

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: 4782WS
 at Workshop m/s: precise
 of _____
 Insured: 1/M 9657 G
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: Y288205 Yr Regn: 18/05/18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (M)
 Make: HINO XZUT10R c.c. 4009
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 162046 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHHUCV3H7OK026328
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: \$ 70k.
 IDAC Accident Rpt: _____ Consistent? : **Yes** or No
 GIA / PR Seen: _____ Consistent? : **Yes** or No
 Est. Repairs: 10 days Res.: **Yes** or No
 Lum Sum: 20 % 3 Val.: **Yes** or No

Tyre Size: F: _____ R: 7.00R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Condor
 Front R/Bal. 6 mm Rear R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. 31/08/22 D.O.I. 5/9/22
 Survey held at _____

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: LIA @ 8434
 Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
P4 O/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
20/9/22 no settled pass
Survey on 5/9/22 @ 12.22pm.
Disposal on 8/9/22 @ 5.41pm.
After repair on 14/9/22 @ 10.18am.
Repair range \$-9k.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?
 Report Format :
 Lump Sum / I.B.I.: (\$ _____)

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____) : S + RS, SI
 : Interview (\$ _____) : Photos
 : Tech. Invs (\$ _____) : Others
 : Weekend (\$ _____) :
 Survey Fee: _____
 Transportation: _____
 TOTAL _____

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	367K
Vehicle Details	
Vehicle No.:	YP88705
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Sep 2022
Vehicle Make:	HINO
Vehicle Model:	XZU710R 14FT WIDE CAB 5T
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	N04CVV10223
Chassis No.:	#HHCVCV3H70K026328
Maximum Power Output:	-
Open Market Value:	\$34,465.00
Original Registration Date:	18 May 2018
First Registration Date:	18 May 2018
Transfer Count:	0
Actual ARF Paid:	\$1,724.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 May 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$14,900.00
COE Rebate Amount:	\$8,434.00
Total Rebate Amount:	\$8,434.00

The information contained herein is correct as at 05 Sep 2022

OK

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1 vehicles



Hino XZU710R

Any Category

Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Hino	XZU710R	Any	Any	2018	Any	Any	Any	Available
	Hino XZU710R		\$75,800	\$13,660 /yr	23-Mar-2018	4,009 cc	-	Truck	Available
	Fuel Type: Diesel								
	Hino 14 feet box. Class 3 can drive. Well maintained. Call in now for viewing and test drive. Loan and trade in available.								
	Bell Auto Pte Ltd								
	Posted: 30-Aug-2022								

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 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	31/08/2022 14:00 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 12:10 (SGT)
Exact Location of Accident	Gul Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8820S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SEANET MARINE SERVICES PTE LTD
Company Reg No	2XXXXX367K
Email Address	SEANET@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96817710
Alternative Phone No	(Office) +65-66862480

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4009

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22005248

DRIVER

Name of Driver	VARADHARAJAN SAMYRAJ
Work Permit No	GXXXX833Q
Date Of Birth	15/04/1981
Occupation	Outdoor

Date Of Driving Pass	29/04/2009
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96817710
Alt. Phone Number	-
Email Address	SEANET@SINGNET.COM.SG
Address	TUAS SOUTH DORMITORY #03-85
Address complement	-
Postcode	636946
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 - Major/Minor Rd
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

ON 31/08/22 AT AROUND 1210HRS I WAS DRIVING VEHICLE A(YP8820S) AT GULL ROAD. AS I WAS GOING STRAIGHT, VEHICLE B(YM9657G) SUDDENLY WENT OUT FROM 23 GUL ROAD THINKING HE CAN GET THROUGH. THATS WHEN HE HIT MY FRONT RIGHT SIDE. WE STOPPED AND EXCHANGED PARTICULARS. AFTER THE INCIDENT I WAS NOT FEELING WELL AND GOING TO SEE DOCTOR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM9657G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	LAI TUAN LAY
Contact Number	(Phone) +65-92722734
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VARADHARAJAN SAMYRAJ
Gender	Male
Phone No	(Phone) +65-96817710
Address	TUAS SOUTH DORMITORY #03-85
Address Complement	-
Post Code	636946
Approximate Age Years Old	41
Injuries Sustained	3DAYS MC
Injured person in which vehicle?	YP8820S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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.

V. Sunny Raj

[Signature]

Policyholder's Signature / Date & Time

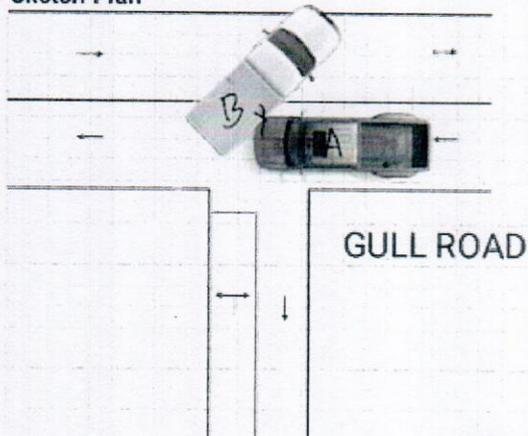
Sketch Plan

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

31/08/22 1325HRS

Witnessed by Reporting Centre Personnel

FRO ZIKRUL



A-YP8820S
B-YM9657G

Describe Circumstances of the Accident

ON 31/08/22 AT AROUND 1210HRS I WAS DRIVING VEHICLE A(YP8820S) AT GULL ROAD. AS I WAS GOING STRAIGHT, VEHICLE B(YM9657G) SUDDENLY WENT OUT FROM 23 GUL ROAD THINKING HE CAN GET THROUGH. THATS WHEN HE HIT MY FRONT RIGHT SIDE. WE STOPPED AND EXCHANGED PARTICULARS. AFTER THE INCIDENT I WAS NOT FEELING WELL AND GOING TO SEE DOCTOR.

Declaration

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

V. Sammy Rose



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

31/08/22 1325HRS

FRO ZIKRUL