

ASS. REQ. BY: Marcus

REF:

CS/EG12/1009829/Uqf3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

CDMCG21001837

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

196N

Vehicle: IN / OUT

Date:

Person Contacted:

LTA 2468

Veh No:

G BF 4076A

Yr Regn:

07/10/16

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

Truck / Trailer or (A / Cargo Maxi) 3192e

Make:

FAT Dobbs

c.c 1598

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

142 063

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZFA263 00006D 4/309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

F:

195/60 216

R:

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

TOYO / YOKO or

Roadstone.

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

mm

D.O.A.

13/9/21

D.O.I.

26/9/21

Survey held at

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

Rear n/s.

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

Date / Time

Action / Instruction

28/9/21

28/9/21 1/5 @ 1400 confirmed with Susan. (Red \$945.80, 40%)
 28/09/21@11.12am revised to ERGO via Merimen.

Date/Time, File Pass to?

☐

Preli. Report

1) 28/09 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) _ \$ + RS _ \$

) Photos

) Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format: MER-TP

Lump Sum: 1400 (\$)

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

* ROB No: 53291793 | Tel: 6741-1730 / 731 Fax: 6744-5746 Email: liusbrog@gmail.com

Invoice/Ref No: GBE4076A21093

Estimate**Customer**

Name: ERGO Insurance Pte Ltd

Date: 21-09-21

Address: Motor Claims Department

Vehicle No: GBF4076A

5 Temasek Boulevard #04-01

Model/Make: Fiat Doblo

Suntec Tower Five

Singapore 038985

Maxi L6 MTJ AMT Glaze

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Bumper <i>Torn</i>	\$ 745.00	
2	Bumper Clips 1 set <i>new</i>	\$ 65.00	
3	Bumper Bracket Lh <i>17</i>	\$ 258.10	
4	Tail Lamp <i>new</i>	\$ 462.70	
5	"70 KM/H" Sticker <i>new</i>	\$ 15.00	
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 400.00	
	To putty & spray painting & including touch up paint on accident affected	\$ 400.00	

Total Parts & Labour of estimate for damaged vehicle

\$ 2,345.80

Total amount in Lump Sum Basis for repaired vehicle

SDLS: _____



M/s Liu's Brother Auto Engng Wks

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: _____

*Not Authorised**21/9/21**21/9/21**L/S \$1400**2 days**Take 2 hrs. After repair**Submit to insurance**2-110570**102**2-995.13**5.2-10.00**L- 750.00**1755.13**202**1604.*



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 willful 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	14/09/2021 18:34 (SGT)
Date of Accident	13/09/2021 21:47 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4076A
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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) +65-64942833
Alternative Phone No	(Office) +65-64942833

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097582MFCV
Cover Note Number	-

DRIVER

Name of Driver	NARASINGA MOORTHY S/O KARUPPAIAH
NRIC No	SXXXX684E



Accident report SS18219D0001

Date Of Birth	04/09/1992
Occupation	Outdoor
Date Of Driving Pass	28/02/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87501418
Alt. Phone Number	-
Email Address	isaacngcl@gbf.com.sg
Address	NIL
Address complement	-
Postcode	-
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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 13/09/21, TIME AROUND 9:47PM. LOCATION WAS AT THE JUNCTION OF VEERASAMY ROAD AND SERANGOON ROAD. MY VEHICLE WAS STATIONARY AT THE SIDE OF SERANGOON ROAD AS I WAS DOING UNLOADING OF GOODS TO ONE OF THE SHOPS. AS I EXITED FROM THE SHOP AND WALKING TO MY VEHICLE, I SAW YQ3107X HIT ONTO THE LEFT SIDE (REAR) OF MY VEHICLE. HE WAS TURNING OUT FROM VEERASAMY ROAD. AS A RESULT OF YQ3107X COLLIDING ONTO MY VEHICLE, THERE WAS A SERIOUS CUT AND DAMAGE ON THE LEFT REAR OF MY VEHICLE. NO ONE WAS INJURED.

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	YQ3107X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	RAJA

NRIC No	SXXXX618Z
Contact Number	(Phone) +65-81898060
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	1

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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

14/9/21
4pm

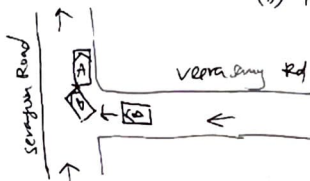
Jenny Ng

SKETCH PLAN

Junction between veerasamy
and serangam road

(A) GBF 4076A

(B) YQ 3107X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/9/21 time around 9.47pm. Location was at the junction of veerasamy road and serangam road. My vehicle was stationary at the side of serangam road as I was doing unloading of goods to one of the shops. As I exited from the shop and walking to my vehicle, I saw YQ 3107X hit onto the left side (rear) of my vehicle. He was turning out from veerasamy road. As a result of YQ 3107X colliding onto my vehicle, there was a serious cut and damage on the left rear of my vehicle. No one was injured.

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:

4pm 19/9/21

Reporting Centre Personnel's Signature
Name:
NRC/TFIN No:

Jenny Ng

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	196N

Vehicle Details

Vehicle No.:	GBF4076A
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Sep 2021
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	263A50007728730
Chassis No.:	ZFA26300006D41309
Maximum Power Output:	-
Open Market Value:	\$18,516.00
Original Registration Date:	07 Oct 2016
First Registration Date:	07 Oct 2016
Transfer Count:	1
Actual ARF Paid:	\$926.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	06 Oct 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,897.00
COE Rebate Amount:	\$2,468.00
Total Rebate Amount:	\$2,468.00

The information contained herein is correct as at 21 Sep 2021

OK

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

YQ3107X

Date of Accident

13/09/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance _____ ERGO Insurance Pte. Ltd.

Period of Insurance _____ 28/12/2020 - 27/12/2021

Requested By _____ Susan Low (Liu's Brother Auto...

Requested Date _____ 21/09/2021 09:28

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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4 vehicles



fiat dolo

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Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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Search Selection

fiat dolo		Any	Any	2016	Any	Any	Any	Available
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Fiat Dolo Cargo Maxi 1.6M Multijet Fuel Type: Diesel \$0 Drive Away Monthly Just \$110x. All Wear And Tear Have Been Replace With Receipt Proof. 100% Full Loan No Problem. Fast Approv... ABS Bus Pte Ltd Posted: 17-Sep-2021 Tags: 2016 Fiat Dolo, Fiat Dolo, Fiat, Dolo	\$32,800	\$6,930 /yr	16-Jun-2016	1,598 cc	-	Van	Available
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Fiat Dolo Cargo Maxi 1.6A Multijet Glaze Fuel Type: Diesel 3 Months Warranty Provided For You! Free Servicing! Free 6 Months Road Tax! Flexible Loan And Downpayment Available! High Trade I... Car (S) Pte Ltd Posted: 08-Sep-2021 Tags: 2016 Fiat Dolo, Fiat Dolo, Fiat, Dolo	\$37,800	\$7,800 /yr	26-Jul-2016	1,598 cc	97,000 km	Van	Available
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Fiat Dolo Cargo Maxi 1.6A Multijet Glaze Fuel Type: Diesel Full Agent Serviced! Repair Record Intact! Superb Condition! High Trade In Arrangements! Full / High Loan Can Be Arranged With Low I... Posted: 19-Aug-2021 Tags: 2016 Fiat Dolo, Fiat Dolo, Fiat, Dolo	\$33,300	\$7,240 /yr	28-Apr-2016	1,598 cc	-	Van	Available
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Fiat Dolo Cargo Maxi 1.6A Multijet Glaze Fuel Type: Diesel For Interested Parties, Please Kindly Contact. Posted: 27-Jul-2021 Tags: 2016 Fiat Dolo, Fiat Dolo, Fiat, Dolo	\$38,000	N.A	14-Jun-2016	1,598 cc	-	Van	Available
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