ASSI	GNMENT
From: Date:	Veh No: XE 1439 B. Yr Regn: 2016, March
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Isuzu. FXZ77Q c.c 9839
1301- 4-1-1 1-	Colour While A/C: Insured / Std / NI / NA
of	Sp.Reading 378043 T/Radio: Insured / Std / NI / NA
ngured.	Eng/No:
Policy No.	C/No: JALFXZ777E 7000488
	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Morder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 295/50 2225
(Policy Condition)	R: 295/80R225
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Gentice.
Sal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 0 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 29/11/22.
% 3 Val.: Yes or No	Survey held at Rydes
CA / REV / REP. / 24 HRS	Des. of Damages Fit Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	
	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction 1 P Sempo	•
MV: look Representing (8)	\$301c x 3.441 = 1001c.
PV: 9.3K	
PV: 9.3K	
PV: 9.3K	
PV: 9.3K Nett: 90.7K	Days Of Repair:
PV: 9.3 K Nett: 90.7 (C vale/Time, File Pass to? : Preli. Report : Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee:
PV: 9.3 K Nett: 90.7 K Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee: Transportation:
PV: 9.3 K Nett: 90.7 K Date/Time, File Pass to? : Preli. Report	production of the second

Bannier Greene F.B. De De /de



SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/11/2022 15:48 (SGT) Driver 24/11/2022 15:00 (SGT) AYE, Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XE1439B

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No.

Yes FUSHENG ENGINEERING CONSTRUCTION PTE LTD 2XXXXX515H othmanhadi86@gmail.com (Phone) +65-89341747

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission

Isuzu FXZ77Q

Employment

No - Claiming third party Goods vehicle Manual 9839

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Allianz Insurance Singapore Pte. Ltd. SP2002688842

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

BUDI SEGARA BIN OTHMAN SXXXX597D 01/08/1965 Outdoor

Date Of Driving Pass 16/04/2020 Driving experience 2 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-89341747 Alt. Phone Number Email Address othmanhadi86@gmail.com Address APT BLK 18 GHIM MOH ROAD #09-131 Address complement Postcode 270018 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 Clear Road Surface Dry Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? No 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG AYE NEAR CLEMENTI AVE 6 EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED AND I FOLLOWED SUIT. SUDDENLY, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO COLLIDE WITH VEHICLE C.

ATTACHMENT(S)

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

No No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address

BUDI SEGARA BIN OTHMAN Male (Phone) +65-89341747

Accident report SR0922BP0001

Address Complement	
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE1439B
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 accelers to spead up the cases process
- 2. This Formittest be completed by the Policyholder and/or the Authorised Driver
- 3. Mornation provided must be as truthful and socurate as possible. Any will interopresonation or withouting of material facts may allow insurance companies to reputilists policy fishility.
- 4. The issue and acceptance of this Formby Seprence companies is not an admission of policy liability on the part of the insurance companies.
- 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 Dentre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available open appropriate by increasing purpose.
- 7. By the lodgement of this report is the insurers, you hardly consent to the archiving of this report at the centre, and to copies of the report being made available aforesaid.
- 6. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent first

- (a) My maurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, user, disclose unifor process my personal distalpersonal information set out in this (form) and any other personal information provided by the or postessed by my insurer (collectively life "Personal Information"), and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in the accident (all losurer(s) who have insured vehicle(s) involved in the accident (all losurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the insurers law yershaw time, the Modelary Authority of Singapore and any meaning government agency/authority (such as the police). For the personse(s) of
- (is processing, handley and/or dealing with my claims including the settlement of the claims and any nocessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims:
- (iii) carrying out ancier dealing with my tratructions of responding to any empiries by ex-
- (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve illuciosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopmentary packages); and/or
- (v) correlying with applicable law in administering, processing, handling anienr desing with my claims

(collectively the 'Purposes')

- (b) all insurer(s) who have insured vehicle(s) involved in the accident and the insurers, less years less firms, may are permeter) to collect use, disclose and/or process my Personal information one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers end/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapors, for one or more of the above Purposes.

Policyholicar V Signature / Date & Trave

Sketch Plan

Driver's Squature (If driver is not the policyhouser) / Date

AYE (TUAS) NEAR CLEMENTI AVE 6 EXIT

Militessed by Resorting Centre Israonnai

> A XE1439B B YP8701C

C: SLR9782E

RYAYES

Describe Groumstances of the Accident
I WAS TRAVELLING ALONG AYE NEAR CLEMENTI AVE 6 EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED AND I FOLLOWED SUIT. SUDDENLY, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO COLLIDE WITH VEHICLE C.
Declaration
Wile declare the foregoing particulars are true in every respect.
If you wan to calm against your own policy, places he advised that your staurar may have a fourteen (14) days Cause effectly the Calm must be made within the signated (welfame from the day of occurrence. Kindly check with your insurer for more details.
Procyhological A Spiketure Colorina Convertibility of graver is not the procedure/Colorina Vitinassed by Reporting Contre

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company	
Owner ID:	515H	
Vehicle Details in 1999 Available of August		
Vehicle No.:	XE1439B	
Vehicle to be Exported:	No	
Intended Deregistration Date:	29 Nov 2022	
Vehicle Make:	ISUZU	
Vehicle Model:	FXZ77Q	
Primary Colour:	White	
Manufacturing Year:	2014	
Engine No.:	6UZ1493903	
Chassis No.:	JALFXZ777E7000488	
Maximum Power Output:	E CONTROL DE LA	
Open Market Value:	\$74,551.00	
Original Registration Date:	07 Mar 2016	
First Registration Date:	07 Mar 2016	
Transfer Count:	1	
Actual ARF Paid:	\$3,728.00	
ntended PARE Repate Details	3. 大路 (100) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
ntended CCIS Rebate Distails COE Expiry Date:	06 Mar 2026	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$27,056.00	
COE Rebate Amount:	\$9,244.00	
Total Rebate Amount:	\$9,244.00	

The information contained herein is correct as at 29 Nov 2022

New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources

SGCORMORT TRUSTED BRAND SHOWCASE

BUY or LEASE for all your lifestyle needs

at Waterway Point Roadshow, Atrium A&B, Level 1 from 28 Nov to 4 Dec



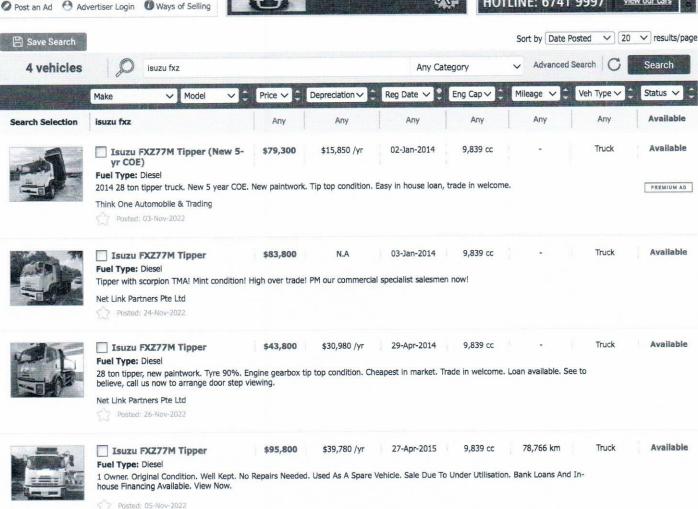


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For old advertisement	nts, view Expired	lads						20	v results/page

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			Car Features	Site Map