

ASS. FILE BY: _____ REP: CS/LIP22010006/Avy3

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: **SKR 6885Z**
 Policy No. _____
 Claims No. **IVS22/1726**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **G BB7988U** Yr Regn: **2010, March**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Mit Canter** c.c. **2977**
 Colour: **White** A/C: Insured / Std / NI / NA
 Sp. Reading: **297767** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **FB70BBA20164**
 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: **195 R15 C**
 R: **165 R13 C**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Rx Quest.**
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. **8/10/2022** D.O.I. **11/10/22**
 Survey held at **Xin Hua.**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

Date / Time	Action / Instruction
19/1/23	TP Liberty. Adrian informed final fig \$1380 (red 12,608.27, 90%) COE Expiry: 25/03/25. MV: 22k. (Depreciation @ 9k x 2.5yr = 16k) PV: 6K Nett: 16K

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

1) _____
 Date/Time, File Return to?
 2) **19/1/23-typist**

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)

Survey Fee: _____
 Transportation: _____
 3 + RS. \$ _____
 Photos _____
 Others _____

Report Formed: **TP**
 Total Sum: **\$1380**

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	11/10/2022 09:42 (SGT)
Reported by	Driver
Date of Accident	08/10/2022 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TPE TOWRADS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7988U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CALVARY CARPENTRY PTE LTD
Company Reg No	201407349E
Email Address	GOWTHAMAN7714@GMAIL.COM
Mobile Phone No	(Phone) +65-84049149
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00116812202

DRIVER

Name of Driver	MURUGAN GOWTHAMAN
Work Permit No	G8755913R
Date Of Birth	11/05/1996
Occupation	Outdoor

Date Of Driving Pass	20/12/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84049149
Alt. Phone Number	-
Email Address	GOWTHAMAN7714@GMAIL.COM
Address	54 SENKO ROAD
Address complement	-
Postcode	758118
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 REPORT

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	SKR6885Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

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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:

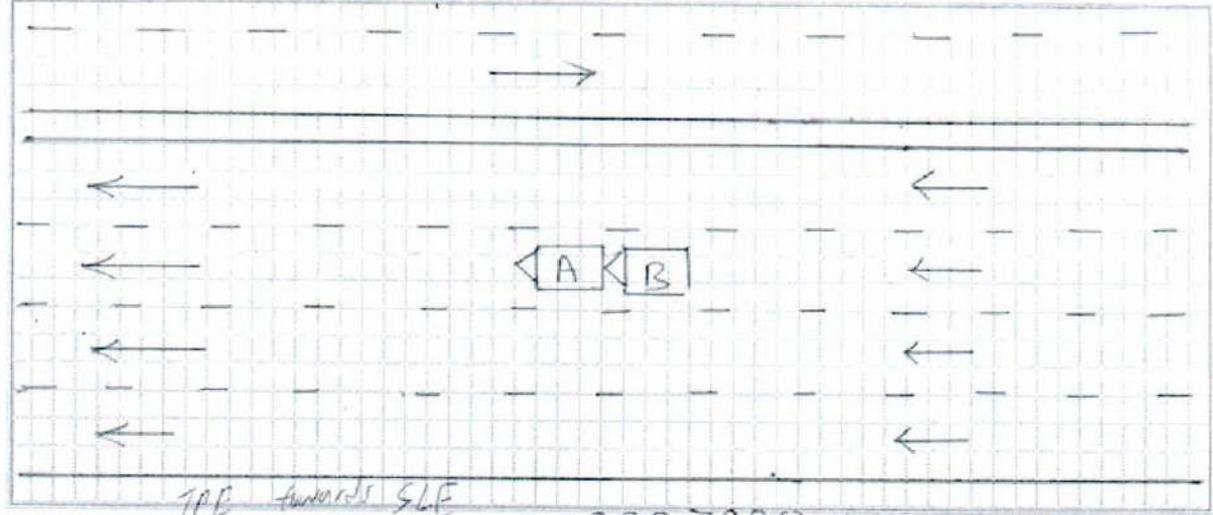
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers who have insured vehicle(s) involved in this accident (all insurers 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.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature] 11/10
 Witnessed by Accounting Officer / Personal (Name as in NRIC/ID card)

Sketch Plan

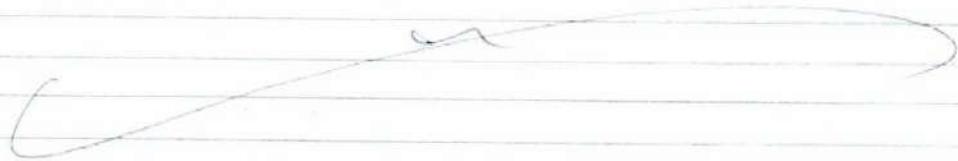


(A) GBB 7988 U
 (B) SKR 6885 Z

Describe Circumstance of the Accident

On 08/10/2022 at about 1010 hrs at along
 TPIE towards SLE after Punggol Way Exit 10.
 I was travelling on the Lane 2 and when my
 front vehicle slow down and stop hence I
 follow suit. Suddenly I felt a great impact
 from the Rear and when I alighted, I realised
 that it was Vehicle (B) who hit onto my
 Rear Portion of my Vehicle (A) causing
 damages to my vehicle.

(A) GBB 7988 U
 (B) SKR 6885 Z

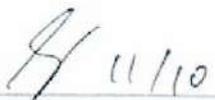


Declaration

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
 (Name as in NRICID card)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	349E
Vehicle Details	
Vehicle No.:	GBB7988U
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Oct 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FB70BB1SRDEA
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	4M42A75727
Chassis No.:	FB70BBA20164
Maximum Power Output:	-
Open Market Value:	\$28,388.00
Original Registration Date:	26 Mar 2010
First Registration Date:	26 Mar 2010
Transfer Count:	2
Actual ARF Paid:	\$1,420.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 Mar 2025
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$12,194.00
COE Rebate Amount:	\$5,972.00
Total Rebate Amount:	\$5,972.00
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 13 Oct 2022

OK

PRODUCTS SALE

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Reg Date
Eng Cap
Mileage
Veh Type
Status

Search Selection	Fuso Canter FB70	Any	Any	> 10 year(s) old	Any	Any	Any	Available
	<input type="checkbox"/> Mitsubishi Fuso Canter FB70 (COE till 09/2023) Fuel Type: Diesel PQP \$32,000 super good deal. ☆ Posted: 13-Oct-2022	\$16,300	\$18,420 /yr	02-Sep-2008	2,977 cc	-	Truck	Available
	<input type="checkbox"/> Mitsubishi Fuso Canter FB70 (COE till 11/2026) Fuel Type: Diesel Only 1 owner! Good working condition and service regularly! Major service just done. We open Monday to Saturday 10am to 7pm. Please call us for appointment on Sunday and public holiday. Thank you! ☆ Posted: 07-Sep-2022	\$39,800	\$9,780 /yr	08-Nov-2011	2,977 cc	-	Truck	Available

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SHORTLISTED HISTORY

Compare

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