

(08/11/13) waf

ASS. REC. BY:

REF: CS/ICS24080525/Rvp3

039B

ASSIGNMENT

COE-2033/SEP

From:

Date:

Estimated Cost:

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

To inspect Vehicle No: SKL 5220G

at Workshop m/s CYCLE & CARRIAGE

of Pandan Loop

Insured: SMF 8870S ICS

Policy No.

Claims No. DMPC2401115H/02/CT

Sum Insured:

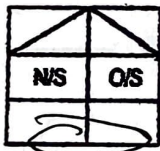
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

127K

IDAC Accident Rpt:

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:

SKL 5220G

Yr Regn:

2013 INOV

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

Truck / Trailer or

Make: MERCEDES BENZ E 200

cc 1991

Colour

GREY

AC:

Insured / Std / NI / NA

Sp. Reading

79663

T/Radio:

Insured / Std / NI / NA

EngNo:

CNo:

WDD2120424A845856

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / SRim / STD A/Rim or

Tyre Size:

F:

245/45R17

R:

BS / DUN / EXNOVA / GY / FS / LZA / MDC / 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

24/08/24

D.O.I

08/10/24

Survey held at

Panduan Loop

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIM 11-17K

14/11/24 Rasu confirmed final fig \$6273.21 (Red 3080.98, 32%)

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

Lump Sum / I.B.I. (\$



Mercedes-Benz

29/08

ESTIMATE FOR SKL5220E

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

ECICS Limited

Motor Claims Department
10 Eunus Road 8
#09-04A Singapore Post Centre
Singapore 408600
63374779

WIP No

20374

Reg No/Reg Date

SKL5220E / 22/11/2013

Date In/Mileage

Chassis No

Engine No

Make/Model

Colour/Trim

Vehicle & Document Information

SKL5220E

WIP No 20374

27492030086118

MB/E 200 2.0 CGI SEDAN (W212)

025 585 Covelline B/ 042 218 Leather Alp

Account No	Terms	Date/Time Printed	CSE	Operator	Description of Goods / Services	Qty	Unit Price	Disc%	Amount
WE000073	Credit	29/08/2024/ 18:52	SJ	1208/ Foong Shiuh Jye					
Z REQUEST									
Customer Request									
M BPNSUN									
POLICY NO/ACC DATE : 2100356816-10 // 24 AUG 2024									
DRIVE IN/EXCESS :									
DATE IN/DATE SURVEY:									
BY/AUTHORIZED ON :									
A BPILAB									
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.									
A BPIRES									
RESPRAY BUMPER REAR AND BOOT LID									
A BPILAB									
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO									
M BPNSUN									
SUNDRIES									
M REAR TRIM BUMPER									
M REAR BOTTOM TRIM BUMPERS									
M BASIC MOUNTING FOR BUMPER									
M LEFT BOTTOM BRACKET									
M RIGHT BOTTOM BRACKET									
M REAR SWITCH MODILE HODLER									
M REAR SWITCHING MODULE									
M REAR SWITCHING MODULE CODING B									
M REAR SWITCH MODULE CODING A									
M [STR] DISTANCE SENSOR									
M SPACER RING									
M TOWING EYE COVER									
M REAR CROSS MEMBER									

Confirmed & accepted by

Foong Shiuh Jye

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center

DID: 6271 4346 HP: 97896038 Fax: 6872 1272

Email: shiuhjye.foong@cyclecarriage.com.sg

Nett

9,209.13

9% GST on

9209.13

828.82

Total Payable

10,037.95

LKK Auto Consultants hence notify
the Repairer of the following:

- To survey before/after spray painting
- To display damaged parts and company stamp

Parts prices are subject to confirmation

Validity of this estimate is 14 days from date of quote.

Third party survey is on "Without Prejudice" basis

No modification(s) is allowed. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur,

Supplementary item(s) must be resurveyed and

the subject to final approval from insurance company

the removal of the windscreen.

Acknowledged by Repairer

Signature:

Date:



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Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg

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 Actual 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 First Submission	26/08/2024 14:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/08/2024 15:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVE 2. (SLIP ROAD OF CORPORATION ROAD TO BOON LAY WAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL5220E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NYO LHENG HAI
NRIC No	SXXXX039B
Email Address	lky78@yahoo.com
Mobile Phone No	(Phone) +65-96849057
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	Private car
Transmission	Auto
CC	1991
Vehicle Fuel	-
First Registration Date	22/11/2013
Chassis no	WDD2120342A845856
Effective Date/Time of Ownership	22/11/2013 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100356816-10

DRIVER

Name of Driver	NYO LHENG HAI
NRIC No	SXXXX039B
Date Of Birth	17/07/1944
Occupation	Indoor
Driving Pass Date	18/10/1967
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	56 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96849057
Alt. Phone Number	-
Email Address	lky78@yahoo.com
Address	BLK 910 JURONG WEST ST.91 #04-263
Address complement	-
Postcode	649910
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MRS NYO
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

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF8870S
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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.



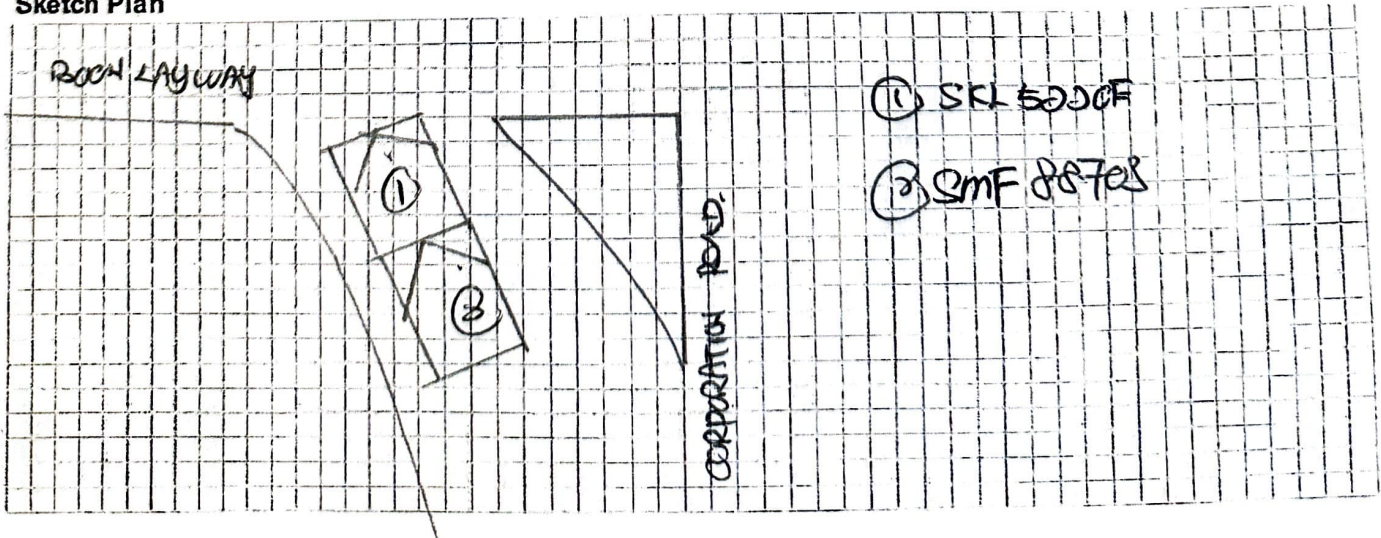
Policyholder's Signature / Date & Time

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

Foong Shih Jye
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4346 HP: 97896036 Fax: 6872 1272
Email: shihjye.foong@cyclecarriage.com.sg

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS ENTERING BOON LAY WAY FROM CORPORATION ROAD.
I WAS SLOWING DOWN AT THE SLIP ROAD AND SUDDENLT FELT AN IMPACT FROM THE
REAR.

Declaration

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

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Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
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Witnessed by Reporting Centre
Personnel

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	039B
Vehicle Details	
Vehicle No.:	SKL5220E
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Oct 2024
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200 SEDAN (R17)
Primary Colour:	Blue
Manufacturing Year:	2013
Engine No.:	27492030086118
Chassis No.:	WDD2120342A845856
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$43,094.00
Original Registration Date:	22 Nov 2013
First Registration Date:	22 Nov 2013
Transfer Count:	0
Actual ARF Paid:	\$47,332.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Sep 2033
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$122,414.00
COE Rebate Amount:	\$109,866.00
Total Rebate Amount:	\$109,866.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 09 Oct 2024

OK