S. REC. BY RASIL REF: CS/LPC 200	005397/R19f3 (14H
	GNMENT
om: Date:	Veh No: GBF 8402 R Yr Regn: 2017, MAN
timaled Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DPTP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
Inspect Vehicle No: GBF 8402R	Make: FIAT DOBLO CARLO MAXI 1. C.C. 1598
Workshop m/s Gourel	Colour Coey A/C: Insured / Std / NI / NA
NO. 8 THIS ME 18	Sp.Reading 102688 T/Radio: Insured / Std / NI / NA
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olicy No.	C/No: ZFA 2630006 D 37804
aims No.	Gen. Cond: Good / (ai) / Poor / Burnt
um Insured: Excess: 550	Steering: tnorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Igorder / Jammed / Leaked / Burnt or
ake of Veh:	Modi : NiP/ S/Rim / STD A/Rim or
uno di 19th	Tyre Size: F: 205 55R16
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(Policy Condition) emark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
at or Market Value: 46K	- Dest
al. of Market Falson	-
DAC Accident Rport: Consistent?: Yes or No	I I I I I I I I I I I I I I I I I I I
GIA / PR Seen: Consistent? : Yes or No	D.O.A. 24/04/2020 D.O.I. 27/04/2020
Est. Repairs: 6 days Res.: Yes or No	
Lum Sum: % 3 Val.: Yes or No	
CA I REV I REP. I 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Venicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collis
500.	The ord r diassis name r body entitles
Date / Time Action / Instruction	
	9
£ .	
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 6
1)05/05 Typist : Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	ee: : Site Insp (\$)_s+RSSI
	: Interview (\$) Photos
Repartment: OD	Tech, Invs (\$) Others
Lump Sum / 1.6.1.7 = 5000	: Weet and (S)

SINGAPORE ACCIDENT STATEMENT

MPORTANT 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 witholding 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.

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24/04/2020 10:57 Date Of Report 24/04/2020 06:20 Date Of Accident **Exact Location Of Accident** RIVERSIDE ROAD Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBF8402R**

Insured/Policyholder

Name Of Registered Owner CHANG CHENG MEE WAH PTE LTD

Co Reg No 2XXXXX614H NOEMAIL **Email Address**

Mobile Phone No.

Alternative Phone No OFFICE-81631477

Vehicle Particulars

FIAT Manufacturer

DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE Model

Exact Purpose for which vehicle was being used at COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

LONPAC INSURANCE BHD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Z/20/VC00/106593 Policy Number 23/03/20 - 22/03/21 Cover Note Number

Driver

Litt

SEAH XIAO WEI JIMMY Name of Driver

SXXXX700H NRIC No 18/09/1984 Date Of Birth OUTDOOR Occupation 26/02/2009

Date Of Driving Pass 11 YEARS AND 1 MONTH

Driving Experience

MALE Gender

(LOCAL) +65-81631477

Mobile Number

Fax Number

Contact Number **EMail Address**

SEAHXIAOWEI@GMAIL.COM

Page 1 of 16

IA

A

ess

BLK 214 MARSILING LANE #12-806

stcode

730214

vas 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

COLLIDED INTO PEDESTRIAN

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

1

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

10 UBI AVENUE 3

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT. (REPAIR BY GOLDBELL ENGINEERING)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

II DETAILS OF INJURED PERSON 1

Name

JACK (PEDESTRIAN)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO .: GBC 8402R

INSURER

Longe

DATE & TIME: 44104120 06

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 ladgment 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/haw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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;
 - (sh) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (w) 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
- (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 pol-cyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No :

Sketch Plan #2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Instrument Instrument Note Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Cham under your own comprehensive policy. Please check with your policy for more information. DECLARATION I/We declarate the foregoing particulars are true in every respect. Policy lidder Asstrative Other in the policy policy of the policy please check with your policy for more information. DECLARATION I/We declarate the foregoing particulars are true in every respect. Policy lidder Asstrative Other is not the policy policy of the policy po	TCH PLAN	Hamiralay Pd	
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200424/7003

DEBART OF	TOAFEIA	ACCIDENT
REPORT OF	 IRAPPIC	ACCIDENT

No. of Pedestrians Injured 1

Name of Informant, SEAH XIAO WEI JIMMY NATIONAL SEAH XIAO WEI JIMMY NATIO	Date/Time Report Made: 24/04/2020 10:34			Vide Report No.: L/20200424/0051					Station Diary No.:	
APT BLK 214 MARSILING LANE #12-806 SINGAPORE 730214 Contact No: NRIC NO / S8428700H Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: seahxlaowei@gmail.com Sex: Age: Date of Birth: Type of Informant: Driver Race: Chinese Coccupation: Coffee SHOP MANAGER Constact No: Home/Office: Mobile: 81631477 Email: seahxlaowei@gmail.com Sex: Age: Date of Birth: Type of Informant: Driver Language: English Coccupation: Coffee SHOP MANAGER Constact No: Home/Office: Mobile: 81631477 Type of Information of Institution / School Name: Class: Driving Licence Information: Date of Expiry: Constact No: Driving Licence Information: Date of Expiry: Constact No: Date of Institution / School Name: Class: Date of Expiry: Coccupation: Coffee SHOP MANAGER Coccupation: Driving Licence Information: Date of Expiry: Coccupation: Date of Expiry: Constact No: Date/Time of Accident: Type of Location: No: 24/04/2020 06:20 Coccupation: Attended by Police Drive: Accident: 24/04/2020 06:20 Coccupation: Attended by Police Drive: Accident: 24/04/2020 06:20 Coccupation: Date of Expiry: Type of Location: Traffic Control: Traffic Control: Traffic Control: Traffic Control: Traffic Control: Traffic Light - Working Type of Collision: Moving Vehicle Against - Pedestrian	nformant's Pa	ticular								
ID Type / ID No.: NRIC NO / S8428700H Rationality: Sex: Age: Date of Birth: Seahxlaowei@gmail.com Sex: Age: Date of Birth: Driver Race: Chinese Cocupation: COFFEE SHOP MANAGER General Information of the Accident Type of Accident: Attended by Police Location: RIVERSIDE ROAD Contact No.: Mobile: 81631477 Contact No.: Mobile: 81631477 Email: seahxlaowei@gmail.com Type of Informatic Informatic Informatic Informatic Informatic Informatic Information: Class: Driving Licence Information: Date of Expiry: Class: Date of Expiry: Contact No.: Mobile: 81631477 Type of Informatic Informatic Informatic Informatic Informatic Informatic Informatic Informatic Informatic Information Information: Class: Date of Expiry: Class: Date of Expiry: Contact No.: Mobile: 81631477 Informatic Informati		7.000	Y	APT	BLK 214 MA	ARSILING LA	NE #12-	806 SI	NGAPORE	
Sex: Age: Date of Birth: Type of Informant: Driver Race: Chinese English Institution / School Name: English Institution / School Name: Corprete Shop Manager Corprete Shop Manager Type of Linjury Attended by Police Drive: Accident Riverside Road Weather: Ciear Dry Traffic Flow: One Way Type of Collision: Moving Vehicle Against - Pedestrian Seahxlaowei@gmail.com Type of Informatic Informatic Type of Informatic Driver Driver Date/Time of Accident Type of Location: Accident: 24/04/2020.06:20 Road Speed Limit So Km/h Traffic Flow: Traffic Control: Traffic Volume: Light Type of Collision: Anyone conveyed ambulance: Yes	ID Type / ID No NRIC NO / S84	28700H		Conta	ect No.:		Mobile	: 8163	1477	
Male 35 18/09/1984 Driver Race: Chinese English Institution / School Name: English Occupation: COFFEE SHOP MANAGER Driving Licence Information: Class: Date of Expiry: General Information of the Accident Type of Accident: Attended by Police Drive: Accident: 24/04/2020.06:20 Location: RIVERSIDE ROAD Weather: Clear Dry So Km/h Traffic Flow: Traffic Control: Traffic Control: Traffic Light - Working Type of Collision: Moving Vehicle Against - Pedestrian Institution / School Name: Institution / Sch		ITIZEN		seah	klaowei@gn					
Chinese English Occupation: COFFEE SHOP MANAGER Driving Licence Information: Class: Date of Expiry: General Information of the Accident Type of Accident: Accident: Attended by Police Drink Date/Time of Accident: Accident: 24/04/2020 06:20 Location: RIVERSIDE ROAD Weather: Clear Road Surface: Dry S0 Km/h Traffic Flow: One Way Traffic Control: Traffic Control: Traffic Volume: Light Type of Collision: Moving Vehicle Against - Pedestrian Driving Licence Information: Date of Expiry: Date of Expiry: Type of Location: Accident: Type of Location: Type of Location: Traffic Control: Traffic Control: Traffic Volume: Light Anyone conveyed ambulance: Yes						t				
COFFEE SHOP MANAGER Class: Date of Expiry: General Information of the Accident Type of Accident: Drink Date/Time of Accident: 24/04/2020 06:20 Location: RIVERSIDE ROAD Weather: Dry So Km/h Traffic Flow: One Way Type of Collision: Moving Vehicle Against - Pedestrian Class: Date of Expiry: Drink Date/Time of Accident: Type of Location: Accident: 24/04/2020 06:20 Type of Location: Road Surface: Dry So Km/h Traffic Control: Traffic Volume: Light Anyone conveyed ambulance: Yes	December 200 Commence			Englis	sh		Instituti	on / Sc	hool Name:	
Type of Accident: Accident: Location: RIVERSIDE ROAD Road Surface: Dry Road Surface: Dry Traffic Flow: One Way Type of Collision: Moving Vehicle Against - Pedestrian Drink Drink Drive: Accident: 24/04/2020 06:20 Type of Location: Accident: 24/04/2020 06:20 Road Speed Limit 50 Km/h Traffic Control: Traffic Light - Working Anyone conveyed ambulance: Yes		P MANA	AGER			nformation:	Date of	Expiry	:	
Clear Dry 50 Km/h Traffic Flow: Traffic Control: Traffic Volume: Light Type of Collision: Anyone conveyed ambulance: Yes	RIVERSIDE R	DAD		Road				Road	Speed Limit	
One Way Traffic Light - Working Light Type of Collision: Moving Vehicle Against - Pedestrian Anyone conveyed ambulance: Yes								50 Km/h		
Moving Vehicle Against - Pedestrian ambulance: Yes					Traffic Control: Traffic Light - Working				Light	
K.M. AMALITA								Anyor	ne conveyed by	
Details of Venicle Involved	One Way Type of Collisio	n: Against	l - Pedestrian					ambu	lance:	
Vehicle No. Type Make Model Color Condition No of Pass	One Way Type of Cottisio Moving Vehicle	Against						ambu	lance:	
GBF8402R Van	One Way Type of Collisio Moving Vehicle Details of Vehi	Against	ofved		Model	Color	Co	ambu Yes		

Use of Pedestrian Crossing: Not Used





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200424/7003

CONTINUATION OF REPORT

Driver						
Name	SEAH XIAO WEI JIMM	MY		ID No.		S8428700H
Related Vehicle	GBF8402R (Van)			Contact No.		81631477
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			Discharge NIL		
No. of Days granted Medical Leave NIL [Degree of Injury NIL			
Pedestnan						
Name	JACK			ID No.	•	NIL
Related Vehicle	NIL	-		Contact No.		97898354
Hospitai/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	24/04/2020		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	Sligh	1

Brief Details.

On 24/04/20@about 0620hrs, i was driving my vehicle along Admiralty Road traveling towards the direction of Admiralty Road West. Upon reaching the junction of Riverside Road, I wanted to make a right turn. I was at the junction and after making sure that there are no oncoming traffic and there are no pedestrians crossing, I remember the traffic light was green and I remember seeing the green arrow, so the proceeded on to make a right turn. At this point in time, a pedestrian suddenly dashed out from the left and collided into my vehicle. I stopped my vehicle and attended to him. I called for ambulance. The pedestrian was subsequently conveyed to hospital. Traffic Police came and attended to the accident.





3 0/ 3

Report No. T/20200424/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tei No 65470000

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	p an

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2020 10:34
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No : 65476232	Classification Of Case:

Authentication Stamp

NP 168



Main Office: 8 Tuas Ave 16 Singapore 638892 Tel 6665 2518

Finance 8 Tuas Ave 18 Singapore 638892 Tel 6861 0007 Fax: 6862 3500

Showroom, 21 Toh Guan Road East #01-15 Toh Guan Centre Singapore 608609 Tel: 6665 2518 Fax: 6561 7956 Iveco 8 Tuas Ave 18 Singapore 638892 Tel. 6863 6864 Fax: 6861 3676

Website: www.motorviva.com.sg Co Reg No. 199507614Z

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ESTIMATE

: 25/04/2020 Date

LONPAC INSURANCE BHD. To

: ENGKWOKLONG

: GBF8402R Reg No

Model 263.216.1 (695 GREY

METALLIC)

ZFA26300006D37804

Attn.

Office / Mobile **Email Address**

From

Attn.

Engine No : 263A50007728721

Quotation No. : 109978

Ref. No. : GBE/SVC/SALES-5040/200424

Chassis No

D.O.A. : 24/04/2020

: MOTORVIVA PTE LTD Policy No.

: Z/20/VC00/106593 Claim Type : OD CLAIM - LONPAC

Office / Mobile : +65 6864 0637 Email / Fax No. : EngKwokLong@goldbell.com.sg

Workshop : 8 TUAS AVE 18

				1.5		
S/N	Part No	Description	Oty	<u>U/Price</u>	Net Price	Ext Price
1		WINDSHIELD GLASS 50	1	846.70	846.70	846.70
2		WINDSCREEN PLATE % . x SVC	1	26.03	26.03	26.03
3		WINDSCREEN RUBBER PAD NOL	1	2.04	2.04	2.04
4		WINDSCREEN PIN ALL	1	3.69	3.69	3.69
5		SOLAR FILM (FIAT DOBLO) NEL	1	288.87	288.87	288.87
6		BONNET 5/	1	1,067.55	1,067.55	1,067.55
7		BONNET, HINGE -LH X NN	1	99.82	99.82	99.82
8		BONNET, HINGE -RH NN	1	101.84	101.84	101.84
9		HEADLAMP LHS X NN	1	1,021.15	1,021.15	1,021.15
10		HEADLAMP RHS CM	1	1,021.15	1,021.15	1,021.15
11		FRONT BUMPER, TOP NN	1	898.08	898.08	898.08
12		BUMPER BRACKET LHS ** X SVC	1	35.40	35.40	35.40
13		BUMPER BRACKET RHS 47. X SVC	1	35.40	35.40	35.40
14		FRONT FENDER RHS THE	1	298.80	298.80	298.80
15		BONNET LOCK $\not\leftarrow$ SVC	1	175.88	175.88	175.88
² 16		MOULDING, FT PILLAR -RH (M)	1	120.08	120.08	120.08
17		WIPER ARM RH SUF	1	221.78	221.78	221.78
			PARTS	TOTAL:		6,264.26
SPEC	CIAL NETT ITEMS					
1		SEALANT MA	1			40.00
2		IU BRACKET AM	1			20.00
			PARTS	TOTAL:		60.00









MOTORVIVA PTE LTD

Main Office: 8 Tuas Ave 18 Singapore 638892 Tel. 6665 2518 Finance 8 Tuas Ave 18 Singapore 638892 Tel 6861 0007 Fax: 6862 3500 Showroom: 21 Toh Guan Road East #01-15 Toh Guan Centre Singapore 608609 Tel: 6665 2518 Fax: 6561 7956 Iveco 8 Tuas Ave 18 Singapore 638892 Tel 6863 6864 Fax: 6861 3676 Website www motorviva com sg Co Reg No 199507614Z

Page

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ESTIMATE

ate

Office / Mobile :

Email Address

: 25/04/2020

ío

Attn.

From

Attn.

2

LONPAC INSURANCE BHD.

: MOTORVIVA PTE LTD

ENGKWOKLONG

Email / Fax No. : EngKwokLong@goldbell.com.sg

Reg No

GBF8402R

Model

263.216.1 (695 GREY

METALLIC)

Chassis No

ZFA26300006D37804

Engine No Quotation No. 263A50007728721

109978

Ref. No.

GBE/SVC/SALES-5040/200424

D.O.A.

: 24/04/2020

Policy No.

Z/20/VC00/106593

Claim Type

OD CLAIM - LONPAC

Workshop

8 TUAS AVE 18

LABOUR	CHARGES

Office / Mobile : +65 6864 0637

TO REMOVE AND REFIX DAMAGED

PARTS, CUT, WELD, PANEL

BEAT, STRAIGHTEN & REALIGN, ETC.

TO CHECK FOR AND RECTIFY WIRING FAULTS, TO CONDUCT DIAGNOSTICS

CHECK(NETT)

TO PUTTY, CLEAN, SPRAY PAINT AND 3

POLISH, ETC

SUNDRIES

TO REMOVE AND REFIX FRONT

WINDSCREEN

1800 2600.00

180.00

1400 1750.00

80.00

120 300.00

LABOUR TOTAL:

4,810.00

SUB-TOTAL:

11,134.26

GST @ 7% for \$ 11,134.26

779.40

GRAND TOTAL (S\$):

11,913.66













MOTORVIVA PTE LTD

Main Office: 8 Tuas Ave: 18 Singapore 638892 Tel: 6665 2518 Finance: 8 Tuas Ave 18 Singapore 638892 Fel: 6861 0007 Fax: 6862 3500 Showroom: 21 Toh Guan Road East #01-15 Toh Guan Centre Singapore 608609 Tel: 6665 2518 Fax. 6561 7956 Iveco: 8 Tuas Ave 18 Singapore 638892 Tel: 6863 6864 Fax: 6861 3676 Website: www motorviva com sg

Co Reg No 199507614Z

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ESTIMATE

Jate

: 25/04/2020

To

LONPAC INSURANCE BHD.

Reg No

: GBF8402R

Model

263.216.1 (695 GREY

METALLIC)

Attn.

Office / Mobile :

Email Address

From

: MOTORVIVA PTE LTD

Attn.

: ENGKWOKLONG Office / Mobile : +65 6864 0637

Email / Fax No. : EngKwokLong@goldbell.com.sg

: ZFA26300006D37804

Engine No

: 263A50007728721

Quotation No.

Ref. No.

Chassis No

: 109978 : GBE/SVC/SALES-5040/200424

D.O.A.

: 24/04/2020

Policy No. Claim Type : Z/20/VC00/106593

: OD CLAIM - LONPAC

Workshop

: 8 TUAS AVE 18

PREPARED BY : ENGKWOKLONG

DATE / TIME : 27 04 2020 @ 1430

SURVEYOR : ___

MOBILE NO : _____

90010068

OFFICE FAX NO :

EMAIL ADDRESS : rasul @ Ikkauto. com

EXCESS AMOUNT : _

REPAIR TYPE :

PART-BY-PART (LUMPSUM)

AUTHORISATION : AUTHORISED /NOT AUTHORISED RELLET

RE-SURVEY :

BEFORE PAINT AFTER PAINT

NO. OF DAYS : _____ 6 Says

REMARKS : _____

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:







😩 Used Nissan NV200 Cars | Singap 🗶 🕡 Merimen e-Claims



/Ita/vrl/action/enquireRebateByPublicBeforeDeregInput?FUNCTION_ID=F030400

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

The information contained herein is correct as at 27 Apr 2020

Owner ID Type: Owner ID:	Company 614H
Vehicle No.:	GBF8402R
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Apr 2020
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Primary Colour:	Grey Grey
Manufacturing Year:	2016
Engine No.:	263A50007728721
Chassis No.:	ZFA26300006D37804
Maximum Power Output:	Erazosco00837604
Open Market Value:	\$18,800.00
Original Registration Date:	23 Mar 2017
First Registration Date:	23 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$940.00
mmerendetalabatetu Großende (Großen) gereicht werden der Großen gereicht werden der Großen der Groß	
PARF Eligibility:	No.
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	50.00
·····································	
COE Expiry Date:	22 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QPPaid:	\$49,810.00
COE Rebate Amount:	\$34.346.00
Total Rebate Amount:	\$34,346.00



