

ASS. FEO. BY:

REP:

### 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GBB1844R Yr Regn: 2008/Sept.

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

Truck / Trailer or

Make: Mercedes Benz Vito 111L.c 2148

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

Sp. Reading: 316300 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDF 63960323432158

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/60R16

R: 225/60R16

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. ob mm R/Bal. ob mm

L/Bal. ob mm L/Bal. ob mm

D.O.A. \_\_\_\_\_ D.O.I. 08/08/22

Survey held at 17D

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	Action / Instruction
	<u>TP China</u>
	<u>COE Expiry: 31/08/23.</u>
	<u>MV: 9.6K</u>
	<u>PV: 5.6K</u>
	<u>Nett: HK.</u>

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: \_\_\_\_\_

Add Fee: \_\_\_\_\_

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

: Photos

: Others

Report Format: \_\_\_\_\_


## 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	03/08/2022 15:00 (SGT)
Reported by	Driver
Date of Accident	20/04/2022 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TO BKE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1844R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TAMILAN EXPRESS CARGO & LOGISTICS PTE LTD
Company Reg No	202019356G
Email Address	Cargotamilan@gmail.com
Mobile Phone No	(Phone) +65-83081431
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Vito
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	Auto
CC	2000

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5126788177

### DRIVER

Name of Driver	JAGANATHAN MANIVANNAN
Passport No/FIN	F8149950X
Date Of Birth	15/04/1975
Occupation	Outdoor



Date Of Driving Pass	30/08/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93388182
Alt. Phone Number	-
Email Address	Cargotamilan@gmail.com
Address	6 #01-01 CUFF ROAD
Address complement	-
Postcode	209717
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

#### 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	SMS1781T
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOO POH HUAT
NRIC No	S2553326G

Contact Number	(Phone) +65-82288887
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No: SM72283000Q Date: 20/04/2022  
Time: 19:50 hrs

Accident Date & Start Time: 19/04/2022 14:45

Vehicle A: GBB1844R Vehicle B: SM51781T

## 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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 be 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 insurers(s) who have insured vehicle(s) involved in this accident (all insurers(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 purposes 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 and packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurers(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 lawyer/law firms) which may be sited outside of Singapore for one or more of the above Purposes.

Policyholder's Signature: [Signature]  
Date: 20/04/2022

Actual Driver's Signature: [Signature]  
Date: 20/04/2022

GANI SHI (8903861)  
Customer Care Executive  
Motor Service Centre  
Income Motor Service Centre  
Address: 11, Regent Centre, Petrol  
Station, 110001, Singapore

Sketch Plan

SEE TOGETHER

Vehicle A: GBB1844R

Vehicle B: SM51781T

Describe Circumstances of the Accident

ALL VEHICLES IN FRONT GOING SLOWLY. I ALSO GO SLOW. SUDDENLY VEHICLE B HIT MY VAN BEHIND.

Declaration

I/we hereby declare that the information provided in this report is true and correct to the best of my/our knowledge.



Signature of the Driver/Owner  
 Date: 22.05.2019

Signature of the Witness  
 Date: 22.05.2019

CANISLI (S001561)  
 Customer Case Escalation  
 Money Service Center

Signature of the Representative  
 Date: 22.05.2019



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 356G

**Vehicle Details**

Vehicle No.: GBB1844R

Vehicle to be Exported: No

Intended Deregistration Date: 09 Aug 2022

Vehicle Make: MERCEDES BENZ

Vehicle Model: VITO 111L A

Primary Colour: White

Manufacturing Year: 2008

Engine No.: 64698051564127

Chassis No.: WDF63960323432158

Maximum Power Output: -

Open Market Value: \$37,945.00

Original Registration Date: 01 Sep 2008

First Registration Date: 01 Sep 2008

Transfer Count: 3

Actual ARF Paid: \$1,898.00

**Intended PARF Rebate Details**

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 31 Aug 2023

COE Category: C - Goods Vehicle &amp; Bus

COE Period(Years): 5

PQP Paid: \$15,582.00

COE Rebate Amount: \$5,507.00

**Total Rebate Amount: \$5,507.00****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 09 Aug 2022

OK



SGC8888M

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VITO

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Search

Search Selection

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
VITO		Any	Any	> 10 year(s) old	Any	Any	Any	Available

**Mercedes-Benz Vito 111 CDI  
(COE till 06/2027)****\$36,800**

\$7,610 /yr

11-Jun-2007

2,148 cc

-

Van

Available

**Fuel Type:** Diesel

1 owner only from day 1, well-maintained both interior and exterior, servicing done in Jul 2022. Viewing strictly via appointment at Sengkang area.

Posted: 15-Jul-2022

PREMIUM AD

**Mercedes-Benz Vito 111E  
(COE till 08/2029)****\$54,800**

\$7,760 /yr

01-Sep-2009

2,148 cc

-

Van

Available

**Fuel Type:** Diesel

\$0 downpayment, 100% loan available. Superbly well maintained unit by owner. All wear and tear done up by owner with receipts to prove. Drive with a peace of mind! Workshop check/STA evaluation welcome. Trade in/consignment available for your ride. Viewing avail...

Posted: 05-Aug-2022

PREMIUM AD

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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