

ASS. REC. BY:

REP:

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 Rport: _____ 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: XD9005X Yr Regn: 2014 / April

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

Truck / Trailer or

Make: Isuzu FXZ77M c.c. 9839

Colour: Green A/C: Insured / Std / NI / NA

Sp.Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALFXZ77ME7000030

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: 295/80R22.5

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

TOYO / YOKO or Allround

Front _____ Rear _____

R/Bal. 09 mm R/Bal. 09 mm

L/Bal. 09 mm L/Bal. 09 mm

D.O.A. _____ D.O.I. 05/11/21

Survey held at Sungei Kadut St 2

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
	<u>TP Drive</u>
	<u>MV: 60K.</u>
	<u>PV: 1.8K.</u>
	<u>Nett: 58.2K</u>

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: _____

S + RS \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Report Format: _____

Lump Sum / L&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	03/11/2021 15:36 (SGT)
Date of Accident	02/11/2021 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	301 PUNGGOL CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9005Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FORWARD CONSTRUCTION & ENGINEERING
Company Reg No	53410804X
Email Address	ZEPHCHAN96@GMAIL.COM
Mobile Phone No	(Phone) +65-84237048
Alternative Phone No	(Office) +65-84237048

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Fx277m
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	Auto
CC	9839

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG21005189
Cover Note Number	-

DRIVER

Name of Driver	LIM HO PENG
NRIC No	S1298771D

Date Of Birth	11/09/1958
Occupation	Indoor
Date Of Driving Pass	13/12/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84237048
Alt. Phone Number	-
Email Address	ZEPHCHAN96@GMAIL.COM
Address	APT BLK 337 BUKIT BATOK STREET 34 #06-02 S 650337
Address complement	-
Postcode	-
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	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?	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

REFER TO THE 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	XD6345K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

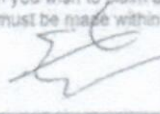
Describe Circumstances of the Accident

I WAS TRAVELLING ALONG 301 PUNGGOL CENTRAL. I WAS STOPPED AT THE JUNCTION DUE TO A RED LIGHT. SUDDENLY, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

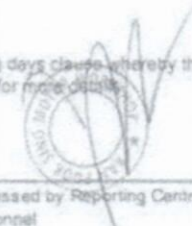
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

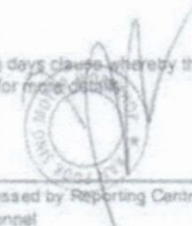
Policyholder's Signature / 
Title



Driver's Signature (If driver is not the policyholder, date & Time) 



Witnessed by Reporting Centre Personnel 



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 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 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' 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




Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

End of Road

A: X09005K

B: X06245K

Diagram showing two vehicles, A and B, positioned side-by-side on a road.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	804X
Vehicle Details	
Vehicle No.:	XD9005Y
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Nov 2021
Vehicle Make:	ISUZU
Vehicle Model:	FXZ77M
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	6UZ1482466
Chassis No.:	JALFXZ77ME7000030
Maximum Power Output:	-
Open Market Value:	\$80,611.00
Original Registration Date:	02 Apr 2014
First Registration Date:	02 Apr 2014
Transfer Count:	2
Actual ARF Paid:	\$4,031.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Apr 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$6,301.00
COE Rebate Amount:	\$1,722.00
Total Rebate Amount:	\$1,722.00

The information contained herein is correct as at 03 Nov 2021

OK

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isuzu fxz

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Vehicle Type



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Used Car Comparison

--- Comparing 2 Vehicles ---

Isuzu FXZ77M Tipper

Isuzu FXZ77M Tipper



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Add to Shortlist

Use search bar above to select another car to compare.

Use search bar above to se to compare.

CAR DETAILS

Price	\$69,888	\$70,800
Instalment	N.A.	N.A.
Registration Date	10-Jan-2014	29-Apr-2014
Manufactured	2013	2014
Mileage	-	-
Transmission	Manual	Manual
Engine Cap	9,839 cc	9,839 cc
Road Tax	-	-
Power	-	-
Curb Weight	11,340 kg	11,120 kg
Features	-	-
Accessories	-	-
Description	We Are Offering 6 Months Warranty Program! 1 Major Servicing! 2 Standard Servicing! Superb Condition! 1 Owner! 100% Bank/In House Loan Available With Low Interest! No Hidden Costs! High Trade-In Price For Your Used Vehicle! Call Us To Find Out More!	28 Ton Tipper, New Paintwork. Tyre 90%. Engine Gearbox Tip Top Condition. Cheapest In Market. Trade In Welcome. Loan Available. See To Believe, Call Us Now To Arrange Door Step Viewing.
COE	\$48,001	\$18,477
OMV	\$81,793	\$80,296
ARF	\$4,090	\$4,015
Depreciation	\$32,170 /yr	\$28,620 /yr
No. of Owners	2	2
Type of Vehicle	Truck	Truck
Category	-	-
Availability	Available	Available
Remarks	Fuel type Diesel	Fuel type Diesel