

ASS. REC. BY:

REF:

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGL65483 Yr Regn: 2006/SeptType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chevrolet Aveo C.C. 1399Colour: Red A/C: Insured / Std / NI / NASp. Reading: 342422 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLISA487178709098Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60R14R: 185/60R14

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

TOYO / YOKO or Falken

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 16/04/21Survey held at Y3KDes. of Damages: Frnt / 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 Chng. UNECONOMICAL TO REPAIR COE Expiry: 24/09/21</u>
	<u>MV: 3K (Depreciation base on 6K x 1/2 yr = 3K)</u>
	<u>PV: 2.4K</u>
	<u>Nett: 600</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation: _____

3 + PS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.F: _____

☐ : 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 Submission	16/04/2021 10:50 (SGT)
Date of Accident	16/04/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BAHAR TOWARDS LIM CHU KANG RD, BEFORE BAHAR FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL6548B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THIRUNAUJARASU S/O TANGAVELLU
NRIC No	SXXXX809D
Email Address	THIRUNAUJARASU2000@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81804094
Alternative Phone No	+65-81804094

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Aveo5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-006433
Cover Note Number	-

DRIVER

Name of Driver	THIRUNAUJARASU S/O TANGAVELLU
----------------	-------------------------------

NRIC No	SXXXX809D
Date Of Birth	17/02/1970
Occupation	Indoor
Date Of Driving Pass	16/10/1997
Driving experience	23 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81804094
Alt. Phone Number	+65-81804094
Email Address	THIRUNAU GARASU2000@YAHOO.COM.SG
Address	BLK 516 WOODLANDS DRIVE 14 #06-161
Address complement	-
Postcode	S730516
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material 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

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

REFER TO REPORT ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE725S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SAKER MD MAHMUDUL
Passport No/FIN	GXXXX177T
Contact Number	(Phone) +65-82697282

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 SMQ2776M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver HO HAI HWA
 NRIC No SXXXX469D
 Contact Number (Phone) +65-91518994
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person THIRUNAUJARASU S/O TANGAVELLU
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK PAIN AT C5, C6
 Injured person in which vehicle? SGL6548B
 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 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. 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

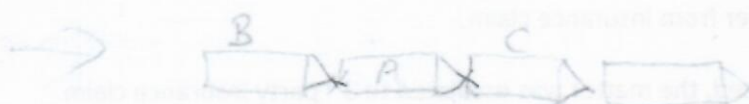
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Jalan Bohan.



A = 56L 6548B

B = GBE 7255

C = SHQ 2776M

Describe Circumstances of the Accident

1. I was travelling along Jalan Bahar towards Lim Chu kang before Bahar Flyover. I stopped as there was a car in front of me stopped due to traffic.

Then suddenly I had an impact behind me to push me forward to hit the car in front of me.

Insurance Co.	ETA Insurance
Vehicle No.	SGLS4873
Date of Accident	16/4/21
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

76/4/21 1025am



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	809D
Vehicle Details	
Vehicle No.:	SGL6548B
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Apr 2021
Vehicle Make:	CHEVROLET
Vehicle Model:	AVEO5 HB AT
Primary Colour:	Red
Manufacturing Year:	2006
Engine No.:	F14D3468157K
Chassis No.:	KL1SA48717B709098
Maximum Power Output:	69.0 kW (92 bhp)
Open Market Value:	\$10,616.00
Original Registration Date:	25 Sep 2006
First Registration Date:	25 Sep 2006
Transfer Count:	2
Actual PARF Paid:	\$9,501.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Sep 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$26,670.00
COE Rebate Amount:	\$2,326.00
Total Rebate Amount:	\$2,326.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Apr 2021

OK



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Chevrolet Aveo5 1.4A (COE till 01/2024)

\$22,000

\$8,010 /yr

16-Jan-2009

1,399 cc

159,000 km

Hatchback

Available

Sporty Red! Full Loan Monthly \$600 Plus Available! Buy With Confidence! Low Mileage! 100% Accident Free! In House Loan Or Bank Loan Available! No Need Guarantor Or Minimum Income! Fast And Easy Loan Approval!

PREMIUM AD

Posted: 06-Apr-2021

Tags: 2009 Chevrolet Aveo5, Chevrolet Aveo5, Chevrolet, Aveo5



Chevrolet Aveo5 1.4A (COE till 05/2024)

\$18,800

\$6,020 /yr

17-Dec-2009

1,399 cc

99,000 km

Hatchback

Available

View By Appointment

360 VR Cars

Posted: 15-Apr-2021

Tags: 2009 Chevrolet Aveo5, Chevrolet Aveo5, Chevrolet, Aveo5

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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