

ASS. FEO. 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 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: YN 8920Y Yr Regn: 2015, August

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

Truck / Trailer or

Make: Isuzu NNR 85 c.c. 2999

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

Sp. Reading: 279975 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAA NNR 85 SHE 7100 444

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15C Delium

R: 195 R15C Yokohama

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. 29/08/22

Survey held at H.S. Automobile

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 AXA</u>
	<u>MV: 45K</u>
	<u>PV: 9.5K</u>
	<u>Nett: 35.5K</u>

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Adm Fee:

☐: Site Insp (\$

☐: Interview (\$

☐: Tech. Insp (\$

Report Format: _____



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 Actual 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	22/08/2022 17:43 (SGT)
Reported by	Driver
Date of Accident	20/08/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8920Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DELCO ART INTERIOR PTE LTD
Company Reg No	200105509N
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-62849558
Alternative Phone No	-

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
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MCV0000908_04

DRIVER

Name of Driver	VEERAPPAN THANGADURAI
Passport No/FIN	F2624836K
Date Of Birth	17/01/1972
Occupation	Outdoor



Date Of Driving Pass	14/11/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87222009
Alt. Phone Number	-
Email Address	selphk38@gmail.com
Address	1079 EUNOS AVE 7
Address complement	#01-163
Postcode	409582
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	21
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT1569U
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBL3670J
 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 -
 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 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

→ C B A
→
→
→
PTE TOWARDS CHANGI

A. 4N89204
B. 8LT15694
C. 81BL 36707

Describe Circumstances of the Accident

MY VEH WAS STATIONARY AND SUDDENLY I FELT AN IMPACT
FROM MY VEH REAR PORTION

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Thirakul

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



Slyn 22/08/22
Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	509N
Vehicle Details	
Vehicle No.:	YN8920Y
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Aug 2022
Vehicle Make:	ISUZU
Vehicle Model:	NNR85UH4A
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	4JJ11S9115
Chassis No.:	JAANNR85HE7100444
Maximum Power Output:	-
Open Market Value:	\$26,080.00
Original Registration Date:	17 Aug 2015
First Registration Date:	17 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$1,304.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$31,767.00
COE Rebate Amount:	\$9,410.00
Total Rebate Amount:	\$9,410.00

The information contained herein is correct as at 30 Aug 2022

OK

FOR SALE BY OWNER

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Sell it yourself! Advertise it at just **\$68 until it's SOLD!**

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[Ways of Selling](#)

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Selling at Lowest Depreciation!!

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Save Search Sort by **Date Posted** 20 results/page

6 vehicles Any Category Advanced Search Search

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

Search Selection **nnr85** Any Any > 6 year(s) old Any Any Any Available



☐ **Isuzu NNR85 (COE till 10/2029)** \$67,800 \$9,530 /yr 09-Oct-2009 2,999 cc - Truck Available

Fuel Type: Diesel

Best and Cheapest in the Market. Regularly Serviced by Owner. Owner Selling as He do not need a Lorry anymore.

Posted: 11-Aug-2022



☐ **Isuzu NNR85 (COE till 09/2026)** \$44,888 \$11,150 /yr 09-Sep-2011 2,999 cc 80,000 km Truck Available

Fuel Type: Diesel

Genuine low mileage. Class 3 can be driven. meticulous condition vehicle hardly driven. In good condition. interested please contact me. Viewing By appointment basis only. High loan can be arranged.

Posted: 03-Aug-2022



☐ **Isuzu NNR85** \$34,800 \$19,790 /yr 03-Jun-2014 2,999 cc - Truck Available

Fuel Type: Diesel

Best deals with us. Low mileage and smooth transmission. 3 month warranty, fully serviced before handover + additional 2 free servicing, free front dash camera, full loan with \$0 downpayment or flexible loan with in house finance, fast approval. We offer best rates for trade...

Skylink Auto Pte Ltd

Posted: 06-Jul-2022

PREMIUM AD



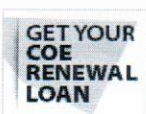
☐ **Isuzu NNR85** \$43,800 \$16,480 /yr 27-Apr-2015 2,999 cc - Truck Available

Fuel Type: Diesel

Included New canopy! 15 Feet Wooden Deck With Checker Plate Lorry. Excellent Choice For Newly Start-up Business. Well Maintain Vehicle And Drive With No Worry. Loan Can Be Arrange. Call Now For Viewing!

ABWIN (1994) Pte Ltd

Posted: 11-Aug-2022



Is your COE expiring? Let us help you renew it!

Getting your COE renewed is easy, fast and affordable. We'll help you renew your COE and get a loan for it. Get the cheapest loan in town and an approval in 2 days without effort! Enquire today.



☐ **Isuzu NNR85** \$53,800 \$14,930 /yr 07-Apr-2016 2,999 cc - Truck Available

Fuel Type: Diesel

Isuzu wooden deck, with full canopy. Flexible loan packages available to suit your financing needs! Call any of our salesperson to view this unit now before it's gone!

ABWIN (1994) Pte Ltd

Posted: 24-Aug-2022



☐ **Isuzu NNR85** \$51,800 \$13,770 /yr 04-Jun-2016 2,999 cc - Truck Available

Fuel Type: Diesel

Best deals with us. Low mileage and smooth transmission. 3 month warranty, fully serviced before handover + additional 2 free servicing, free front dash camera, full loan with \$0 downpayment or flexible loan with in house finance, fast approval. We offer best rates for trade...

Skylink Auto Pte Ltd

Posted: 03-Aug-2022

PREMIUM AD

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

Save Search

SHORTLISTED HISTORY Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

Compare

view Expired ads