

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBK 5694H

at Workshop m/s MJG MANUL

of 7, SIN WITH IN LEST #01-94 SERIAL C

Insured: LPL

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.

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value: 65K

IDAC Accident Rport: 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBK 5694H Yr Regn: 2020 / 56P

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

Truck / Trailer or

Make: FIAT DOBLO SX 1.6 MJEG 6L.c 1598

Colour: GREEN A/C: Insured / Std / NI / NA

Sp. Reading: 48921 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2FA 2630 000 6P96054

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

Front Rear

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

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

D.O.A. 04/05/22 D.O.I. 05/05/22

Survey held at MJG

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

o/s FR

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

Date / Time Action / Instruction

REPAIR LIMIT - 44K

ESTIMATE RANGE OF REPAIR / no. of days (5K-6K) / 5 days

SUBMIT PRS REPORT

Date/Time, File Pass to? : Prell. Report : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____ Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Invs (\$) : Weekend (\$)

Survey Fee: _____ Transportation: _____ S + RS, SI Photos Others TOTAL

Report Format : _____ Lump Sum / I.B.I.: (\$ _____)

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 | 05/05/2022 10:02 (SGT) |
| Date of Accident | 04/05/2022 14:00 (SGT) |
| Exact Location of Accident | Ubi Ave 1, Singapore |
| Additional Location Information | Ubi Ave 1 towards Ubi Ave 2 (outside Maha Bodhi school) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5694H

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | Rareus Pte Ltd |
| Company Reg No | 201108753R |
| Email Address | daniel@rareus.com |
| Mobile Phone No | (Phone) +65-93667722 |
| Alternative Phone No | (Home) +65-93667722 |

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 | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCVSNW00110462100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------------|
| Name of Driver | Koh Yun Long, Daniel |
| NRIC No | S8811768I |

| | |
|--|---------------------------------|
| Date Of Birth | 07/04/1988 |
| Occupation | Outdoor |
| Date Of Driving Pass | 18/10/2006 |
| Driving experience | 15 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93667722 |
| Alt. Phone Number | - |
| Email Address | daniel@rareus.com |
| Address | Blk 230 Bishan Street 23 #08-35 |
| Address complement | - |
| Postcode | 570230 |
| 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 | Side Swipe |
| 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? | No |
| Was any other vehicle 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

Refer attached report

ATTACHMENT(S)

| | |
|---|--------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | Video footage with owner |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | GBD6525T |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Dyna |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | Kunjithapatham Raja |
| Work Permit No | G8431238Q |
| Contact Number | - |

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Koh Yun Long, Daniel
Gender Male
Phone No (Phone) +65-93667722
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBK5694H
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

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.
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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)

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.

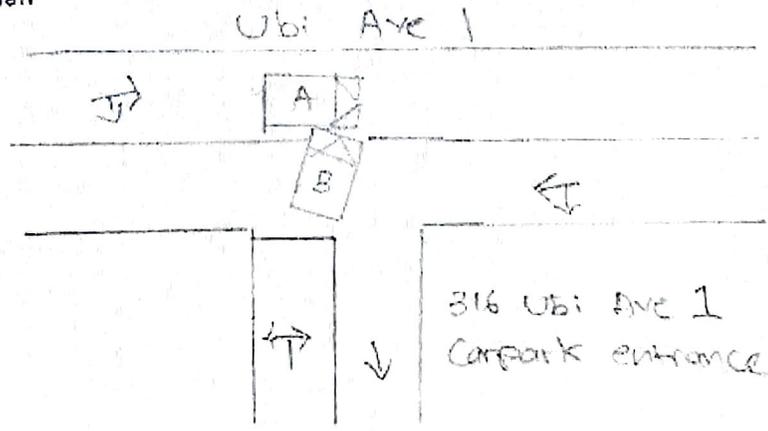
(collectively the "Purposes")

(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

| | | |
|---|---|--|
|  <hr/> Policyholder's Signature / Date & Time |  <hr/> Driver's Signature (if driver is not the policyholder) / Date & Time |  <hr/> Witnessed by Reporting Centre Personnel |
|---|---|--|

Sketch Plan



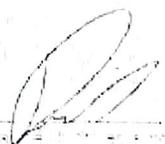
Describe Circumstances of the Accident

On 04/03/2022 around 2pm, I was driving along Ubi Ave 1 in the direction of Ubi Ave 2. Ubi Ave 1 is a single lane road (in both directions). I proceeded along Ubi Ave 1 and as I approached Anha Pathi School there was a stationary bus (non-party) on the left side of the road. The non-party bus was not within the bus bay but it was parked along the left side of Ubi Ave 1 (near the entrance of the school). I continued driving towards the stationary non-party bus intending to pass it from the right side. I kept ^{within the lane and} ^{and} drove past the stationary non-party bus, a lorry vehicle registration GBD 6525T emerged from the adjacent car park exit (opposite side of the road) and drove straight into the right side of my vehicle. The lorry registration GBD 6525T had emerged from the car park exit adjacent and from the opposite side of the road. Lorry registration GBD 6525T had driven across the single lane (from opposite direction of travel) and as a result collided into the front right side fender and door of my vehicle. I have a very sore shoulder and neck ache. I have difficulty turning my head/neck. I will be visiting the doctor for medical examination. I have a video of the incident captured from my in-car camera.

Declaration

I hereby declare that the information provided in this report is true and correct.


 Reporting Party's Signature Date: _____
 Time: _____


 Witness's Signature Date: _____
 Time: _____


 Insurer's Representative Date: _____
 Time: _____

Report Form 1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | Company |
|-------------------------------------|------------------------------|
| Owner ID: | 753R |
| Vehicle No.: | GBK5694H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 06 May 2022 |
| Vehicle Make: | FIAT |
| Vehicle Model: | NEW DOBLO SX 1.6MJ E6 GLAZED |
| Primary Colour: | Grey |
| Manufacturing Year: | 2019 |
| Engine No.: | 263A80008870779 |
| Chassis No.: | ZFA26300006P96054 |
| Maximum Power Output: | - |
| Open Market Value: | \$17,524.00 |
| Original Registration Date: | 07 Sep 2020 |
| First Registration Date: | 07 Sep 2020 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$877.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 06 Sep 2030 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$24,202.00 |
| COE Rebate Amount: | \$20,168.00 |
| Total Rebate Amount: | \$20,168.00 |

The information contained herein is correct as at 06 May 2022

OK

Fiat Doblo 1.6M Multijet Glaze SX

[Overview](#)

[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)



Lek Auto Pte. Ltd.

| | | | |
|--------------|---|---------------|---|
| Price | \$60,800 | Lifespan | 04-Feb-2040 |
| Depreciation | \$7,840 /yr View models with similar depre | Reg Date | 05-Feb-2020 (7yrs 8mths 29days COE left) |
| Mileage | N.A. | Manufactured | 2019 |
| Road Tax | N.A. | Transmission | Manual |
| Dereg Value | \$19,004 as of today (change) | Fuel Type | Diesel |
| COE | \$24,502 | OMV | \$18,967 |
| Engine Cap | 1,598 cc | ARF | \$949 |
| Curb Weight | 1,500 kg | No. of Owners | 1 |