

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC4/ASM20009201/Upa3

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.

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

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time

Action / Instruction

Sal 315.
 17A 89574 cor 8-9-2023
 net 6 b426

Veh No: GBB 2049M Yr Regn: 9, 08

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

Truck / Trailer or 1A1

Make: Suzuki, Every GA c.c. 658

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

Sp. Reading: 165733 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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, 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, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I.: (\$)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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 Report	31/08/2020 10:40
Date Of Accident	28/08/2020 20:50
Exact Location Of Accident	SLE TWRDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB2049M
Insured/Policyholder	
Name Of Registered Owner	RYBUS AND BOAT SERVICES
Co Reg No	5XXXX238M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96659040
Alternative Phone No	OFFICE-96659040
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SUZUKI / EVERY GA 660 A
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117479987
Cover Note Number	
Driver	
Name of Driver	MOHD TAIB BIN OMAR
NRIC No	SXXXX377B
Date Of Birth	19/09/1945
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96659040
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 29 MARSILING DRIVE #02-281
Postcode	730029
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SALIAH BTE KADIR
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML1300K
Vehicle Make/Model/Colour	HYUNDAI / AD AVANTE 1.6 GLS (A) S
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (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, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) 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:

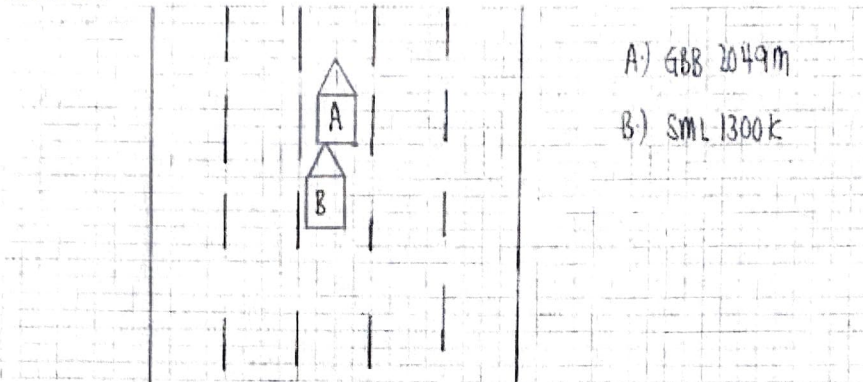
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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

31 AUG 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28-08-2020 at about 20.50 pm, I was travelling along SLE Towards Woodlands. I was driving straight. Suddenly Vehicle B hit on my Vehicle.

DECLARATION

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



Signature

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 31 AUG 2020

Q2100-0000-0000-0000

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	238M
Vehicle Details	
Vehicle No.:	GBB2049M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Aug 2020
Vehicle Make:	SUZUKI
Vehicle Model:	EVERY GA 660 A
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	K6A7331569
Chassis No.:	DA64V257553
Maximum Power Output:	-
Open Market Value:	\$13,430.00
Original Registration Date:	09 Sep 2008
First Registration Date:	09 Sep 2008
Transfer Count:	2
Actual ARF Paid:	\$672.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Sep 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$15,348.00
COE Rebate Amount:	\$9,574.00
Total Rebate Amount:	\$9,574.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 31 Aug 2020

OK

The Useful Guide for Drivers

Useful resources when you are on the move.

[Carpark Rates](#) | [ERP Guide](#) | [Petrol Stations](#)

Suzuki Every

Price Range

Depreciation

> 10 year

Vehicle Type

Submit

Advanced Search

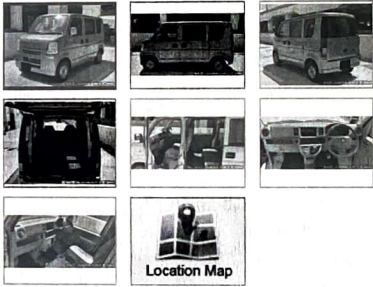
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Suzuki Every (COE till 05/2023)

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PREMIUM AD

<div><div>NETLINK</div><div>Your Commercial Specialist</div><div>Specialized in New & Used Commercial Vehicles. Insurance. Hire Purchase. Scrap/Export</div></div>			
Price	\$15,800	Lifespan	27-May-2028
Depreciation <div></div>	\$5,770 /yr	Reg Date	28-May-2008 (2yrs 8mths 26days COE left)
Mileage	N.A.	Manufactured <div></div>	2007
Road Tax <div></div>	N.A.	Transmission	Manual
Dereg Value <div></div>	\$9,779 as of today (change)	OMV <div></div>	\$11,895
COE <div></div>	\$17,865	ARF <div></div>	\$595
Engine Cap	658 cc	No. of Owners <div></div>	2
Curb Weight <div></div>	860 kg		
Type of Vehicle	Van		



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Features

View specs of the Suzuki Every (2007-2009)

Description

New Start Up Business? Or Need A Mini Van For Your Small Load? This Cheap And Reliable Every Is A Great Choice!

Category

COE Car, Premium Ad Car

Status

Available

Resources

STA

Vehicle Evaluation
Afraid of lemons? Request to have this car evaluated professionally. Find out more

Car Valuation - Free
Find out the market value of your existing car for free. Get started

Seller Information

Net Link Partners Pte Ltd

83 vehicles for sale. 87 sold in past 3 mths

71 Woodlands Industrial Park E9 #07-01, #08-08 Wave9

Tel: 67531661

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Shaun

96861166

Posted on: 24-Jul-2020 | Last Updated on: 11-Aug-2020

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