

(U6/11/13)

ASS. REC. BY:

REF:

CS/E612300279>|Sny3

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. _____

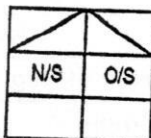
Claims No. _____

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: 5 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: G8D 271P Yr Regn: 5/5/2014

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

Truck / Trailer or

Make: Nissan NV 200 C.C. 1461Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 244461 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM 202 • 0079087Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 R15C

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 15/3/23

Rear

R/Bal. 5 mmL/Bal. 5 mmD.O.I. 17/3/23Survey held at BisrostDes. 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

confirmed with workshop lump sum \$6850 and 5 days
(Red. \$12637.50, 647.)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Report Format : _____

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

Date of Accident : 15/03/23 Accident Time: 1700 (24-HR-FORMAT)
Accident Place : KJE (BKE) before Choa Chu Kang flyover
Vehicle Reg. No (Car plate No.) : GBD271P CC: 1-6 Vehicle Make/Model: NV200
Insurance Company : Liberty Policy No. S122VI4399/VLV/R03
Name of Registered Owner : Company / Individual SED ENGINEERING SERVICES PTE LTD
ID of Registered Owner : Co Reg No: 201734051D Owner's NRIC No: -
OWNER EMAIL ADDRESS: SKDSERVICES17@gmail.com : Co Contact No: 91409562 Owner's Contact No: -
DRIVER'S Name : Sella Pillai Karthikeyan DRIVER'S NRIC No: G7398367W
DRIVER'S Date of Birth : 10/05/1977 DRIVER'S License Pass Date 31 Jan 2013
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address : Jurong West St 81 B1K 851 #01-291 S(640851)
DRIVER'S Contact No./ Alt No. : 1) 8345 0373 2) -
DRIVER'S Occupation : INDOOR (OUTDOOR (eg. working inside or outside of an office)
Email Address : KarthiKsella77@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 1 Name & Gender: -
Was the accident reported to the police? NO
Was there any video captured by car camera: YES / NO
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
Any injuries, if yes (name of the injured person): Sella Pillai Karthikeyan

Other Party Driver's Particulars (if any)

① Vehicle Reg No: GBL 3403U	② Vehicle Reg No: unknown
Vehicle Make/Model: -	Vehicle Make/Model: -
Name DRIVER: -	Name DRIVER: -
IC No. DRIVER: -	IC No. DRIVER: -
DRIVER'S Contact & add: -	DRIVER'S Contact & add: -

REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL / OTHERS: -

WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH

① GBL 8532A

② SKL 2135M

③ SJH 6096Z

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 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 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.

6. 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.



Sketch

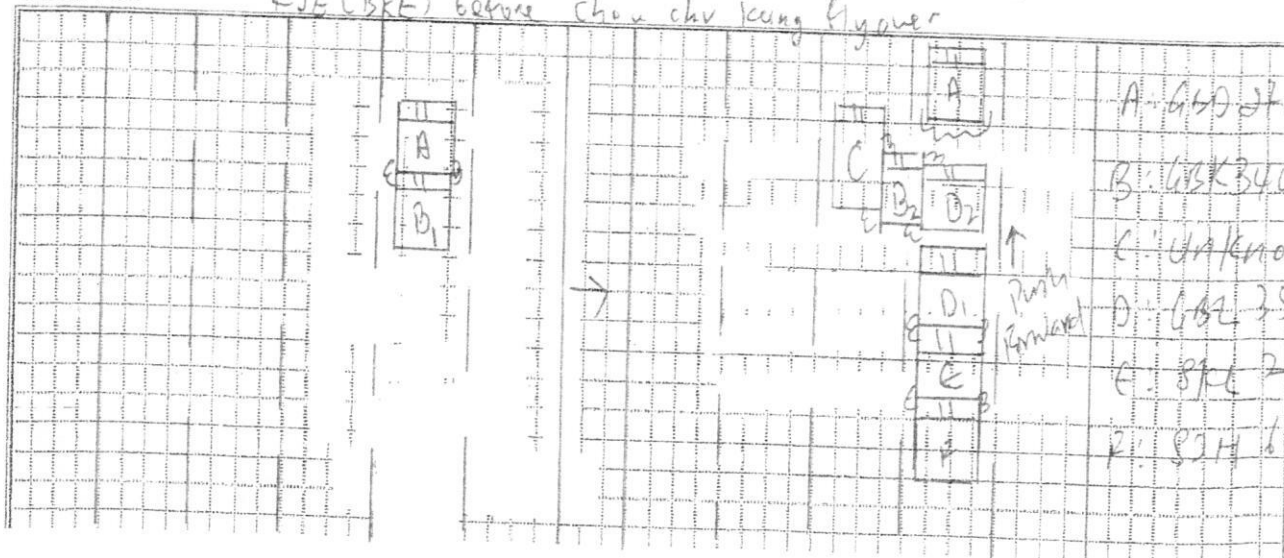
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

KJE (BKE) before chow chv kung flyover



Describe Circumstance of the Accident

I was travelling along KEE towards BKE before China chu
kung fly over. I was traveling along my own lane, suddenly
I felt a huge impact from the rear of my vehicle. I got
down and realised vehicle B (G-BK3403) had hit onto me.
I was involved in a 6 car collision and I was
the first vehicle.

Declaration

I/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

Witnessed by Reporting Centre Personnel

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

051D

Vehicle Details

Vehicle No.:

GBD271P

Vehicle to be Exported:

Yes

Intended Deregistration Date:

16 Mar 2023

Vehicle Make:

NISSAN

Vehicle Model:

NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5

Primary Colour:

Grey

Manufacturing Year:

2014

Engine No.:

K9KC400D053546

Chassis No.:

VSKYBAM20Z0079087

Maximum Power Output:

-

Open Market Value:

\$19,628.00

Original Registration Date:

05 May 2014

First Registration Date:

05 May 2014

Transfer Count:

1

Actual ARF Paid:

\$982.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

04 May 2024

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$21,182.00

COE Rebate Amount:

\$2,399.00

Total Rebate Amount:

\$2,399.00

The information contained herein is correct as at 16 Mar 2023

OK