00 4,500.00
4	RH door compartment hinge	2	\$ 320.00	\$ 640.00
5	RH door compartment lock	2	\$ 245.00	\$ ✓ 490.00
6	RH door compartment damper	2	\$ 180.00	\$ 360.00
7	RH door compartment 5	1	\$ 6,800.00	\$ 6,800.00
8	RH door compartment hinge	2	\$ 320.00	\$ 640.00
9	RH door compartment lock	1	\$ 245.00	\$ 245.00
10	Rear wheel chrome cap	1	\$ 380.00	\$ 380.00
SPECIAL NETT TOTAL :				\$ 16,635.00

NNX
CUTXR
BR✓
BTXR
JMV
NDX
CUTXR
} NDX

Nos.	LABOUR	S\$
1	R&R RH door compartment 3	\$ 250.00
2	R&R RH door compartment 4	\$ 130.00 250.00
3	R&R RH door compartment 5	\$ 250.00
4	Check wiring	\$ 100.00
5	Panel beating	\$ 800.00 2,000.00
6	Rust proofing	\$ 200.00
7	Spray painting	\$ 1200.00 2,000.00
LABOUR TOTAL :		\$ 5,050.00

NNX
/
NNX
NNX
/
NNX
/
NNX

Survey 1/9/2021 1300hrs TGLin
Resurvey 2/9/2021 1145 hrs TGLin
Lump Sum repair Repair days 5

SPECIAL NETT TOTAL : \$ 16,635.00

LABOUR TOTAL : \$ 5,050.00

GRAND TOTAL : \$ 21,685.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

LS 4700/-

TGLin Min

29/9/2021

NV 38,719/-

SN 3740.00

Labour 2130.00

5870.00

@ 20% 1174.00

4694.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	191K
Vehicle Details	
Vehicle No.:	PC6105L
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Sep 2021
Vehicle Make:	ISUZU
Vehicle Model:	LT134P
Primary Colour:	Multicolor
Manufacturing Year:	2007
Engine No.:	6HK1454510
Chassis No.:	JALLT134P77000139
Maximum Power Output:	-
Open Market Value:	\$91,047.00
Original Registration Date:	15 Nov 2007
First Registration Date:	15 Nov 2007
Transfer Count:	3
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$35,839.00
COE Rebate Amount:	\$21,281.00
Total Rebate Amount:	\$21,281.00

The information contained herein is correct as at 23 Sep 2021

OK

MV 60,000/2

PV 21,281/2

NV 38,719/2

(RED \$16985

TKim Mei
23/9/2021



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Isuzu LT134P

Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Isuzu LT134P		Any	Any	> 10 year(s) old	Any	Any	Any	All



Isuzu LT134P (COE till 05/2030)

Fuel Type: Diesel

Serviced Regularly. Excellent Condition. COE Expiry: 26th May 2030.

Posted: 29-Aug-2021 Tags: 2010 Isuzu LT134P, Isuzu LT134P, Isuzu, LT134P

DIRECT OWNER



Isuzu LT134P (COE till 01/2024)

\$47,500

\$20,570 /yr

15-Jan-2009

7,790 cc

Bus

Available

Fuel Type: Diesel

Very Well Maintained, Low Maintenance Cost, Nice Seat Covers And Interiors. Can Renew COE For 5 Years More. Call Now For Test Drive.

Posted: 08-Sep-2021 Tags: 2009 Isuzu LT134P, Isuzu LT134P, Isuzu, LT134P

DIRECT OWNER

Save this search criteria, to get email alerts whenever a match is found.

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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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	21/08/2021 12:55 (SGT)
Date of Accident	03/08/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION BETWEEN AMK AVE 6 & AMK ST 24
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6105L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LNH TRANSPORT PTE LTD
Company Reg No	2XXXXX191K
Email Address	TAY_TRANSPORT2013@HOTMAIL.COM
Mobile Phone No	(Phone) +65-83110973
Alternative Phone No	(Home) +65-83110973

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	Bus
Transmission	Auto
CC	7790

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	VFX/P1933460
Cover Note Number	-

DRIVER

Name of Driver	SEAH LIN HOE
NRIC No	SXXXX187C

Date Of Birth	19/04/1951
Occupation	Outdoor
Date Of Driving Pass	23/04/1977
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90285982
Alt. Phone Number	-
Email Address	TAY_TRANSPORT2013@HOTMAIL.COM
Address	BLK 587 AMK AVE 3 #02-3003
Address complement	-
Postcode	560587
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 - Cross Junction
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 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 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	SMJ8735D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)

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 revoke 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 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.
 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 the 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.



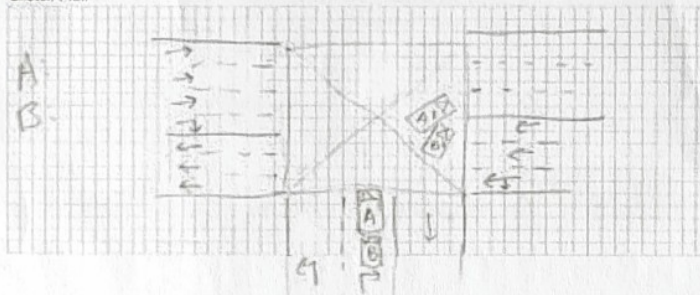
Policyholder's Signature / Date & Time

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

SHUYI

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the above stated date & time, my vehicle was at
 station A & B position at red light. When green, I proceed to
 turn right where vehicle B try to overtake and squeeze into
 lane 1. Vehicle B hit into the right portion of my vehicle (A1221)

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time

SHUYI

Witnessed by Reporting Centre Personnel