

COMFORTDELGRO ENGINEERING PTE LTD

45 Pandna Road S (609286)

Tel: 68676919 Fax: 62626950

Appendix A

Parts

GBB7361C

Submit By

C. W WONG

FIAT

DOBLO 1.3MJTD

Year Manufacture :

2009

ZFA22300005694695

Engine No.

199A20003217779

TP

S/Order

S/No.	Part Description	Qty	Original Cost Price	Nett Price	List Price	S- Nett Price	Disposition By Surveyor
1	LHS REAR TAIL GATE <i>bt</i>	1			\$1,831.41		
2	REAR TAIL GATE WEATHERSTRIP - PN-1 <i>na</i>	1			\$292.41		
3	REAR TAIL GATE SIDE SCAL - PN-2 <i>na</i>	1			\$328.51		
4	LHS REAR TAIL GATE LOCK UPPER <i>x</i>	1			\$166.35		
5	LHS REAR TAIL GATE LOCK LOWER <i>cm</i>	1			\$166.35		
6	LHS REAR TAIL GATE TRIM COVER <i>cm</i>	1			\$250.20		
7	3RD BRAKE LAMP <i>x</i>	1			\$102.60		
8	LHS LISCENCE PLATE LAMP <i>?</i>	1			\$49.88		
9	RHS LISCENCE PLATE LAMP <i>?</i>	1			\$49.88		
10	WIPER NOZLE JET <i>x</i>	1			\$33.40		
11	LHS TAIL LAMP <i>cm</i>	1			\$280.02		
12	LHS TAIL LAMP GARNISH <i>cm</i>	1			\$352.20		
13	RHS REAR TAIL GATE - PN-1 <i>bt</i>	1			\$1,718.36		
14	RHS REAR TAIL GATE LOCK UPPER - PN-8 <i>x</i>	1			\$167.96		
15	RHS REAR TAIL GATE LOCK LOWER - PN-9 <i>x</i>	1			\$166.35		
16	RHS TAIL GATE OUTER HANDLE - PN-12 <i>x</i>	1			\$313.31		
17	STICKER COMPANY DECAL - BACK, LHS & RHS REAR <i>na</i>	1				\$1,200.00	<i>900</i>
18	STICKER - 70 KM/H <i>na</i>	1				\$10.00	<i>/</i>
19	STICKER - 5 PAX (BLACK) <i>na</i>	1				\$10.00	<i>/</i>
20	REAR NUMBER PLATE <i>scr</i>	1				\$45.00	<i>38</i>
21	WINDSCREEN SEALANT <i>na</i>	1				\$40.00	<i>/</i>
22	REAR WINDSCREEN INNER SEAL <i>na</i>	1				\$40.00	<i>/</i>
23	REAR BUMPER - PN-7 <i>de</i>	1			\$281.20		
24	REAR BUMPER LHS GARNISH - PN-6 <i>cm</i>	1			\$241.68		
25	REAR BUMPER RHS GARNISH <i>x</i>	1			\$241.68		
26	REAR BUMPER RHS REFLECTOR - PN-10 <i>mb</i>	1			\$37.62		
27	REAR BUMPER LHS REFLECTOR <i>x</i>	1			\$37.62		
28	LHS REAR BUMPER SENSOR <i>?</i>	1			\$352.30		
29	RHS REAR BUMPER SENSOR <i>?</i>	1			\$352.30		
30		1					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

45 Pandan Road S (609386)
Tel: 68676919 Fax: 62626950,68676903

Labour

Vehicle No. : GBB7361C Submit By : C. W WONG
Make & Model : FIAT Year of Manufacture : 2009

[illegible]

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : ☐ Own Damage
☒ 3rd Party
☐ Windscreen

Vehicle No. : GBB7361C
Make & Model : FIAT / DOBLO 1.3MJTD
Year of Manufacture : 2009
Chassis No. : ZFA22300005694695
Engine No. : 199A20003217779
Policy No. : _____
Time of Accident : 16.15 P.M

Ins Company : ERGO INS
Excess : _____
Date of Accident : 28/07/2020
Suggested Days of Repair : 10 Day

In-house Vehicle Assessor

Repair Estimates

Name : C. W WONG
Signature : _____
Contact No : 68676919 Or 97239882

Parts (a) Cost Price Items	<u>\$7,813.59</u>
Less 10 %	<u>\$(781.35)</u>
(b) Nett Price Items	_____
Less _____ %	_____
(c) Special Nett Items	<u>\$1,345.00</u>
Total Parts Cost (Appendix A)	<u>\$8,377.24</u>
Labour (Appendix B)	<u>\$2,380.00</u>
Total Repair Cost	<u>\$10,757.24</u>

The above total will be subjected to 7% G.S.T.

LKK Auto Consult Ltd. is the
the Repairer of the following:
• To resurvey before/after spray
• To display damaged parts
• Parts prices are subject to LKK
• Third party survey is on a "Warranted"
• No illegal modification(s) is allowed
• Supplementary item/estimate
is subject to final approval

Acknowledged by Repairer

Name of Surveyor : RASUL - 4p90010068
Company : LKK
Survey conducted on : 05/08/2020 at 1210

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 5 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : Ru

Date: 05/08/2020

5 days / 4/5

Resurvey after repair

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 Report	29/07/2020 09:50
Date Of Accident	28/07/2020 16:15
Exact Location Of Accident	SLIP RD FRM CLEMENTI AVE 6 TOWARDS AYE TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7361C
Insured/Policyholder	
Name Of Registered Owner	F&N FOODS PTE LTD
Co Reg No	1XXXXX390K
Email Address	YANLI@FNNFOODS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64612425
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO-1.3 D JTD (M)
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTATION FOR WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	BVFCSE0013661900
Cover Note Number	

Driver

Name of Driver	CHENG KIAN YONG (ZHUANG QINYONG)
NRIC No	SXXXX019A
Date Of Birth	16/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97646476
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address
Postcode
Was 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

BLK 194B BUKIT BATOK WEST AVENUE 6 #13-237 SINGAPORE
652194

Name
Approx
Injur
Inj

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 this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
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 [OTHER] TRAFFIC POLICE
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number GZ6140U
Vehicle Make/Model/Colour NISSAN / CABSTAR / WHITE
Details Of Properties FRONT PORTION
Vehicle Category COMMERCIAL VEHICLE
Name of Driver TAN THIAM KIAT RAYMOND
NRIC/Passport Number SXXXX858J
Contact Number 96865607
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1:

CHENG KIAN YONG(ZHUANG QINYONG)

GBB7361C

YES

NO

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

W
L
15
O/S

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 lodgment 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.
- (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.

F & N FOODS PTE LTD
214 Pandan Loop
Singapore 128405
Tel No. 6210 8108

Policyholder's Signature
Date & Time:

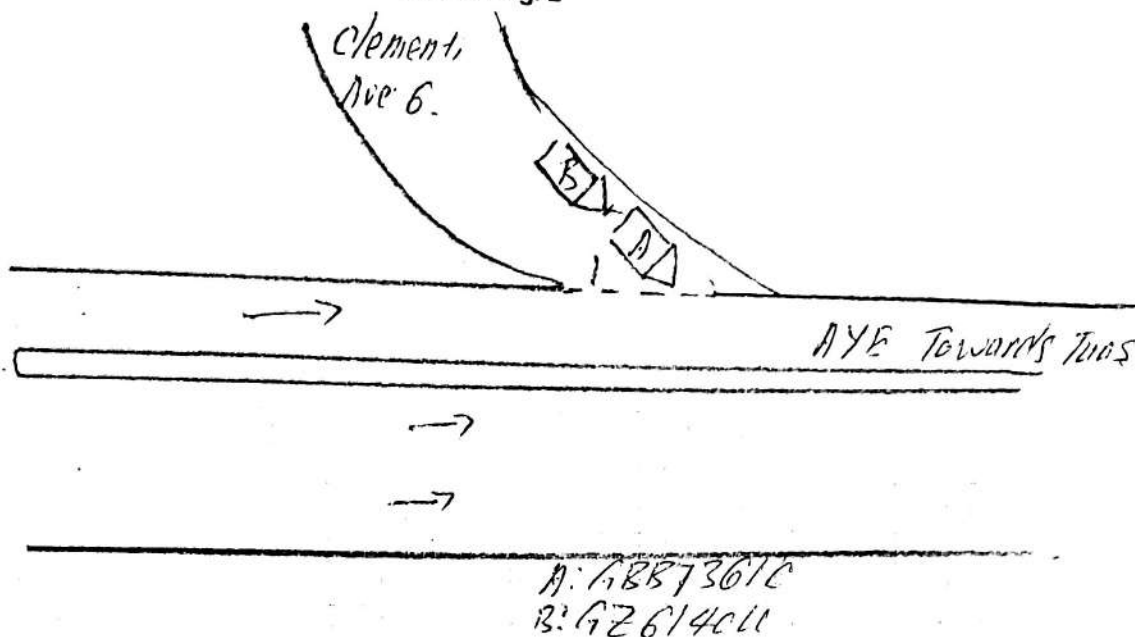
Driver's Signature
(If driver is not the policyholder)
Date & Time:

22/7/20
10 35pm.

Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC/FIN No.: 672180996

SKETCH PLAN

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1618pm, Clementi Ave 6 exit to Aye (Tuas), I'm stopping at stop line to wait for vehicles on main road to clear before exit and lorry GZ614011 hit my rear of my van

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 & Time: 28/7/20
1647pm

Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC/FIN No.: 67218099A



**SINGAPORE
POLICE FORCE**



T/20200728/7029

1 of 3

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

Report No. T/20200728/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2020 20:37		Vide Report No.: T/20200728/7026		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHENG KIAN YONG			Address: APT BLK 194B BUKIT BATOK WEST AVENUE 6 #13-237 SINGAPORE 652194		
ID Type / ID No.: NRIC NO / S8124019A			Contact No.: Home/Office:		Mobile: 97646476
Nationality: SINGAPORE CITIZEN			Email: bencheng1981@gmail.com		
Sex: Male	Age: 38	Date of Birth: 16/08/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES REPRESENTATIVE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2020 16:05	Type of Location: Roundabout
Location: CLEMENTI AVENUE 6				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7361C	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



T/20200728/7029

2 of 3

Report No. T/20200728/7029

CONTINUATION OF REPORT

Driver				
Name	CHENG KIAN YONG		ID No.	S8124019A
Related Vehicle	GBB7361C (Van)		Contact No.	97646476
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight	

Brief Details.

The accident happened at Clementi Ave 6 exiting AYE Tuas. I am the first vehicle in the stop line waiting for the vehicle on the main road to clear. At that moment lorry (GZ6140U) hit my vehicle from the rear.

Accident report has been done with insurance company. Video is available but exceeding 2MB. Sustained minor back injury and has consult a doctor. 4 days medical leave has been given by the doctor.



**SINGAPORE
POLICE FORCE**

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



T/20200728/7029

3 of 3

Report No. T/20200728/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/07/2020 20:37

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	390K
Vehicle No.:	GBB7361C
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Aug 2020
Vehicle Make:	FIAT
Vehicle Model:	DOBLO 1.3MJTD
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	199A20003217779
Chassis No.:	ZFA22300005694695
Maximum Power Output:	-
Open Market Value:	\$19,506.00
Original Registration Date:	18 Dec 2009
First Registration Date:	18 Dec 2009
Transfer Count:	0
Actual ARF Paid:	\$976.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	17 Dec 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$12,789.00
COE Rebate Amount:	\$11,166.00
Total Rebate Amount:	\$11,166.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory (applicable) of the vehicle.

The information contained herein is correct as at 05 Aug 2020

OK



Used 2009 Fiat Doblo 1.9JTD (CO



PARF/COE Rebate Enquiry



t.com/used_cars/info.php?ID=915466&DL=1099

▶ Fiat Doblo 1.9JTD (COE till 07/2024)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$17,800	Lifespan	14-Jul-2029
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Depreciation ⓘ	\$4,510 /yr	Reg Date	15-Jul-2009 (3yrs 11mths 9days COE left)
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Mileage	N.A.	Manufactured ⓘ	2008
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Road Tax ⓘ	N.A.	Transmission	Manual
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Dereg Value ⓘ	\$10,944 as of today (change)	OMV ⓘ	\$21,018
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COE ⓘ	\$13,880	ARF ⓘ	\$1,051
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Engine Cap	1,910 cc	No. of Owners ⓘ	2
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Curb Weight ⓘ	1,300 kg
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Type of Vehicle	Van
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Description

2 Owners Only. Super Well Taken Care By Previous Owner. New Paint Work Done. Original Cushion. Great For Any Business Start Up. Very Popular Panel Van In The Market. Feel Free To Enquire And Arrange Viewing.

Category

COE Car

St