

ASS. REC. BY:

REF:

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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.

N/S	O/S

Bal. or Market Value:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

YP859J.

Yr Regn:

2016 / Jan.

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

Truck / Trailer or

Make:

Isuzu NHR85

c.c

2888.

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

181909

T/Radio:

Insured / Std / NI / NA

Eng/No:

JAANHR8SEF7100448

C/No:

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:

155 / 75 R15

R:

165 R14

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

08/09/21

Survey held at

Ryder

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

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

Date / Time

Action / Instruction

TP Len Pac.

MV: 38K

PV: 18.3K

Nett: 19.7K

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:

3 + RS. SI

Photos

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / E.H.C

## 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	07/09/2021 15:23 (SGT)
Date of Accident	06/09/2021 14:30 (SGT)
Exact Location of Accident	Sungei Kadut Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP859J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALLSWELL POLYTHENE PTE LTD
Company Reg No	201013834H
Email Address	eddy@allswellpolythene.com.sg
Mobile Phone No	(Phone) +65-97702850
Alternative Phone No	+65-93886665

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NHR85A
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	2999

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5077087574-05
Cover Note Number	-

### DRIVER

Name of Driver	KOH JOO CHIONG
NRIC No	S1623565B



Date Of Birth	08/06/1963
Occupation	Outdoor
Date Of Driving Pass	08/04/1997
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93886665
Alt. Phone Number	-
Email Address	eddy@allswellpolythene.com.sg
Address	BLK 541 HOUGANG AVE 8 #05-1215
Address complement	-
Postcode	530541
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	7
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

I WAS STATIONARY ALONG SUNGEI KADUT AVE AS THE TRAFFIC LIGHT WAS RED. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR ENDED MY VEHICLE. VEHICLE B CONTINUED FORWARD AND GRAZED THE RIGHT SIDE OF MY VEHICLE.

#### 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	5025S
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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN2772Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR644T
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	VEHICLE D
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SDA9038F
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	VEHICLE E
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5



Vehicle Registration Number	GBG8089G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE F
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	FBH2962U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE G
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	KOH JOO CHIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YP859J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# 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.
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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 this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**Allswell Polythene Pte Ltd**

(2010132344)

Mandalay Link 805-01 Mandalay Connection

Singapore 728653

Tel: 6250 8539 Fax: 6250 8829

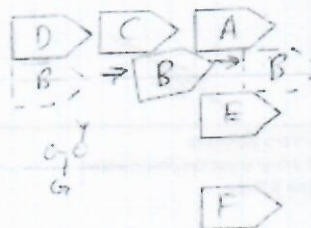
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SUNBEY KAPUT AVE



A: YP859J

B: 5025J

C: YN2772Y

D: SIMR644T

E: SPA9038F

F: G868087G

G: FBH2962U

RYORR AUTO



Describe Circumstances of the Accident

I WAS STATIONARY ALONG SUNGEI KADUT AVE AS THE TRAFFIC LIGHT WAS RED. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. VEHICLE B CONTINUED FORWARD AND GRAZED THE RIGHT SIDE OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

I AUTHORIZE SME AUTO PTE LTD TO  
SEND RYDER AUTO PTE LTD THIS  
ACCIDENT REPORT

  
Policyholder's Signature / Date  
Tel: 6250 8830 Fax: 6250 8829

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

Witnessed by Reporting Centre  
Personnel

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Owner ID:

Company

834H

**Vehicle Details**

Vehicle No.:

YP859J

Vehicle to be Exported:

No

Intended Deregistration Date:

08 Sep 2021

Vehicle Make:

ISUZU

Vehicle Model:

NHR85AUE4A R1

Primary Colour:

Blue

Manufacturing Year:

2015

Engine No.:

4JJ12F5599

Chassis No.:

JAANHR85EF7100448

Maximum Power Output:

-

Open Market Value:

\$26,873.00

Original Registration Date:

11 Jan 2016

First Registration Date:

11 Jan 2016

Transfer Count:

0

Actual ARF Paid:

\$1,344.00

**Intended PARF Rebate Details**

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

**Intended COE Rebate Details**

COE Expiry Date:

10 Jan 2026

COE Category:

C - Goods Vehicle &amp; Bus

COE Period(Years):

10

QP Paid:

\$42,036.00

COE Rebate Amount:

\$18,238.00

**Total Rebate Amount:****\$18,238.00**

The information contained herein is correct as at 08 Sep 2021

OK



## Car Accessories & Products

Pimping up your ride? Browse thousands of car products for even more choices!  
Read honest reviews by our trusted consumers before you make a purchase.

ISUZU NHR85 Price Range Depreciation 2016 Vehicle Type Search Advanced Search

## Used Car Comparison

--- Comparing 4 Vehicles ---

Isuzu NHR85A

Isuzu NHR85A

Isuzu NHR85A

Isuzu NHR85A



Clear All

Add all to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

Back to search result

### CAR DETAILS

Price	\$38,800	\$39,800	<b>\$38,180</b>	\$43,800
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	22-Oct-2015	02-Nov-2015	16-Dec-2015	26-May-2016
Manufactured	2015	2015	2015	2016
Mileage	-	-	-	-
Transmission	Manual	Manual	Auto	Manual
Engine Cap	2,999 cc	2,999 cc	2,999 cc	2,999 cc
Road Tax	-	-	-	-
Power	-	-	-	-
Curb Weight	1,800 kg	1,700 kg	1,980 kg	1,800 kg
Features	-	-	-	We Only Deal Hon Business! 100% St Gimnick. We Have To View And Choos
Accessories	-	-	-	-
Description	1 Owner! Genuine Low Mileage! Specially Modified Caged Up Box! Full Checkered Plate! Serviced And Maintained Regularly By Meticulous Owner! Pristine Condition With No Repairs Needed! Flexible Financing Available! Trade In Welcome! Immediate Handover With No Delays! Whatsapp/Call Our Friendly Sales Consultant To View This Beauty Today!	3 Month Warranty, Fully Serviced Before Handover + Additional 2 Free Servicing, Free Front Dash Camera, Free Cabin Sterilization (Fight Covid-19), Full & Flexible Loan Available, Trade In Welcome, In House Financing Available. Speak To Our Friendly Representative For A Viewing Today!	6 Speed (Auto) Isuzu, Very Good Condition. Engine/Power Steering Wheel Is Running Smooth. Trade-in, Bank Loan/High Loan Available. Please Call Us Or WhatsApp To Arrange For Viewing.	1 Owner With Low 3months Warranty Free Servicing! Fre Full Canopy. One C 10footer Truck. Ca Deal Avail. Call/Wh Sales Handphone Trade In Prices Or Appointments.
COE	\$45,289	\$42,303	\$39,882	\$17,755
OMV	\$23,878	\$23,878	<b>\$26,916</b>	\$24,990
ARF	\$1,194	\$1,194	<b>\$1,346</b>	\$1,250
Depreciation	\$9,420 /yr	\$9,590 /yr	\$8,940 /yr	\$9,290 /yr
No. of Owners	1	2	1	1
Type of Vehicle	Truck	Truck	Truck	Truck
Category	Premium Ad Car	Premium Ad Car	-	Premium Ad Car