

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT/23002753/Uwp3**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:

2 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

9436
98909925

Veh No:

1416244

Yr Regn:

23/10/19

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

Truck / Trailer or

CM

Make:

ISUZU NMR85

c.c

2999

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

94187T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JAA NMR 85 HK 710 2119Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/55-R16

R:

195/55-R16

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

28/11/22

D.O.I.

17/3/23

Survey held at

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orRear

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

Date / Time

Action / Instruction

LTA 6

18/5/23 only 13h Sticker p/p rep of \$670 informed kumar @ 2 days
(Red \$2,168.18 / 76%)

Date/Time, File Pass to?

18/05/20231) Typist

Date/Time, File Return to?

2)

☐

Preli. Report

☒

Final Report

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

TPLump Sum / I.B.I: (\$ p/p \$670.00)

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Raamkumar Km
CLAIM DEPARTMENT
DID : 66547607
FAX : 66547540

Date : 16/03/2023

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 28/11/2022

Vehicle No : YQ -1624-H

Make & Model : ISUZU NMR85UH5A 3.0 Y (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
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List Item

1 REAR TAILGATE

1 REAR END PANEL

RESTORE

1,450.00

Sub Total

1450.00

Discount 15% On Parts

(217.50)

Special Nett Item

1 ALUMINIUM CHECKER PLATE

1 60KM/H STICKER

23pax 1 SPAX-STICKER

23pax sticker

400.00

10.00

10.00

Date : 16/03/2023
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION
 Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : 1 Accident Date : 28/11/2022
 Vehicle No : YQ -1624-H Make & Model : ISUZU NMR85UH5A 3.0 Y (M) EURO 6
 Excess : 0.00 Add Excess : 0.00

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	420.00	
	Labour & Misc		
	LABOUR TO FACILIATE REPAIR	500.00	400
	TO REPSRAY AFFECTED AREA	500.00	250
	Sub Total	1000.00	
	<div> <p>Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>	2,652.50	
	Remarks:		
	<div> <p>not Authorized</p> </div>	SUB TOTAL GST 7.0 % 185.68 TOTAL 2,838.18	

Surveyor's name: merans luer p/7 & 670
 Principal's name: ETHOZ Group Ltd the pho. After repair
 Survey Date & Time: 17/3/23 @ 11.25am. 2 days.

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	30/11/2022 18:35 (SGT)
Reported by	Driver
Date of Accident	28/11/2022 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1624H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943D
Email Address	accidentreport@ethozprotect.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NMR85UH5A 3.0 Y (M) EURO 6
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	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	SURIYA BABU KRISHNA KUMAR BABU
Passport No/FIN	FXXXX264M
Date Of Birth	13/04/1979
Occupation	Outdoor

Date Of Driving Pass	20/05/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91119503
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	50 WOODLANDS IND PARK E7
Address complement	-
Postcode	S(747528)
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
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	YUVARAS
Gender	Male

PASSENGER 2

Name	THASUDEEN
Gender	Male

PASSENGER 3

Name	PERUMAL
Gender	Male

PASSENGER 4

Name	LINGAM
Gender	Male

PASSENGER 5

Name	PANDI
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

KINDLY REFER TO SKETCH PLAN.

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	GBG8530Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	POTTONDER MOHAMMAD MASUD
Passport No/FIN	GXXXX124U
Contact Number	(Phone) +65-97942399
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 claim process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of information 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 Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that report will be a for be made available upon application by interested parties.
7. By the lodging 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 if needed.
8. Consent under the Personal Data Protection Act (PDPA)

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 received 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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident and be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry of Transport 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 agent(s) including their lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	943G
Vehicle Details	
Vehicle No.:	YQ1624H
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Mar 2023
Vehicle Make:	ISUZU
Vehicle Model:	NMR85UH5A MT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	4JJ14D4047
Chassis No.:	JAANMR85HK7102119
Maximum Power Output:	-
Open Market Value:	\$35,337.00
Original Registration Date:	23 Oct 2019
First Registration Date:	23 Oct 2019
Transfer Count:	1
Actual ARF Paid:	\$1,767.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Oct 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,501.00
COE Rebate Amount:	\$17,482.00
Total Rebate Amount:	\$17,482.00

The information contained herein is correct as at 17 Mar 2023

OK



New Cars

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

Post an Ad

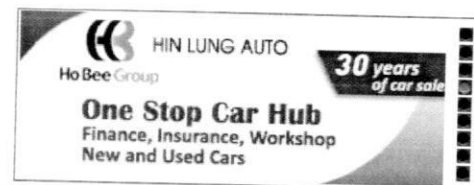
Advertiser Login

Ways of Selling

Low Interest Rate In-House Loan by GV Cars Financing



\$0 Downpayment. 90% Loan by
GV Cars Financing at 3.28% p.a.
Low Interest Rate
GV Automobile Centre StarAd

Sort by results/page

2 vehicles



Isuzu NMR85

Any Category

Advanced Search



Search

Search Selection

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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Isuzu NMR85

Any

Any

2019

Any

Any

Any

Available

**Isuzu NMR85U****\$86,800**

\$13,330 /yr

18-Sep-2019

2,999 cc

14,720 km

Truck

Available

Fuel Type: Diesel

An Extremely Well Maintained Freezer Truck. Suitable For Companies Who Are In The Food Industry That Deals With Cold Goods Goods....

ABWIN (1994) Pte Ltd

Posted: 15-Mar-2023

PREMIUM AD

**Isuzu NMR85U**

-

N.A

18-Jul-2019

2,999 cc

218,567 km

Truck

Available

Fuel Type: Diesel**Auction Closing Time:** 21st Mar 2023 at 11:00 PM

ISUZU NMR85UF5A MT, maximum laden weight: 5000kg. 1 key available. Non GST registered. Road tax expiry on 17 July 2023. Mileage...

Posted: 15-Mar-2023

AUCTION

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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For old advertisements, view **Expired ads** results/page**Buy / Rent Cars**

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