

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBE15906
 at Workshop m/s JMK
 of _____
 Insured: SMA 460A
 Policy No. _____
 Claims No. TAX/06/22/2072/MA
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBE15906 Yr Regn: 27/04/09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or Car
 Make: CITROEN Berling c.c. 1560
 Colour: silver A/C: Insured / Std / NI / NA
 Sp. Reading: 301028 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VFT7E9HXC67031603
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 815k.
 IDAC Accident Rpt: Consistent?: Yes or No
 GIA / PR Seen: Consistent?: Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS C 907N
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or has lead
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 27/06/22 D.O.I. 29/6/22
 Survey held at _____
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction 2078k.
Completed 26-04-2024 LTA # 4890
NO SG completed.
4/7/22 L/S # 2500 informed Shuman (red 5709.25, 69%)

Date/Time, File Pass to? : Preli. Report Days Of Repair: 3
 : Final Report Resurvey No. of Trip: 1
 Date/Time, File Return to? Survey Fee: _____
 2) 4/7/22-typist Transportation: _____
 Report Format : TP Add Fee: : Site Insp (\$) _____ S + RS, SI
 : Interview (\$) _____ Photos
 : Tech. Invs (\$) _____ Others
 : Weekend (\$) _____
 Lump Sum / +B.+ (\$ 2500) TOTAL _____

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	907N
Vehicle Details	
Vehicle No.:	GBE1590G
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jun 2022
Vehicle Make:	CITROEN
Vehicle Model:	BERLINGO 1.6 M/T ABS AIRBAG 2WD 6DR
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	10JBCB0009357
Chassis No.:	VF77E9HXC67031603
Maximum Power Output:	-
Open Market Value:	\$19,620.00
Original Registration Date:	27 Apr 2009
First Registration Date:	27 Apr 2009
Transfer Count:	0
Actual ARF Paid:	\$981.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Apr 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$13,380.00
COE Rebate Amount:	\$4,890.00
Total Rebate Amount:	\$4,890.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 29 Jun 2022

OK

The IKEA sale is back

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07/2018 Fit Hybrid 1.5 \$75000, \$778 Monthly at 1.88%



\$778 Monthly only, 1.88% By GV
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Downpayment. PHV/Z10
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GV Automobile Centre [Star Ad](#)

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0 vehicles



Citroen Berlingo

Any Category

Advanced Search



Search

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

Search Selection Citroen Berlingo

Sorry, there are no search results for your following query. Please refine your search fields, or try searching for it in our Expired ads.

Basic Search Criteria

Keyword(s) : Citroen Berlingo **Price Range** : -
Depreciation : Any **Eng Cap** : -
Veh Type : Any **Availability** : Available **Reg Date** : > 10 year(s) old
Mileage : - **Category** : All Categories

You may also wish to save these search fields to be notified whenever a vehicle is added.

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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results/page

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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	27/06/2022 17:06 (SGT)
Reported by	Driver
Date of Accident	27/06/2022 09:30 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	YISHUN AVENUE 1 FROM SELETAR WEST LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1590G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EFFICIENT SYSTEMS PTE LTD
Company Reg No	2XXXXX907N
Email Address	susan@efficient.com.sg
Mobile Phone No	(Phone) +65-96307947
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variant	1.6 M/T ABS AIRBAG 2WD 6DR
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	1560

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5117001372-02

DRIVER

Name of Driver	SIM HAN SIONG
NRIC No	SXXXX714A
Date Of Birth	02/04/1977
Occupation	Outdoor

Date Of Driving Pass	01/02/2006
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96307947
Alt. Phone Number	-
Email Address	HANSIONG.SIN@ABLOY.SG
Address	BLK 115 BEDOK NORTH ROAD #12-293
Address complement	-
Postcode	460115
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND NOTICE OF COMPLIANCE

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB460A
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	GBC3402T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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 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. 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.

Policyholder's Signature / Date & Time

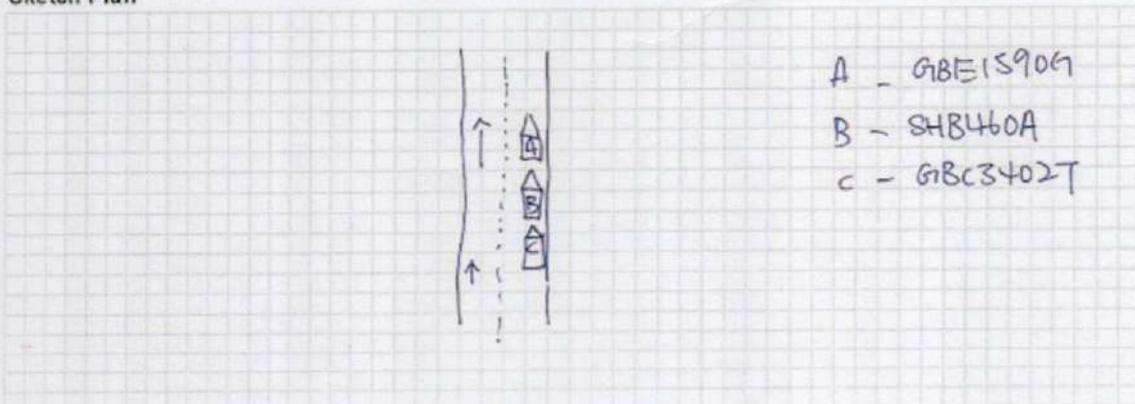
 

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Notice of compliance

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature]



Policyholder's Signature / Date & Time

[Handwritten signature]



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

[Handwritten signature]



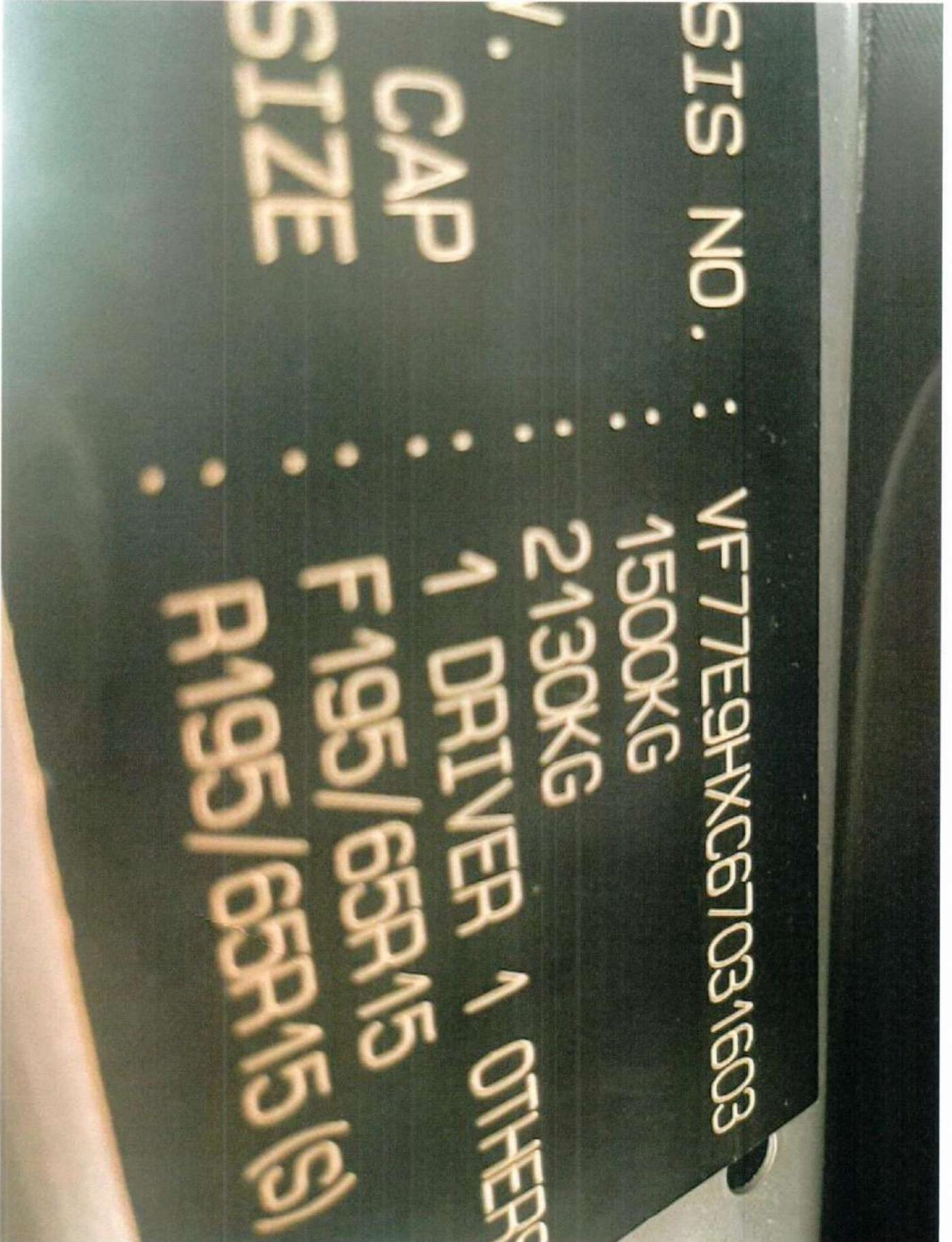
Witnessed by Reporting Centre Personnel



IMAGES #2





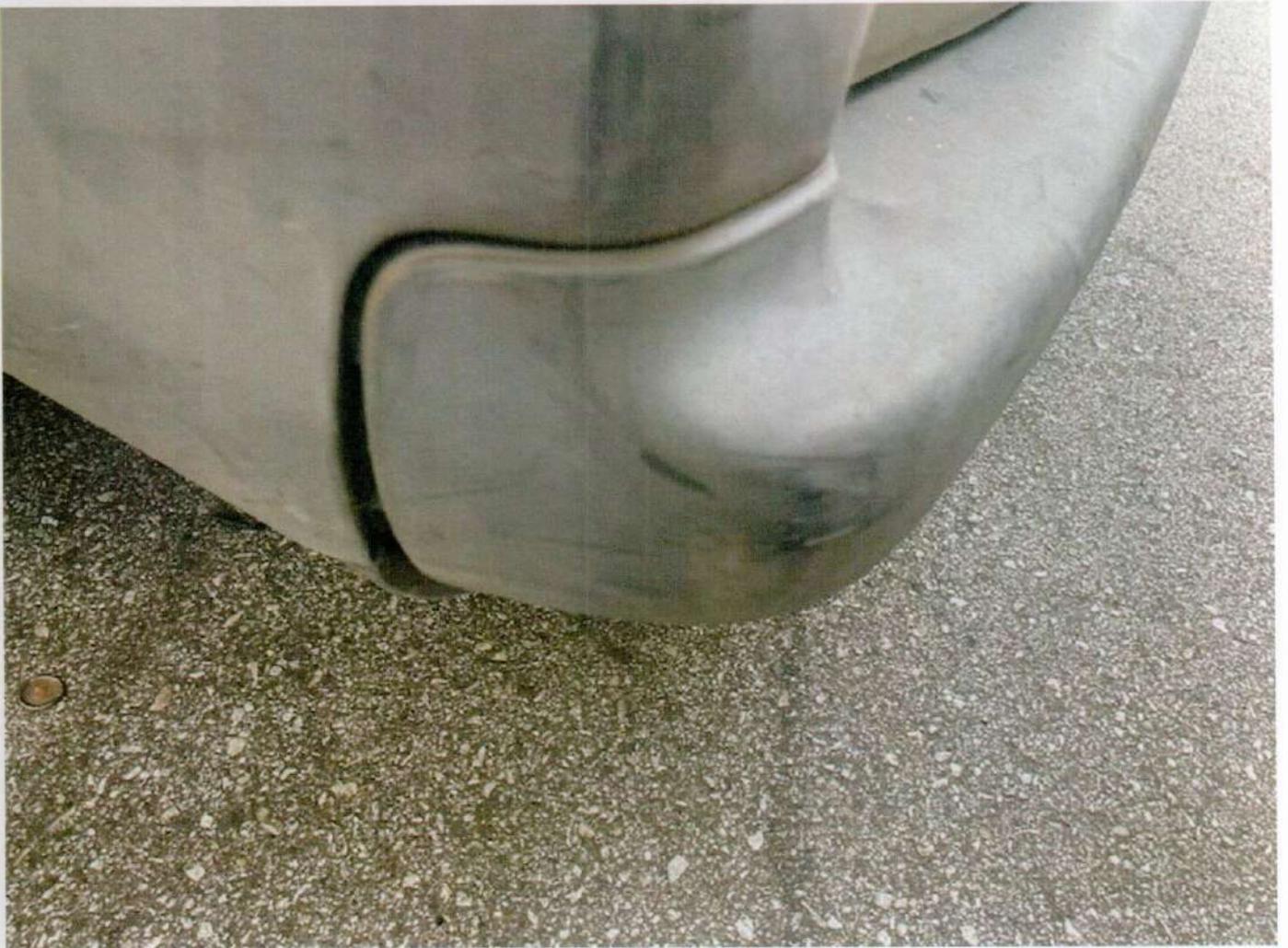














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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Sim Han Siong, S7708714A HP: 96307947 has reported to the Police a non-injury traffic accident which occurred at Yishun Avenue 1 from Seletar West Link on 27/06/2022 at 0930hrs.

Involving the following vehicles:

On 27/06/2022 at 0930hrs, I was driving (Grey colour Citron Berlingo and registration number: GBE1590G) on the right lane along Yishun Avenue 1 from Seletar West Link. While driving, there was one vehicle (Mazda with unknown registration number) ahead of me. Subsequently, I saw the brake light from the said vehicle, and I applied my brake and managed to avoid the Mazda vehicle.

Thereafter, I felt an impact at the back of my vehicle. When I make a check, I realized I was involved in an accident with two other vehicles (chain collision).

My vehicle sustained dents on the rear bumper and the rear door was unable to open. I then exchange particulars with the other two driver's registration numbers: SHB460A and GBC3402T). Then, no one complains about any injuries.

2 This accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS Nur Alshaari

Date: 27/06/2022

Time: hrs

S/D Ref: 27

Police Post/Unit: Sembawang Neighbourhood Police Centre

SEMBAWANG NPC
A Sembawang Crescent
Singapore 757833
Tel: 6300-5549999
Fax: 66522499

Original -- to be issued to informant
Duplicate -- to be submitted to Traffic Police

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JOO HAK KEE AUTO PTE LTD

裕合记汽车私人有限公司

SINCE 1986

Not Approved
LKR merous 90096608
29/06/22
1/s #2500
3 days
Lamp health

ATTN: MOTOR CLAIMS DEPARTMENT
OWNER: Efficient Systems Pte Ltd
3RD PARTY INSURER: MS First Capital Insurance
DOA: 27/06/2022

REPAIR ESTIMATE

Est No. : EST22060194
Date : 28-Jun-22
Vehicle Num : GBE1590G
Make/Model : Citroen Berlingo 1.6MT
Chassis # : VF77E9HXC67031603
Engine # : 10JBCB0009357
Yr. Of Manu : 2008

No.	Description	Qty	U/P	Amt
Section: LIST ITEMS				
1	Rear Bumper <i>Self</i>	1.00	1050.97	1050.97 ✓
2	Rear Reinforcement <i>Self photo</i>	1.00	788.75	788.75 ✓
3	Rear Bumper Retainer LH/RH <i>11</i>	2.00	269.70	539.40 X
4	Rear Bumper Clips <i>1 set</i>	10.00	15.00 <i>50</i>	150.00 ✓
5	Rear LH Door <i>R</i>	1.00	2100.17	2100.17 X
6	Rear RH Door <i>R</i>	1.00	2100.17	2100.17 X
7	Rear Number Plate Lamp <i>11</i>	2.00	150.97	301.94 X
8	Rear LH Door "Citreon" Emblem <i>195</i>	1.00	210.55	210.55 ✓
9	Rear LH Door "C&C" Emblem <i>50</i>	1.00	190.55	190.55 ✓
				Amt S\$ 7432.50
				Discount (10.00%) S\$ 743.25
				Subtotal S\$ 6689.25
Section: SPECIAL NETT ITEMS				
10	Number Plate With Cover <i>11</i>	1.00	50.00	50.00 X
11	"70KM/H Sticker" <i>111</i>	1.00	10.00	10.00 ✓
				Amt S\$ 60.00
				Subtotal S\$ 60.00
Section: LABOUR				
12	To Panel Beat and Renewal Of All Necessary Damaged Parts	1.00	780.00	780.00 <i>600</i>
13	To Sand Down, Putty and Spray Paint on Necessary Damaged Parts	1.00	680.00	680.00 <i>600</i>
				Amt S\$ 1460.00
				Subtotal S\$ 1460.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party surveys on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental survey may be resurveyed and is subject to final approval from Insurance Company

Acknowledged by: *[Signature]*
Joo Hak Kee Auto Pte. Ltd.
Signature: _____
Date: _____

1-213472
10%
1921.24
10
1200
3131.24
2504.

LIST ITEMS Subtotal S\$ 6689.25
SPECIAL NETT ITEMS Subtotal S\$ 60.00
LABOUR Subtotal S\$ 1460.00
Total S\$ 8209.25

