The state of the s	Services. [well Jan'os]		
Date In: 11/1/1-16:22	Jeb description	Date &Time Completed	Done by
Res No: HA JUCHOWYS CAY	SAS e-filing		
Veh No: GBB1880p.	E-mail (within Shrs, AIC 2hrs	)	
D.O.A: 8/1/2 -16:00	i-Motor Claim Form	M7/11/6882-001	11/1/11/16:25
6-	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD / TP) / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	·t	
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: JAAT	VEZ . INC	C( )/Non-INC( ).	
Owner / Driver: (	·	Tel:	)
Policy No: ( ) Per	iod: (	) Cover Type: (	)
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( ) V	Varranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000 ( )		
General Remarks:-			San Silver
( ) Walk-In Customer: Customer's infor	mation strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insure		<u>,                                    </u>	
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO ( )	; Towing Co: (	, )
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/Co	ourtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check i i osi icepsii inspection	( )		
	000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	000] ( )		
Injury:  Oate/Time Actions	1		Ant (\$) Ant (\$)
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Invoice	Preparation Checklist:	Ant (\$) Amt (\$)
Onte/Time Actions  NAMONIA:	Invoice  1) AR: Acc 2) DA: Dan	Preparation Checklist.  Ident Reporting (\$30);  Tage Assessment (\$100); INC (\$	Ant (5) Ant (5)  fit Bill Add Bill  380)
Oate/Time Actions  Actions  Actions  Actions  Amouta	1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Follo	Preparation Checklist.  Ident Reporting (\$30);  Rege Assessment (\$100); INC (\$	Amt (\$) Amt (\$)  fit Bill Add Bill
Oate/Time Actions  Actions  Actions  Actions  Amanus Particulars:- river/Owner:	Invoice  1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic	Preparation Checklist.  Ident Reporting (\$30);  Rege Assessment (\$100); INC (\$	Ant (\$) Ant (\$)  Fit Bill Add Bill  880  10/\$45  \$120  \$30
3) Upload Resurvey Photo [Repair Cost > \$36  Injury:  Date/Time Actions  MMooVI7  Inimant's Particulars:- river/Owner:	1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i	Preparation Checklist.  Ident Reporting (\$30);  Inge Assessment (\$100); INC (\$20);  Ing Fee \$40;  Ing Fee \$40;  Ing Trough Survey (Resurvey);  Ing against INC Only (wef 10 Jan 200);  Inspection	Amt (\$) Amt (\$)  1st Bill Add Bill  10/\$45  \$120  \$30  \$55
OnterTime Actions  Ac	1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i 7) N1: Idao	Preparation Checklist  Ident Reporting (\$30);  Inge Assessment (\$100); INC (\$20);  Ing Fee \$40;  Ing Fee \$40;  Ing Fee \$40;  Ing Trough Survey (Resurvey);	Amt (\$) Amt (\$)  1st Bill Add Bill  10/\$45  \$120  \$30
Oate/Time Actions  MMooNIA  Injury:  Chamant's Particulars:-  river/Owner:  Ontact No:  Inmaged Portion:	Invoice  1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i 7) N1: Idao 8) NTUC A OD*	Preparation Checklist.  Ident Reporting (\$30);  Inge Assessment (\$100); INC (\$100); INC (\$100);  Inge Assessment (\$100); INC (\$100);  Inge Assessment (\$100); INC (\$100);  Inge Assessment (\$100);	Amt (\$) Amt (\$)  fit Bill Add Bill  10/\$45  \$120  \$30  \$575  \$160
Actions  Mysoria  Injury:  Cate/Time Actions  Actions  Injury:  Cate/Time Actions  Injury:  Cate/Time Actions  Cate/Time Action	Invoice  1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i 7) N1: Idac 8) NTUC A OD* *N5: Cou	Preparation Checklist  Ident Reporting (\$30);  Inge Assessment (\$100); INC (\$100); INC (\$100);  Inge Assessment (\$100); INC (\$100);  Inge Assessment (\$100); INC (\$100);  Inge Assessment (\$100);  I	Amt (\$) Amt (\$)  1st Bill Add Bill  10/\$45  \$120  \$30  \$55
3) Upload Resurvey Photo [Repair Cost > \$36  Injury:  Date/Time: Actions  MMoovid  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i 7) N1: Idao 8) NTUC A OD* *N5: Cou *N6: Rep *N7: Fos	Preparation Checklist  dent Reporting (\$30);  lage Assessment (\$100); INC (\$100); INC (\$100);  ling Fee \$40  low-Through Survey (Resurvey)  ling against INC Only (wef 10 Jan 200)  Inspection  DA + SMRT Survey  Idditional Services:-  Itesy Car / Tpt Allowance  line Co-ordination  Repair Inspection	Ant (5) Amt (3)  Sit Bill Add Bill  Sit Bill Add Bill  Sit Bill Sit Bill Add Bill  Sit Bi
3) Upload Resurvey Photo [Repair Cost > \$36  Injury:  Date/Time: Actions  MMoovid  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice  1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i 7) N1: Idac 8) NTUC A OD'* *N5: Cou *N6: Rep *N7: Fos *N8: DV	Preparation Checklist:  Ident Reporting (\$30); Inge Assessment (\$100); INC (\$1	Ant (5) Amt (3)  1st Bill Add Bill  10/\$45  \$120  \$30  \$55  \$160  \$55  \$510  \$25  \$55
3) Upload Resurvey Photo [Repair Cost > \$36  Injury:  Date/Time Actions	Invoice  1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i 7) N1: Idac 8) NTUC A OD'* *N5: Cou *N6: Rep *N7: Fos *N8: DV	Preparation Checklist:  Ident Reporting (\$30);  Inge Assessment (\$100); INC (\$30);  Inge Assessment (\$100);  Inc (\$	Ant (5) Amt (3)  Sit Bill Add Bill  Sit Bill Add Bill  Sit Bill Sit Bill  Add Bill  Sit Bill Add Bill  Sit B

Francisco Contra

SN09211B0009-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/01/2021 16:20 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 2 (14/01/2021 09:24 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate
- 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 11/01/2021 16:20 (SGT) Date of Accident 08/01/2021 16:00 (SGT) Exact Location of Accident Ubi Cres, Singapore Additional Location Information Country/State of Loss Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2880D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner TEMPERATURE SENSORS SERVICES PTE LTD

Company Reg No 1XXXXX164E Email Address gabriel@tsspl.com Mobile Phone No (Phone) +65-67432000

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Fiat Model Doblo

Variant .....

Exact purpose for which vehicle was being used at time of **Employment** accident

Are you claiming under your own insurance policy for repair to your vehicle?

Commercial vehicle Vehicle Category

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Comprehensive Type of Coverage Fleet Policy

Policy Number 5110305644-01

Cover Note Number

DRIVER

KONG KOK LEONG (GONG GUOLIANG) Name of Driver NRIC No SXXXX415Z

Date Of Birth 21/10/1978 Occupation Indoor

Date Of Driving Pass 01/12/1999 Driving experience 21 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-91096295 Alt. Phone Number Email Address gabriel@tsspl.com Address 27 JALAN SENANG Address complement Postcode 418315 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 - Major/Minor Rd Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? ..... Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bedok South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002448999 Alt. Police Station Phone No (Fax) +65-62446558 20 Chai Chee Drive Singapore 469045 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210108/2164. 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 SHA2386Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi 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)	_

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ1163A
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	=
Contact Number	_
Address	_
Address complement	<b>=</b>
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

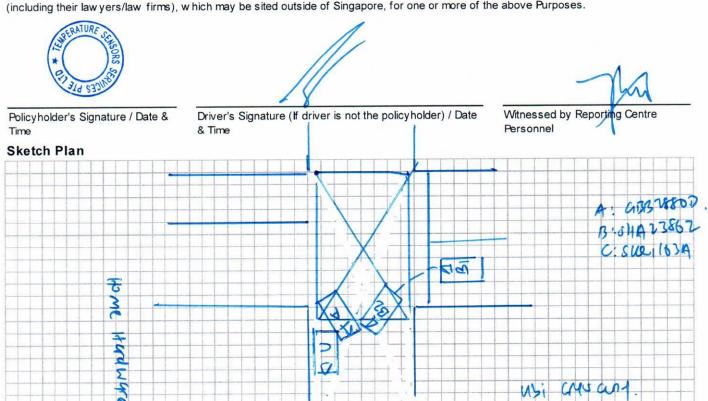
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

Lunderstand, 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' law yers/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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circ	umstances of the Accident
Reter to a	olia aport-1/2010/08/1164.
*	
Declaration	
Decialation	
VVVe declare the	foregoing particulars are true in every respect.
1	
(*	
12	
V	3000 S 3000 S
	1 M

Driver's Signature (If driver is not the policyholder) / Date

Policyholder's Signature / Date &

Time

& Time

Witnessed by Reporting Centre

Personnel

# **ACCIDENT STATEMENT**

ACCI	DENT DATE: ( S / ) (DD/MM/YYYY	(), TIME:( 16:00 )(HH:MM)
LOCA	14.2 6.40 6.40	
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: GB B2880D	
	b)INSURANCE COMPANY: N76	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	PTY / THIRD PARTY FIRE & THEFT
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORR' g) VEHICLE CATEGORY: (PRIVATE / COMMERCIES) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSU	MAL / MOTORCYCLE)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	EPORTING ONLY)
2.	INSURED / POLICY HOLDER	( <del></del>
	A)NAME:	CONTACT: 6743 2000
	c)ADDRESS:	
*Ho of passenger	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HODRIVER	DLDER
(Induding dia)	a)NAME:	(MALE / FEMALE)
(1)	b)NRIC/FIN/PASSPORT:	
	*d)DATE OF BIRTH: (/)(DD/N e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	MM/YYYY)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	ED'S COMPANY? (VES (AND)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	HINSURED:
	a) WEATHER CONDITION: (CLEAR / RAINING / C	
6. \	D)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)	· · · · · · · · · · · · · · · · · · ·
	a) REPORTED TO POLICE (YES) / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
the of passenger	a) VEHICLE NUMBER: SHA 23862	_MODEL:
(Including driver)	c) NRIC/FIN/PASSPORT:	CONTACT
- T	LIDD DADTY VELICIE	
		MODEL:
Indudina driver)	e) DRIVER'S NAME:	•
( )	F) NRIC/FIN/PASSPORT:	_CONTACT:
		00-1

email = Gabriel@PSSPl.com
fax =





T/20210108/2164

1 of 3 Report No. T/20210108/2164

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

#### REPORT OF A TRAFFIC ACCIDENT

08/01/2021	to the second second	aue.	G/20210108/0152	Station Diary No.: 45		
Informant	s Particul	ars				
Name of In	formant:		Address:			
KONG KO	K LEONG		27 JALAN SENANG SINGAP	ORE 418315		
ID Type / II	D No.:		Contact No.:			
NRIC NO / S7831415Z			Home/Office: Mobile: 91096295			
Nationality			Email:			
SINGAPOR	RE CITIZE	N				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	42	21/10/1978	Driver			
Race:			Language: Institution / School Name			
Chinese			English			
Occupation	ղ:		Driving Licence Information:			
SALESEN	GINEER		Class: 3 Date of Evniry:			

General Informa	tion of the Accident			MARINE STREET, PARTIE NO.	
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 08/01/2021 17:00	Type of Location yellow box	
Location:					
UBI CRESCEN	Т	Road Surface:		Road Speed Limit:	
Clear		Wet			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision	n.			Anyone conveyed by	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBB2880D	Van				Slightly Damaged	0	
SHA2386Z	Car				Slightly Damaged	2	
SLQ1163A	Car				Slightly Damaged	0	





2 of 3

Report No. T/20210108/2164

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

## Brief Details.

On 08/01/2021 at about 1700hrs, I was driving my van (GBB 2880D) out of the building (Horme Hardware) and checked that all was cleared before I turned right and got into the yellow box. However, a taxi (SHA 2386Z) came and collided to my vehicle. The taxi right rear passenger door area collided on the front portion of my vehicle. Due to the impact of the collision, my vehicle surged to the right and collided to another vehicle, A BMW (SLQ 1163A) rear.

The driver side window of my van was shattered and the left front area of my van was dented. The taxi driver was conveyed while his two passengers left his vehicle not injured. I was not injured.

Traffic police was also at scene. My front camera SD card was given to the Traffic police officer.





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 3 of 3 Report No. T/20210108/2164

**CONTINUATION OF REPORT** 

## **Sketch Plan**

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MEGGY TOR	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2021 23:38	
Officer In Charge Of Case:	Classification Of Case:	
TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187	Classification of Case.	
Authentication Stamp		



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDU	JM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS	i:
	Original Report No: SHOP211B0009  Name(as shown in NRIC): Temperature Sensors Services	Vehicle Registration No: 4BB 28807.
	Name (as shown in NRIC): Temperature Sensors Services	_NRIC/FIN/Passport No:
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as ap	
	Address :	Singapore( )
	Contact (Tel) : <u>67432000</u>	_Mobile No. :
	Email Address :	
	Date of Accident : 8 1 1	Time of Accident : [6:00
	Place of Accident : Whi Crescent	
	Insurance Company: W7UC	
(B)	Applitional information / Amendments:  I have made a report on the above mentioned accident make the following amendments:  Application of the above mentioned accident make the following amendments:  Application of the above mentioned accident make the following amendments:	
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:

<b>eBao</b> Tech							法方语			Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			· Change I	Language	• Change	Password	→ Log Out
My Desktop	Polic	y Query									•
Notice of Loss	Policy N	0.				Date	of Accident	08/	01/2021 16	:00	
	Vehicle	No.(For Motor)	GBB28	80D		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110305644- 01		TEMPERATURE SENSORS SERVICES PTE LTD	199200164E	GCV	Comprehensive	GBB2880D	GBB2880D	02/07/2020	01/07/2021
						Continue					

Policy No.	5110305644-01	Policyholde Name	r TEMPERAT	URE SENSORS SERVI	Policyholder NRIC	199200164E	
Certificate							
Address	BLK 3023 #01-13 UBI ROAD 3 U	BIPLEX 1 S	NGAPORE 40	8663			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	16/06/2020	Effective Date	02/07/202	0 00:00	Expiry Date	01/07/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65674755		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 3023 #01-13	Add	ress 2	UBI ROAD 3		Address 3	UBIPLEX 1
Address 4	SINGAPORE 408663	Add	ress Type	Singapore address		Post Code	408663
Unit No.		Rela Nun	ted Policy ber	5110305644-01			
▶ Insure	d Object: GBB2880D						
<b>▽</b> Endors	ements						
Sequen	ce Date of Endorsemen	t	Endorsemen	nt Type	Endorsement	Status	Endorsement Content

ccident MT/1116882		WARRAN GARANDAN			
	5110305644-01	Vehicle No.	GBB2880D	GST Registration No.	M201043174
rtificate No.					
licyholder Name	TEMPERATURE SENSORS SERVICES PTE LTD			Policyholder NRIC	199200164E
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	67432000	Contact No.(Home)	0
mail Address		Special Remark		eCode	Nc V
FK	No ○ Yes	TCA	No ○Yes	eCode Reason	
	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
		751 FOT 24 - 1 TOURS HEAVY			0-W-1 M-1 M-1 B-1-4
eport Date	11/01/2021 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ate of Accident	08/01/2021	Time of Accident hh:mm	16:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	Ubi Cres				
Total Excess Applicable					
		Windsoner Evens	100.00		
ccess Type F	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
				Driver is Covered?	
IED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
otal OD Excess Applicable	600.00	Total TP Excess Applicable			
<b>₹</b> Benefits					
GST Registered Informati	lon				
ST Registered	Yes		GST Registration Date	01/02/1996	
ST Registration No.	M201043174		GST Status Verified	Yes	
odification History	11/01/2021 16:24:43 System	changed GST Status Verified from	n No to Yes		
Policyholder Mailing Addr	ress				
ddress 1	BLK 3023 #01-13	Address 2	UBI ROAD 3	Address 3	UBIPLEX 1
	SINGAPORE 408663	Address Type	Singapore address	Post Code	408663
	SINGAPORE 400003			NAST REFER	
Init No.		Related Policy Number	5110305644-01		
OI Driver Info					
	Unnamed Driver	Driver Type	Unnamed Driver		24 44 04 0 7 0
nnamed driver Name	KONG KOK LEONG (GONG GUO	Driver NRIC	S7831415Z	Driver DOB	21/10/1978
egister Date of Driver License	01/12/1999	Driver Age	42	Driving Experience	21
Contact No.(Mobile)	91096295	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	27 JALAN SENANG	Address 2	SINGAPORE 418315	Address 3	
ddress 4		Address Type	Singapore address	Post Code	418315
Jnit No.		Control of the Contro			
				Valled the annual Principle of the Control of the C	
Registered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes  No		
Iodification History					
Claim 001 New					
laim Type *	OD-MX	Insured Name	TEMPERATURE SENSORS SERVI	Insured NRIC	199200164E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67432000
winter No. (Piopile)					
mon Address		Of Vehicle Number	GBB2880D	TP Vehicle Number	SHA23867
		OI Vehicle Number	GBB2880D	TP Vehicle Number	SHA2386Z
laimant Type Claimant Type •		Type of Benefit *	GBB2880D Please Select	TP Vehicle Number	SHA2386Z
laimant Type Claimant Type •	Please Select			TP Vehicle Number	SHA2386Z
Claimant Type Claimant Type *		Type of Benefit *			SHA2386Z
Claimant Type Claimant Type * Claimant Name * Claimant Address		Type of Benefit *		TP Vehicle Number	SHA2386Z
Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Contact	>>	Type of Benefit * Claimant NRIC *	Please Select		SHA2386Z
llaimant Type Claimant Type *  Ilaimant Name *  Ilaimant Address  Ilaimant Address  Ilaim Description  referred Workshop Contact io.	≥≥     GBB2880D / SHA2386Z ON 8 Jan 2021	Type of Benefit * Claimant NRIC *  Insured Liability *	Please Select	Name of Preferred Workshop	
Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Ederrick Claim Description referred Workshop Contact to. Lequire Finalisation	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	Please Select	Name of Preferred Workshop  GIA report	Received
laimant Type Claimant Type *  claimant Name *  claimant Address  laim Description  referred Workshop Contact  lo.  lequire Finalisation	≥≥     GBB2880D / SHA2386Z ON 8 Jan 2021	Type of Benefit * Claimant NRIC *  Insured Liability *	Please Select	Name of Preferred Workshop	
laimant Type Claimant Type *  claimant Name *  claimant Address  claim Description  referred Workshop Contact  to.  equire Finalisation  bate Registered	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	Please Select	Name of Preferred Workshop  GIA report	Received
laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	Please Select	Name of Preferred Workshop  GIA report	Received
laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault  Preferred Workshop, Name unknown	Name of Preferred Workshop  GIA report	Received
laimant Type Claimant Type *  claimant Name *  claimant Address  claim Description  referred Workshop Contact  to.  cequire Finalisation  cate Registered  deport Taken By	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Please Select	Name of Preferred Workshop  GIA report	Received
laimant Type Claimant Type *  laimant Name *  laimant Address  laim Description  referred Workshop Contact to.  equire Finalisation  late Registered  eport Taken By	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault  Preferred Workshop, Name unknown	Name of Preferred Workshop  GIA report	Received
claimant Type Claimant Type * claimant Name * claimant Address claim Description referred Workshop Contact io. iceouire Finalisation bate Registered deport Taken By  Print AK letter	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault  Preferred Workshop, Name unknown	Name of Preferred Workshop  GIA report	Received
Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description referred Workshop Contact do. Lecture Finalisation Date Registered Report Taken By  Print AK letter	≥≥   GBB2880D / SHA2386Z ON 8 Jan 2021   Yes	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault  Preferred Workshop, Name unknown	Name of Preferred Workshop  GIA report	Received
Claimant Type * Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact to.  Lequire Finalisation Preferred Addressed Claim Description Print Ak letter  Attachment	>>	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault  Preferred Workshop, Name unknown	Name of Preferred Workshop  GIA report	Received
daimant Type Claimant Type * claimant Name * claimant Address claim Description referred Workshop Contact to. claimant Address claim Description referred Workshop Contact to.	≥≥ 	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No.	Partially at Fault  Preferred Workshop, Name unknown  Save Submit	Name of Preferred Workshop  GIA report	Received
daimant Type Claimant Type * claimant Name * claimant Address claim Description referred Workshop Contact to. claimant Address claim Description referred Workshop Contact to.	>>	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Partially at Fault  Preferred Workshop, Name unknown  Save Submit  001 11/01/2021 16:29	Name of Preferred Workshop  GIA report  Date Received	Received 11/01/2021 00:00
daimant Type Claimant Type * claimant Name * claimant Address claim Description referred Workshop Contact to. claimant Address claim Description referred Workshop Contact to.	≥≥ 	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date	Partially at Fault  Preferred Workshop, Name unknown  Save Submit  001 11/01/2021 16:29 Category *	Name of Preferred Workshop  GIA report  Date Received  Confidential Urger	Received 11/01/2021 00:00
laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By  Print AK letter  Attachment	>>	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No.	Partially at Fault  Preferred Workshop, Name unknown  Save Submit  001 11/01/2021 16:29 Category *	Name of Preferred Workshop  GIA report  Date Received	Received 11/01/2021 00:00
laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By  Print AK letter  Attachment	>>	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date	Partially at Fault  Preferred Workshop, Name unknown  Save Submit  001 11/01/2021 15:29 Category *  Clear Please Select	Name of Preferred Workshop  GIA report  Date Received  Confidential Urger	Received 11/01/2021 00:00
laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By  Print AK letter  Attachment	>>	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Browse	Partially at Fault  Preferred Workshop, Name unknown  Save Submit  001 11/01/2021 16:29 Category *  Clear Please Select	Name of Preferred Workshop  GIA report Date Received  Confidential Urger	Received 11/01/2021 00:00
ialimant Type Claimant Type I ialimant Name I ialimant Name I ialimant Address Ialim Description referred Workshop Contact io. equire Finalisation late Registered eport Taken By  Print AK letter  Attachment	>>	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse	Partially at Fault  Preferred Workshop, Name unknown  Oo1  11/01/2021 16:29  Category *  Clear Please Select  Diagram Clear Please Select  Diagram Clear Please Select	Confidential Urger    NO   Normal   NO   Normal   NO   Normal	Received 11/01/2021 00:00
Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	>>	Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse	Partially at Fault  Partially at Fault  Preferred Workshop, Name unknown  O01  11/01/2021 16:29  Category *  Ciear Please Select  Discourse Please Select	SIA report Date Received  Confidential Urger NO Normal	Received 11/01/2021 00:00

	Uploaded By/Date Folder I	Date	File Nam	e	Source	
Video List						
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:25	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:25	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CES) on 11 Jan 2021 16:25	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CES) on 11 Jan 2021 16:25	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:25	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:25	CENTRE SERVI Photos		Normai	Photos 2021-1-11	
Land	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
70	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
6	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
+	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:26	CENTRE SERVI Photos		Normal	Photos 2021-1-11	
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:28	CENTRE SERVI SAS		Normal	SAS 2021-1-11	
***** <b>******</b>	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT ( CES) on 11 Jan 2021 16:29	CENTRE SERVI NRIC/ Driving	License Y	Normal	NRIC/ Driving License 2021-1-11	
ttachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? (CO)

Mobile:

YES / NO

# ASSIGNMENT (IDAC)

By CSO- Nature of Accident				By Assessor- 1) Vehicle Information
Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: 638 2880 D Yr Regn: 2 Jul /2018
a) Motorcar ( )	a) Pedestrian	( )	88	Type: M.Car / M.Cycle / Bus (Van) Lorry / Taxi / Prime Mover / MPV
b) M/cycle ( )	b) Animal	( )		/ Truck / Trailer or
c) Bicycle ( )				Make & Model: Frod New Doble SX 16 c.c 1598
3) Vehicle hit Road Side Objects:				Colour Stiver Transmission Type: Auto (Manual)
a) Govrn.Property ( )	b) Road Work Object	( )		Eng/No: Sp.Reading: 49783
(Eg: signboard, barrier, tree etc)	c) Private Property	( )		C/No: ZFA 2630000 6H 36129
4) Vehicle drop into drain		( )		Gen. Cond Good Fair / Poor / Burnt or
Micycle ( ) b) Animal ( ) Micycle ( ) b) Animal ( ) Micycle ( ) Michicle hit-Road Side Objects:  Govm.Property ( ) b) Road Work Object ( ) (Eg: signboard, barrier, tree etc) c) Private Property ( ) Wehicle drop into drain ( ) Damage due to Act of God: IFallen Object ( ) b) Flood ( ) Other, Parked & Found Damaged: Vandalism ( ) b) Hit by Moving Object ( ) Bs / Dun/ EXNOVA / GY / FS / LiZA / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or  Fire  By Whilst driving ( ) b) Parked ( )  Wenarks for internal information    Accident date more than 24hrs				
a) Fallen Object ( )	b) Flood	( )	-	Brake: dnorded / Jammed / Leaked / Burnt or
c) Other,				
6) Parked & Found Damaged:				
a) Vandalism ( )	b) Hit by Moving Object	( )		R: 195/60R16 - As below
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ( )	b) Damage found	( )		TOYO/YOKO or
•	when recovered.			Front Rear Hanks
8) Fire				R/Bal. mm R/Bal. mgm
a) Whilst driving ( )	b) Parked	( )	) H	L/Balmm L/Balmm
			F	
9) Accident date more than 24hrs	3	(	)	
	Occident to the second second			Repair Type: (LS) I.B.I Towing Required: Yes No
Remarks for internal information			_	
			_	D.O.I. 13/1/2021 Time: 3,15pm
				By Assessor- 2) Comments
				1) Damages not due to recent accident.
				2) Damages do not seem hit onto:
Remarks to appear in Works Or	der & Assessment repo	rt		a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian()
1) Potential Total Loss (	)			e.Animal() f.Govrn Object() g.Road Work Object()
2) SRS Light on (	)			h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )
3) ABS Light on (	)	, .		Vehicle does not seem damaged as a result of:
				a.Fallen Object() b.Flood() c.Vandalism() d.Fire()
				e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )
				Time Started: Time completed:
				1) CSO
5 6 8 BACK w				2) ASS
	* <del>-</del> *.	E 88	•	2) Faire Counting Completed Fines

/ mil - 11313

Vehicle No: EBB 2880D

	Portion			Fo pr. 74 person	*****
NAC	INC	Hem:	CON	116	0
1001	991886			1	
1002	991887			-	-
1011	9913()()	Fit Bumper	00		-
2001	001477	Frt Bumper Home San 20	COD	-	-
2007	991387	Frt Bumper Lower Garnish	CRA		
2003	991449	But Rumper Side Cover	LIVI)	-	
2004	991443	Fit Bumper Side Cover Fit Bumper Side Restainer	DIC	-	-
1000	991325	Frt Bumper Broker (1721)	200		2
1100	991433		CRA		-
2005	991466	l	עע	/	
	995100		-		
1017	991355	- C	215	/	
1018					
1019	005079				
1020	995080				
1051	991793	Fit Grille	PA	-	-
1002	001328	Fit Grille Emblem	CRA	-	-
2006	90()247	Frt Grille Sticker	1.00		
1023	001700	Frt Grille Chrome Moulding		-	-
2007	991891	Fit Panel			
2008	991874		-	-	-
2009	991328	Frt Panel Emblem	-		
2010	990247	Frt Panel Sticker			
2011	991893	Frt Panel Garnish			
1024	991222	Fri Apron Panel	-	-	
2012		Frt Corner Panel	-		
2013	091532	Fit Corner Panel Signal Lamp	-		
2014	995245	President Paner Signal Lamp			
	995246	Frt Signal Lamp LH			
2015		Frt Signal Lamp RH			
1008	995153	Frt LH Headlamp Assy	CRA	/	
1030	991821	Frt R11 Headlamp Assy		7	
1031	995088	Frt LH Side Lamp			
1032	995089	Fit RH Side Lamp		-	
2016	992149	Frt Wiper Panel			
2017	995043	Frt Wiper Nozzle			
1150	992140	Frt Wiper Arm		-	-
1121	992142	Frt Wiper Blade			
2018	992145	Frt Wiper Link			-
2019	992148	Frt Wiper Motor			
1122	005045	Wiper Panel Garnish			-
1114	992093	Frt Windscreen			
1115	902007	Frt Windscreen Rubber	-		
1117	992098	Prt Windscreen Scalant	-		
2020		Fit Windscreen Outer Pillar			
2021	992113	Fit Windscreen Unter Pillar			-
1118	991019	ERP Bracket			
1119		FRP Unit			
2022		Fit Side Mirror (Big)			
2023		Fit Side Mirror (131g) Fit Side Mirror (Small)			
	001002	Fit Side Mirror (Round)			
2025	905015	Frt Wing Mirror Stay			
1025	-	Fit Support Panel	0	0	
103.3		Bonnet:	2	5	
		Bonnet Lock	our		
		The second secon		2	
		Bonnet Hinge LH		-	
		Bounet Rubber			
	140	Air Con Condenser			
		Air Con Fan Assy			
	000140	Air Con Liquid Pipe			
	995006	Air Con Receiver Drier			
	995074	Radiator			
053	092738	Radiator Cowling			1100
1054		Radiator Fan Assy	*		
		Radiator Hose Top			
		Radiator Expansion Tank			
		Oil Cooler			
		Power Steering Cooler Pipe			
(170)		Air Duet			
		CALL TOTAL T			
()50		Control of the Contro			
050	00()()7()	Air Cleaner Assy			
050	990070 990219	Control of the Contro	· · · · · · ·		

	7.0	Vehicle No: CTBB	200	21	لاد
NAC	INC	Item			Qty
1085	991011				
1086	990946				
2027	991500				
2028	991501	-			
1092	991502				
1093	991520	Prt RH Chassis Member		-	
1094	990728			-	
1095	991863			-	
2030	990143	Air Con Evaporator Assy	70	-	
2031	990106				
1082	990427				
1083	990403		-		
2032	990431	Brake Pedal			-
2033	990021	Accelerator Pedal			
2034	990627				
1127	994483	Steering Wheel Airbag	1		
1128	994485				
1131	990029				
1133	991922	· · · · · · · · · · · · · · · · · · ·			
1135	995182 990753	Prt LH Seat Belt Assy		0	
1125	990753	Dashboard Assy Glove Box Cover		?	
1126	992281	Glove Box Compartment		-	
1096	995070	Frt LH Fender	Buc	-	
1097	995072	Frt LH Fender Inner Panel	CAL	-	
1100	991740		CRA	-	
1101	995179		Oct.)		
2035	994966		-		
1102	995170	Frt LH Wheel Rim	-		
1104	995065			7	80
1105	995071	Frt RH Fender	BT	R	
1106	991739				
1109		Frt RH Fender Inner Shield			
2036	994966	Frt RH Mudflap Frt RH Wheel Guard			
1111	992087	Frt RH Wheel Rim			
1113		Frt RH Tyre			
1255	995326	Frt LH Door	SCR	8	*****
1256		Frt LH Door Protector	bur		
1257		Frt LH Door Hinge		~ ~ ~	
1258	995142	Frt LH Door Wing Mirror			
1262	995103	Frt LH Door Glass	-	1000	
1263	991595	Fit LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Fit LH Door Outer Handle			
1272	991617 995327	Frt LH Door Inner Trim Board	Buc		
	993327	Frt RH Door Frt RH Door Protector	BY	-	
1318	991601	Frt RH Door Hinge	RT		7
1319	991685	Urt RH Door Wing Mirror	0(	7	-
327	991584	Frt RH Door Glass	BR	-	-
1324	991595	Frt RH Door Glass Regulator	BT		
1325	991596	Frt RH Door Glass Regulator Motor	DI	7	
1326	991662	Frt RH Door Rubber	DIS	-	
1.327	991636	Frt RH Door Outer Handle Mouldin	PT		· · · ·
1333	991617	Frt RH Door Inner Trim Board	BR		
2037	991644	Frt Door Frt Pillar	015	/	
2038	991657	Frt Door Rear Pillar	9.0		
2039	992072	Frt Wheel Arch Panel			
2040	992069	Frt Wheel Arch Panel Garnish			-
2041	991996	Frt Step Panel			***
2042	994498	Frt Step Panel Top Garnish			
2043	994495	Frt Step Panel Inner Garnish			
1073	995053	Wiper Washer Tank	.00	-	
1.136	990247	Sticker	MEC	6	
		FM-RH Dour Lock		72	
			1		

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	164E
Vehicle No.:	GBB2880D
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2021
Vehicle Make:	FIAT
Vehicle Model:	NEW DOBLO SX 1.6MJ E6 GLAZED
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	263A80008147836
Chassis No.:	ZFA26300006H36159
Maximum Power Output:	
Open Market Value:	\$20,796.00
Original Registration Date:	02 Jul 2018
First Registration Date:	02 Jul 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,040.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	01 Jul 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,902.00
COE Rebate Amount:	\$22,326.00
Total Rebate Amount:	\$22,326.00

The information contained herein is correct as at 11 Jan 2021

**New Cars** 

**Used Cars** 

**Rental Cars** 

Sell My Car

Directory

**Products** 

Insurance

**Articles** 

Forum



# BIDDED CARPLATE NUMBERS FOR SALE

Find and buy your favourite car plate number here!

SE/

Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!

Advertiser Login

Ways of Selling



BMW 5 Series 523i Highline.

All Service Records In Tact Car Is In Great Working Condition. Test Drive It!

Direct Owner StarAd



Browse by Category

Post an Ad

~ 1 vehicles

Fiat Doblo

Make Model

Anv

Price

Depreciation Any

2019

Reg Date

Eng Cap

Mileage Any Veh Type

Stat

✓ 20 results/

Search Selection

Fiat Doblo

\$6,550 /yr

1,598 cc

Anv

Anv

Fuel Type: Diesel 5 Years Warranty And Still Have 4 Time Free Servicing By Agent! Well Kept Interior And Exterior Condition. Spacious And Comfortable. Reliable And Easy Maintenance. Bank, In House Loan Application Available. Different Loan Schemes To Suit Your Purchase. Call Our Frie...

Fiat Doblo 1.6M Multijet Glaze

\$55,800

19-Jul-2019

30,000 km

Sort by Date Posted

Advanced Search

PR

Posted: 27-Nov-2020 Tags: 2019 Fiat Doblo, Fiat Doblo, Fiat, Doblo

Save this search criteria, to get email alerts whenever a match is found.

Make

Model

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

Stat

✓ result

For old advertisements, view Expired ads

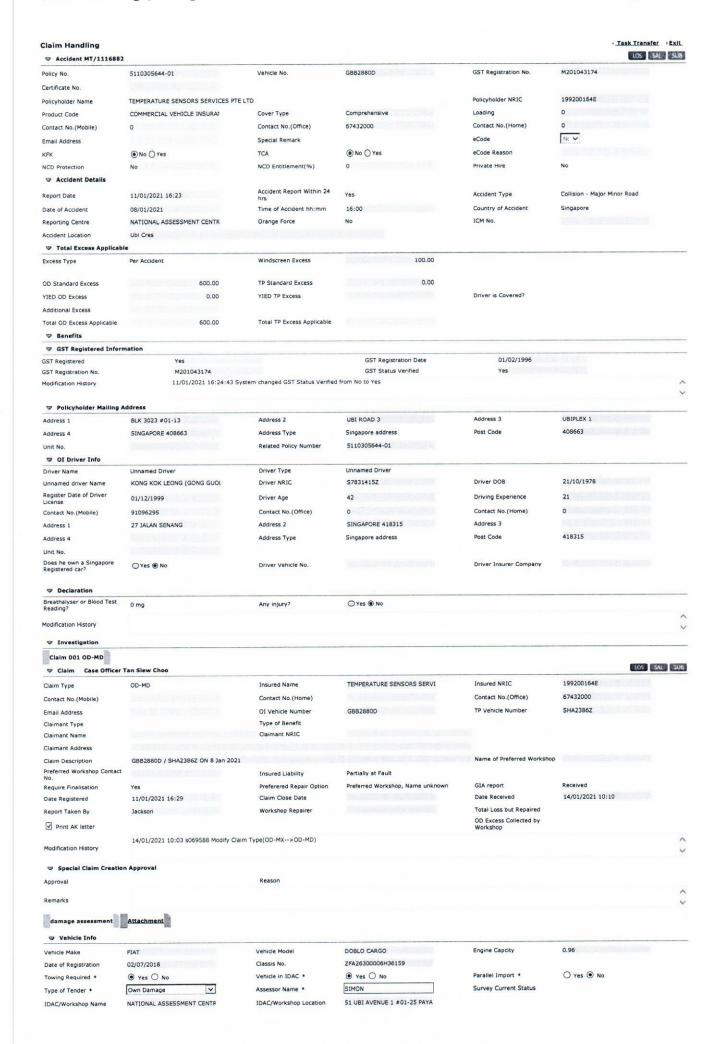
Home | New Cars | Used Cars | Rental Cars | Sell My Car | Directory | Products | Insurance | Article | Forum | Resources

sgCarMart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, from vans, trucks, sedan cars, luxury cars or stationwagons, SUV, MPV, hatchback, to COE cars & OPC cars. You can also buy from a car auction, look up car loans, financial services, low mileage cars, car brands, carpar insurance. Find buy used Fiat Doblo, Fiat Doblo Singapore, used Fiat Doblo Singapore, used Fiat Doblo, used vehicles Singapore or even buy used Fiat Doblo Singapore. We have nev comprising parallel importers, authorised car dealers, and used car dealers on our site. Find new car price lists, new car launches and new car promotions. Visit our partner sites for j for Singapore jobs, real estate, mover, car performance parts, car discussion, forum discussion, commercial vehicle leasing & COE results.

All prices and other information displayed on sgCarMart.com are gathered from sources and based on algorithms that are believed by sgCarMart.com to be reliable, but no assurance that this information is accurate, complete or current. sgCarMart.com does not assume any responsibility for errors or omissions or warrant the accuracy of this information

### Follow sgCarMart.com

About Us | Careers | Contact Us | Sitemap Terms of Service | Privacy Policy | Personal Data Protection Statement ©2004-2021 sgCarMart, Singapore. All rights reserved.



+ \/alice(#)			Scrape Value(\$)	Econom	nical Repair Value(\$	\	
t Value(\$)					111000000000000000000000000000000000000		C DEDIACE 1
REI	DOOR INNER TRIM B	OARD - REPLACE. 1	X FRT DOOR PILLAR - RE	IISH - REPLACE. 1 X FRT RH DOOR WING MIRROR - UNCONF PLACE. 1 X STICKER - REPLACE. 1 X FRT RH DOOR LOCK - U	NCONFIRM.	JOR GOTER MODEDIN	G - REPLACE, 1
rk							
rk for Supplementary							
Damage Listing							
Part							
root		No.	Part No.	Description	Qty *	Repair Co	ie *
Not Applicable	^	1	16000101	BUMPER (FRONT)	1	Replace	V
ABS		2	16005901	BUMPER SPONGE (FRONT)	1	Replace	~
ABSORBER		2	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	V
ACCELERATOR		3					
ACTUATOR  ADVERTISEMENT STICKE	9	4	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	V
AIR BAG		5	16003201	BUMPER GRILLE (FRONT)	1	Replace	$\overline{\mathbf{v}}$
AIR BLOWER		6	16005001	BUMPER REINFORCEMENT (FRONT)	1	Replace	V
AIR BOX AIR CHAMBER BOX		7	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Replace	V
AIR CLEANER		0	27100101	GRILLE (FRONT)	1	Replace	V
AIR COMPRESSOR		0					Alexander Control of the Control of
AIR CON		9	27100801	GRILLE EMBLEM (FRONT)	1	Replace	V
AIR CON (VAN) AIR COOLER		10	27700101	HEAD LAMP (LEFT)	1	Replace	V
AIR DISTRIBUTOR		11	27700102	HEAD LAMP (RIGHT)	1	Unconfirm	V
AIR FILTER		12	41300101	SUPPORT PANEL (FRONT)	1	Repair	~
AIR FLOW		13	149001	BONNET	1	Repair	
AIR GRILLE		13				p	
AIR HORN AIR INTAKE		14	14902201	BONNET HINGE (LEFT)	1	Unconfirm	V
AIR RESONATOR BOX		15	22600102	DASHBOARD (TOP)	1	Unconfirm	V
AIR THROTTLE BODY AN	SENSOR	16	25400102	FENDER (FRONT LEFT)	1	Replace	V
ALARM		17	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	V
ALTERNATOR ALUMINIUM PANEL - SIDE		18	43600101	TYRE (FRONT LEFT)	1	Unconfirm	V
AMPLIFIER							
ANTENNA		19	25400103	FENDER (FRONT RIGHT)	1	Repair	V
ANTI ROLL APRON		20	23300201	DOOR (FRONT LEFT)	1	Repair	V
ARCH		21	23300202	DOOR (FRONT RIGHT)	1	Replace	V
ARM REST		22	23305302	DOOR PROTECTOR (FRONT RIGHT)	1	Replace	V
ASH TRAY		23	23303002	DOOR HINGE (BOTTOM) (FRONT RIGHT)	2	Replace	V
AUTO CLUTCH AUTO COOLER PIPE							্
AUTO COOLER PIPE		24	23302002	DOOR GLASS (FRONT RIGHT)	1	Replace	
CONTRACTOR OF CO		25	23302402	DOOR GLASS REGULATOR (FRONT RIGHT)	1	Replace	V
AUTO TRANSMISSION							
AUTO TRANSMISSION AXLE BACK REST (M/C)		26	23302502	DOOR GLASS REGULATOR MOTOR (FRONT RIGHT)	1	Unconfirm	~