

(08/11/13) wef

ASS. REC. BY: 2A.SUN

REF:

CC4/FCI21006146/Rlea3196W**ASSIGNMENT**

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: GBF 3765Bat Workshop m/s VENDA ENGINEERINGof 8, TWS MC18

Insured:

FCI

Policy No.

Claims No.

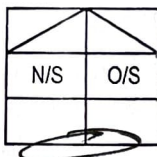
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

41K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Repair limit - 38K

Veh No:

GBF 3765B

Yr Regn:

2016 / SEP

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

Truck / Trailer or

Make:

FIAT DOBLO CARNO MAXI 1.6 c.c 1598

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

132602

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

2FA 26 300006 C64059

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/60R16C

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

TRANSHAW

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/05/21

D.O.I.

27/05/21

Survey held at

VENDADes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) : S + RS, SI

☐

: Interview (\$

) : Photos

☐

: Tech. Invs (\$

) : Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL



Venda Engineering & Trading Pte Ltd

GST / Company Reg No.: 200411725H

Quotation

From :
VENDA ENGINEERING & TRADING PTE LTD
 8 TUAS AVENUE 18
 SINGAPORE 638892
 Officer in Charge : HOH PEI JIN
 Tel :
 Email :

Customer :
GOLDBELL LEASING PTE LTD
 59 SENOKO ROAD
 SINGAPORE 758123
 Attn :
 Tel : 6494 2800
 Fax No. : 6861 7097

Quotation No. : CQO21-0510060	Quotation Date : 25/05/2021	Terms : 30 DAYS
Vehicle No. : GBF3765B	Chassis No. : ZFA26300006C64059	Policy Number : 29131844
Model : DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE	Date of Accident : 24/05/2021	
Third Party Insurer : MS FIRST CAPITAL	TP Vehicle No. : YM1615E	
Remarks : CLAIM NO.:-		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	REAR DOOR, LH <i>bt</i> ✓	1	1,025.3000	1,025.30
2	REAR DOOR, RH <i>bt</i> ✓	1	986.8000	986.80
3	REAR DOOR CENTRE LOCK STRIKER, RH <i>bt</i> ✓	1	47.0200	47.02
4	REAR DOOR COVER (OUTER), RH <i>cm</i> ✓	1	75.3900	75.39
5	REAR DOOR COVER LOGO, RH <i>na</i> ✓	1	88.1400	88.14
6	REAR DOOR GLASS, LH <i>bro</i> ✓	1	262.4600	262.46
7	REAR DOOR GLASS, RH <i>bro</i> ✓	1	255.3700	255.37
8	REAR DOOR INNER LOCK, LH <i>cut</i> ✓	1	209.3000	209.30
9	REAR DOOR LOCK ASSY (INNER), RH ?	1	55.2300	55.23
10	REAR DOOR LOWER LOCK, RH ?	1	166.9500	166.95
11	REAR DOOR UPPER LOCK, RH X	1	127.2400	127.24
12	REAR DOOR WEATHERSTRIP <i>na</i> ✓	1	410.6800	410.68
13	REAR WIPER ARM WITH BLADE, LH <i>cut</i> ✓	1	168.4200	168.42
14	REAR WIPER MOTOR, LH <i>cm</i> ✓	1	395.2000	395.20
15	REAR WIPER, LH <i>4</i> ✓	1	50.0000	50.00
16	REAR BUMPER <i>cut</i> ✓	1	797.6900	797.69
17	REAR DOOR OUTER HANDLE GARNISH, LH <i>cm</i> ✓	1	367.7600	367.76
18	LESS 10%	1	-548.9000	-548.90
19	REVERSE SENSOR ?	1	200.0000	200.00
20	SPEED LIMIT STICKER <i>na</i> ✓	1	20.0000	10 20.00

C/F 0.00

Page 1 of 2

Mailing Address
 Contact Number (HQ)

: No.1, Sunview Road, #08-15 Eco-Tech@Sunview, Singapore 627615
 : (Tel) : 6355 9014 (Purchasing Dept.) 6355 9015 (Sales Dept.)
 (Fax) : 6254 0424
 : venda_eng@singnet.com.sg

E-mail





Venda Engineering & Trading Pte Ltd

GST / Company Reg No.: 200411725H

Quotation

From :

VENDA ENGINEERING & TRADING PTE LTD
8 TUAS AVENUE 18
SINGAPORE 638892

Officer in Charge : HOH PEI JIN
Tel :
Email :

Customer :

GOLDBELL LEASING PTE LTD
59 SENOKO ROAD
SINGAPORE 758123

Attn :
Tel : 6494 2800
Fax No. : 6861 7097

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:

Quotation No. : CQO21-0510060	Quotation Date : 25/05/2021	Terms : 30 DAYS
Vehicle No. : GBF3765B	Chassis No. : ZFA26300006C64059	Policy Number : 29131844
Model : DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE	Date of Accident : 24/05/2021	
Third Party Insurer : MS FIRST CAPITAL	TP Vehicle No. : YM1615E	
Remarks : CLAIM NO.:-		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
				B/F 0.00
21	PAX STICKER <i>re /</i>	1	20.0000	10 20.00
22	REAR NUMBER PLATE WITH CASING <i>cut /</i>	1	50.0000	35 50.00
23	SILICONE <i>re /</i>	3	50.0000	100 150.00
24	PRIMER <i>re /</i>	2	20.0000	40.00
25	DISMANTLE & RE-INSTALL REAR DOOR LH & RH WINDSCREEN	1	260.0000	160 260.00
26	REMOVE & RENEW THE ABOVE MENTIONED PARTS	1	800.0000	600 800.00
27	TRANSFER PARTS	1	120.0000	60 120.00
28	SPRAY PAINT REAR LH & RH DOOR & REAR BUMPER	1	650.0000	600 650.00

Passer
Ap 900/100 68
7 days
45

27/05/21 @ 1440

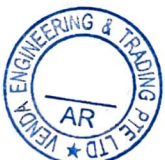
Req after repair

Sub Total 7,250.05
Discount (0.00)
GST(7.00%) 507.50
Total (SGD) 7,757.55

Remarks:
CLAIM NO.:-

We accept the above quotation.

VENDA ENGINEERING & TRADING PTE LTD



Authorised Signature

Customer's Name & Signature
Company Stamp/Date

Please conduct the survey at
Venda Engineering @ 8 Tuas Avenue 18 Level 5 Singapore 638892



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 Submission	25/05/2021 12:29 (SGT)
Date of Accident	24/05/2021 19:30 (SGT)
Exact Location of Accident	Joo Koon Cir, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3765B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-96688970
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	29131844
Cover Note Number	-

DRIVER

Name of Driver	HARACHANDRAN S/O RANGNATHAN
NRIC No	SXXXX198A

Date Of Birth	18/02/1976
Occupation	Outdoor
Date Of Driving Pass	10/01/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96688970
Alt. Phone Number	-
Email Address	88whiteguard@gmail.com
Address	BLK 395 YISHUN RING ROAD #07-1689
Address complement	-
Postcode	760395
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 24/5/2021 AT ABOUT 1930HRS, I WAS DRIVING MY VEHICLE GBF3765B ALONG JOO KOON CIRCLE. I STOPPED MY VEHICLE DUE TO RED TRAFFIC . I STOPPED MY VEHICLE BEFORE YELLOW BOX. ONCE TRAFFIC LIGHT TURNED GREEN, I RELEASE MY BREAK PEDAL AND ABOUT TO MOVE WHEN VEHICLE B YM1615E WAS COLLIDED ONTO MY REAR BUMPER. MY REAR WINDSCREEN SCATTERED. I SUSTAINED PAIN ON MY BACK AND MY NECK PAIN DUE TO THE IMPACT. I WAS CONVEYED TO NG TENG FONG HOSPITAL BY AMBULANCE AND GIVEN 3 DAY MC.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM1615E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Accident Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

(Phone) +65-81422295
-
-
-
-
-
2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

HARACHANDRAN S/O RANGNATHAN
BLK 395 YISHUN RING ROAD #07-1689
-
760395
-
BACK PAIN / NECK - MC 3 DAYS
GBF3765B
-
Yes

SKETCH PLAN

IMPORTANT NOTICE

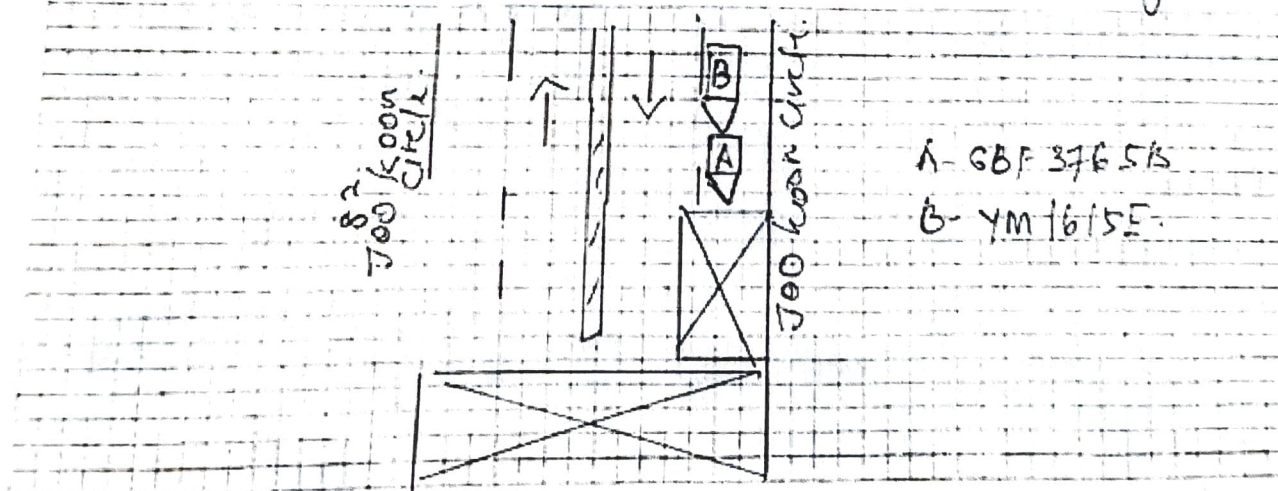
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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)**
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/rail 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 24/5/2021 at about 1930hrs, I was driving my vehicle GBF 3765B along Joo Koon circle. I stopped my vehicle due to red traffic. I stopped my vehicle before yellow box. Once traffic light turned green, I release my brake pedal and about to move when my vehicle B ym 1615B was collided onto my rear bumper. My rear wheel crown scattered. I sustained pain on my back and my neck pain due to the impact. I was conveyed to NG Teng Fong Hospital by ambulance and given 3days ML.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 25/5/2021 - 1150hrs.

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Company

Vehicle Details

196N

Vehicle No.:

GBF3765B

Vehicle to be Exported:

Yes

Intended Deregistration Date:

31 May 2021

Vehicle Make:

FIAT

Vehicle Model:

DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE

Primary Colour:

White

Manufacturing Year:

2016

Engine No.:

263A50007640443

Chassis No.:

ZFA26300006C64059

Maximum Power Output:

-

Open Market Value:

\$19,312.00

Original Registration Date:

27 Sep 2016

First Registration Date:

27 Sep 2016

Transfer Count:

0

Actual ARF Paid:

\$966.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

26 Sep 2026

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$5,052.00

COE Rebate Amount:

\$2,688.00

Total Rebate Amount:

\$2,688.00

The information contained herein is correct as at 25 May 2021

OK

Fiat Doblo Cargo Maxi 1.6A Multijet Glaze

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$41,800	Lifespan ?	28-Sep-2036
Depreciation ?	\$7,830 /yr View models with similar depre	Reg Date	29-Sep-2016 (5yrs 4mths COE left)
Mileage	N.A.	Manufactured ?	2016
Road Tax ?	N.A.	Transmission	Auto
Dereg Value ?	\$23,104 as of today (change)	Fuel Type	Diesel
COE ?	\$43,269	OMV ?	\$18,820
Engine Cap	1,598 cc	ARF ?	\$941
Curb Weight ?	1,500 kg	No. of Owners ?	1