

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: *G13D7075T*

at Workshop m/s *11a's B/D*

of \_\_\_\_\_

Insured: *SJX 3535J*

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

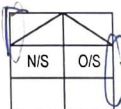
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: *\$ 22k.*

IDAC Accident Report: 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: *LTA 15840*

Date / Time Action / Instruction *22/7/22*  
*have video of folder*

Veh No: *G13D 7075T* Yr Regn: *19/3/15*

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

Truck / Trailer or *(M)*

Make: *FIAT Doblo Cargo* c.c. *1598*

Colour: *White* A/C: Insured / Std / NI / NA

Sp. Reading: *213464* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *ZFA 263 0000 6110 336*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: *8* M / S / Rim / STD A / Rim or

Tyre Size: F: *195/60 R16*  
R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or *nexen*

Front

Rear

R/Bal. *6* mm R/Bal. *6* mm

L/Bal. *6* mm L/Bal. *6* mm

D.O.A. *19/2/22* D.O.I. *3/3/22*

Survey held at \_\_\_\_\_

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

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

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

> Back to GneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	196N
<b>Vehicle Details</b>	
Vehicle No.:	GBD7075T
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Mar 2022
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO SX JTD 1.6 MJ
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	198A30007006914
Chassis No.:	ZFA26300006110336
Maximum Power Output:	-
Open Market Value:	\$20,349.00
Original Registration Date:	19 Mar 2015
First Registration Date:	19 Mar 2015
Transfer Count:	1
Actual ARF Paid:	\$1,018.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Mar 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$52,101.00
COE Rebate Amount:	\$15,840.00
Total Rebate Amount:	\$15,840.00

The information contained herein is correct as at 03 Mar 2022

OK

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
<b>Search Selection</b>	<b>fiat dobro</b>	Any	Any	2015	Any	Any	Any	Available



**Fiat Doblo Cargo Maxi 1.6M Multijet SX**

**Fuel Type:** Diesel

Fully Agent Service! Engine Tip-Top Condition Not To Worry, Free Choice Of Paint Included For You, Brand New Tyres Changed For You. Exclusive Warranty + Accessories Package Provided. Loan Up To 100% Available, High Trade-In For Your Used Vehicles. Contact Our Frie...

PREMIUM AD

SG Motor Link Pte Ltd

Posted: 27-Feb-2022 Tags: 2015 Fiat Doblo, Fiat Doblo, Fiat, Doblo



**Fiat Doblo Cargo Maxi 1.6A Multijet**

**Fuel Type:** Diesel

New Tyres And Gear Box Changed 3 Months Ago.

DIRECT OWNER

Posted: 27-Jan-2022 Tags: 2015 Fiat Doblo, Fiat Doblo, Fiat, Doblo

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

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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## INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SJX3535J

Date of Accident

01/02/2022



Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... AIG Asia Pacific Insurance Pte....

Period of Insurance ..... 28/06/2021 - 27/06/2022

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

Requested Date ..... 02/03/2022 11:31

## 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**



## 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	03/02/2022 22:06 (SGT)
Date of Accident	01/02/2022 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	703, CHOA CHU KANG STREET 53, LOADING UNLOADING BAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7075T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	IsaacNgCL@goldbellcorp.com
Mobile Phone No	(Phone) +65-64942888
Alternative Phone No	(Office) +65-64942888

#### VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	CARGO SX JTD 1.6 MJ
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	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097582MFCV
Cover Note Number	NA

#### DRIVER

Name of Driver	TANG WAI SHUN
Passport No/FIN	GXXXX777P

Date Of Birth	17/06/1995
Occupation	Outdoor
Date Of Driving Pass	08/02/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-87115922
Alt. Phone Number	-
Email Address	Waishun8646@gmail.com
Address	431, CHOA CHU KANG AVE 4
Address complement	#08-575
Postcode	S680431
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LAW LING LI
Gender	Female

#### 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 THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED LOCATION. I WAS DRIVING STRAIGHT WHEN VEHICLE B WHO WAS ON MY RIGHT STARTED REVERSING. ITS FRONT LEFT CAME IN CONTACT TO THE RIGHT SIDE OF MY VEHICLE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED.

#### 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	SJX3535J
Vehicle Manufacturer	Volkswagen
Vehicle Model	Jetta
Vehicle Variant	-

Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	CAHN PINN FUNG
NRIC No	SXXXX956C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	NO DETAIL
Gender	Female

## 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 G A 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 (a) 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.

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI**

Policyholder's Signature  
Date & Time:

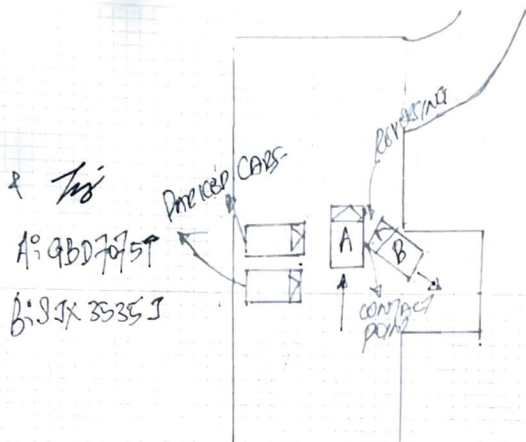
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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



ACCIDENT DIAGRAM

Ver 30042021



Lot 703, CHUA CHU KANG ST 53  
Loading & Unloading Bay

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED LOCATION. I WAS DRIVING STRAIGHT WHEN VEHICLE B WHO WAS ON MY RIGHT STARTED REVERSING. ITS FRONT LEFT CAME IN CONTACT TO THE RIGHT SIDE OF MY VEHICLE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED.

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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature  
Name:  
NR/C/IN No.: