From: Date:	Veh No: 636 (012) Yr Regn: 28/07/1
Estimated Cost:	Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck/Trailer or (M/ Mox)
To Inspect Vehicle No: 636 40120	Make: FIAT Dobb corgo co 159f
at Workshop m/s	Colour Wirfo A/C: Insured / Std / NI / NA
of	Sp.Reading 79106 T/Radio: Insured / Std / NI / NA
Insured: SK & YSYG	Eng/No:
Policy No.	C/No: 27926300006G09515
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NI / S/Rim / STD A/Rim or
(Policy Condition)  Remark: The veh had commenced its  N/S O/S	Tyre Size: F: /95/601/6 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Transing
Bal. or Market Value:	Front 6 Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 0 mm
Est. Repairs: 2 days Res.: Yes or No	D.O.A. 04/1/22 D.O.I. /2/12/27
Lum Sum: /-3./ % 3 Val.: <b>Yes</b> or <b>No</b>	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted: /	her of
F1118 1111	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time Action/Instruction Deg 86.  ONLY Lobor 2/19  P/P \$ 350 infinite School Schoo	2095, 86%)
· // laa	Days Of Repair: 2  Resurvey No. of Trip:   Survey Fee:
Add Fee:	Transportation:  : Site Insp (\$ )S + RS,SI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
_ump Sum / I.B.I: (\$ 350 )	: Weekend (\$
	TOTAL

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1 Owner And Household 2nd Car. Hardly Used As Owner Travels A Lot. Direct Owner StarAd

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Fiat Doblo

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Anv

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**Fiat Doblo** 

Make

Any

Any

2017

Anv

Fiat Doblo Cargo Maxi 1.6A **Multijet Glaze** 

\$39,888

\$8,130 /yr

08-Nov-2017

1,598 cc

Van

Veh Type

Anv

Van

Sort by Date Posted V 20 V results/page

Available

PREMIUM AD

Available

Fuel Type: Diesel

\$701 Monthly! 100% In House Or Bank Loan And Trade In Available! Class 3A Friendly! Driveaway This Workhorse In 3 Days! Viewing B...

Posted: 12-Dec-2022



Fiat Doblo Cargo Maxi 1.6M Multijet

\$33,800

\$8,020 /vr

28-Feb-2017

1.598 cc

Available

PREMIUM AD

Fuel Type: Diesel

Super affordable used vehicle. Previous owner take care very well. Wear and tear parts just changed. Sell with original rim and tyres. Ju...

ABS Bus Pte Ltd

Posted: 09-Dec-2022



Fiat Doblo Cargo Maxi 1.6A

\$46,800

\$9,490 /yr

17-Nov-2017

1.598 cc

80.888 km

Van

Van

Available

PREMIUM AD

PREMIUM AD

**Multijet Glaze** Fuel Type: Diesel

Vehicle in pristine condition, interior and exterior very clean and well maintained, engine gear box in great working condition, definitely...

Lek Auto Pte Ltd

Posted: 09-Dec-2022



Fiat Doblo Cargo Maxi 1.6M

\$32,800

\$7,780 /yr

28-Feb-2017

1.598 cc

Available

Multijet

Best deal in the market! Engine & gearbox in great condition! Accident-free! Low mileage! New paint work done! Comes with rear glass...

Net Link Partners Pte Ltd

Posted: 09-Dec-2022



# Fiat launches new Doblo and E-Doblo

The Fiat Doblo can be had either with an all-electric drivetrain or a choice of combustion engines to suit your logistics needs. Read this article



Fiat Doblo Cargo Maxi 1.6M

\$33,800

\$7,970 /yr

10-Mar-2017

1.598 cc

Van

Available

Multijet Fuel Type: Diesel

1 owner. Low mileage done. New paintwork done, leather seats with original interior. Excellent condition, wear and tear parts replaced....

Posted: 06-Dec-2022

Fiat Doblo Cargo Maxi 1.6A **Multijet Glaze** 

\$34,000

\$8,100 /yr

22-Feb-2017

1,598 cc

150,000 km

Van

Available DIRECT OWNER

Compare

Fuel Type: Diesel

nttps://www.sgcarmart.com/used\_cars/listing.php?RGD=2017&MOD=Fiat Doblo&RPG=20&VEH=0&... 12-Dec-22



# SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 05/12/2022 15:43 (SGT) Reported by Date of Accident 04/12/2022 07:40 (SGT) **Exact Location of Accident** Killiney Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

1598

Vehicle Registration Number GBG4012D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner GOLDBELL LEASING PTE LTD Company Reg No 1XXXXX196N **Email Address** isaacngcl@gbl.com.sg Mobile Phone No. (Phone) +65-96205675 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual

### **INSURANCE COMPANY**

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D22099240

### DRIVER

CC

Name of Driver ER KIM HOE (YU JINHE) NRIC No. SXXXX364H Date Of Birth 20/09/1982 Occupation Outdoor

**Date Of Driving Pass** Driving experience Gender

Mobile Number

Alt. Phone Number **Email Address** 

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Hit and run / Vandalism / Damaged whilst parked

Raining Wet

14/07/2009

Male

271004

No

Hirer

13 YEARS AND 5 MONTHS

BLK 4 HOLLAND CLOSE #12-15

(Phone) +65-96205675

isaacngcl@gbl.com.sg

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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) 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

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No

Police Station Address Was notice of intended Prosecution given?

Original language used in the statement

If yes, against whom?

Yes

Queenstown Neighbourhood Police Centre (Phone) +65-18004719999

(Fax) +65-64715299

No. 3 Queensway #01-03 Singapore 149073

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221205/2023

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ454G Vehicle Manufacturer Toyota Vehicle Model Corolla Vehicle Variant



Page 2 of 15

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	8.1
Address complement	-:
Postcode	
Insurance Company Name	
Nature Of Damage	÷
Details of property damaged in accident	-1
No. Of Passenger (Including Driver)	m 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, acknowledge, agree and consent that:

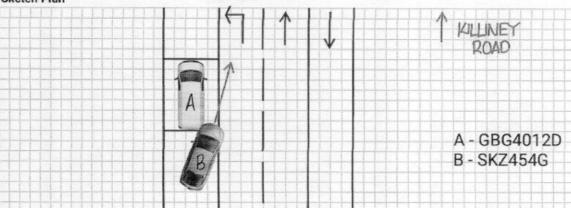
- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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' law yers/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 w ith 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 law yers/law firms), w hich may be sited outside of Siggapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 05 /12 /22 1300

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the	Accident .	
PLEASE REFER TO F	OLICE REPORT T/20221205/2023	
Declaration		
I/We declare the foregoing particular	s are true in every respect.	
	de	Podi
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 05   12   22   1300	Witnessed by Reporting Centre Personne



Report No. T/20221205/2023

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 05/12/2022 10:58 Informant's Particulars Address: Name of Informant: APT BLK 4 HOLLAND CLOSE #12-15 SINGAPORE 271004 ER KIM HOE Contact No.: ID Type / ID No.: Mobile: 96205675 Home/Office: NRIC NO / S8231364H Email: Nationality: SINGAPORE CITIZEN Date of Birth: Type of Informant: Age: Sex: 20/09/1982 Driver 40 Male Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Class: 2B,3 Date of Expiry: SERVICE ENGINEER

General Infon	mation of the Accide				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/12/2022 07:40	Type of Location Straight Road	
Location:					
KILLINEY RO	DAD				
Lamp Post N	umber: 15				
		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:	
Type of Collis	ion: e Against - Parked Ve	hicle		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehide No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG4012D	Van				Slightly	THE RESIDENCE OF THE PARTY OF T
ALCO LE LA					Damaged	
SKZ454G	Car					0



T/20221205/2023

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999 CONTINUATION OF REPORT

Report No. T/20221205/2023

# Brief Detalls.

On 04/12/2022, at about 0740hrs, along Killiney Road parallel parking near lamp post 15, I parked my company van GBG4012D. The car behind me, SKZ454G, was exiting the carpark. The front left of the car hit my rear right of the van. However, the car did not stop and drove off and we did not exchange any particulars. I only managed to write down his vehicle number. I am not injured when the incident happened. There were scratches discovered at rear right of my van.





3 of 3

Report No. T/20221205/2023

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

SGT 2 URIEL NG TZI TNG

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/HRT/ SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079

NP168

Signature Of Informant:



Date/Time: 05/12/2022 10:58

Classification Of Case: