

ASS. REC. BY:

REF:

1051

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

EM

of

899A

Insured:

Policy No.

Claims No.

Sum Insured:

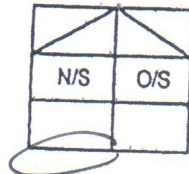
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

8190k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1

EM not ready

12/11

1124 84950k Cnh

Veh No:

SLK 12280

Yr Regn:

12, 22

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

Truck / Trailer or

A)

Wagon

Make:

M GUB 180

C.C

1332

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

28896

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WIN 2476842W 282577

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

235/35R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMi /

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

22/10/24

D.O.I.

5/11/2024

Survey held at

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

Rear N/S

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

F. P. 105

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	899A
Vehicle Details	
Vehicle No.:	SLK1228D
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Oct 2024
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLB 180 PROGRESSIVE
Primary Colour:	White
Manufacturing Year:	2022
Engine No.:	28291480857431
Chassis No.:	W1N2476842W262577
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$35,857.00
Original Registration Date:	28 Dec 2022
First Registration Date:	28 Dec 2022
Transfer Count:	2
Actual ARF Paid:	\$42,200.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Dec 2032
PARF Rebate Amount:	\$31,650.00
Intended COE Rebate Details	
COE Expiry Date:	27 Dec 2032
COE Category:	A - Car-Details at OneMotoring
COE Period(Years):	10
QP Paid:	\$84,000.00
COE Rebate Amount:	\$68,690.00
Total Rebate Amount:	\$100,340.00
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 22 Oct 2024

OK

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	22/10/2024 17:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/10/2024 14:50 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1228D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHOON ENG
NRIC No	S0116899A
Email Address	cechua99@gmail.com
Mobile Phone No	(Phone) +65-92707368
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00076632400

DRIVER

Name of Driver	CHUA CHOON ENG
NRIC No	S0116899A
Date Of Birth	02/09/1950
Occupation	Indoor
Driving Pass Date	16/04/1969
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	55 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92707368
Alt. Phone Number	-
Email Address	cechua99@gmail.com
Address	29 SPRINGSIDE LINK
Address complement	-
Postcode	786594
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	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	4
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

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	The video is with the workshop, EM Solution Pte Ltd.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBM6038K
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Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	FAN
Contact Number	(Phone) +65-81828476
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	GBC7177M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-90901999
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 3

Vehicle Registration Number	PC4683Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAO
Contact Number	(Phone) +65-97563316
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

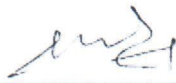
IMPORTANT NOTICE

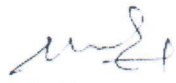
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2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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.
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6. This report will be forwarded by the insurers to 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:

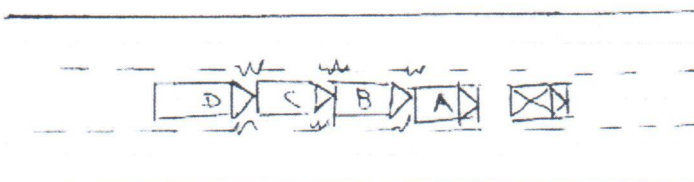
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 based outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time
 22/10/2024
 Sketch Plan


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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) SOH JIT HOON

A) SLK 1228 D
 B) GBM 6038 K
 C) GBC 7177 M
 D) PC 4683 Y



44pp Thomson Rd

Describe Circumstance of the Accident

I was driving along Upp Thomson Road in the center lane of a 3-lane traffic when the car in front of mine stopped, I follow suit. Shortly after I felt car was hit on the rear.

I alighted & rear realised a 4-car chain collision.

3P claim at

EM SOLUTION PTE LTD

160 Sin Ming Drive

#03-18/19 Sin Ming Autocity

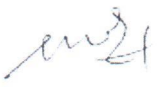
Singapore 575722


Tel: 6456 0226 Fax: 6456 4500

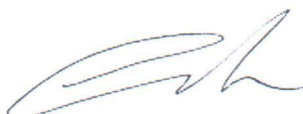
Email: emautosolution@singnet.com.sg

Declaration

(We declare the foregoing particulars are true in every respect)


Policyholder's Signature / Date & Time
22/10/24


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC) (Date) SOH JIT HOON





EVI SOLUTION PTE LTD

160 Sin Ming Drive, (Sin Ming Autocity), #03-19, Singapore 575722

Tel: 6456 0226 // Email: emautosolution@singnet.com.sg

Not Notified

11 Sep @ 4950h

Resurvey After Paint

4 days

Vehicle number: SLK1228D

Vehicle Made & Model: MERCEDES-BENZ GLB 180

Qty	List Items	Amount \$
1	Tailgate	R 4,581.22 X
1	Tailgate glass	Sm 1,322.51 X
1	Tailgate M/B star	Me 86.95 ✓
1	Tailgate emblem "GLB 180"	Me 141.20 ✓
2	Tailgate lamps - L/R @ 581.43	Sm 1,162.86 X X
1	Tailgate inner lock	R 755.13 X
1	Tailgate inner lock cover	Sm 192.96 X
1	Tailgate w/strip	Sm 322.71 X
2	Tailgate dampers - L/R @ 811.45	Sm 1,622.90 X
2	Tailgate stoppers - L/R @ 42.20	Sm 84.40 X
1	Taillamp - LH	Sm 894.35 X
1	Rear bumper - Top 1245.20	Bu 1,655.93 ✓
1	Rear bumper chrome plate - Top 320.10	Me 611.42 ✓
1	Rear bumper CTR pad 721	Pd/ctr 811.33 ✓
1	Rear bumper bottom chrome trim	Ctr 1,471.43 ✓
1	Rear bumper bottom cover - CTR	Sm 681.62 X
1	Rear bumper reflector - LH	CTR 112.10 ✓
2	Rear bumper PDC sensors - LH @ 281.33	Sm 562.66 X
1	Rear bumper reinforcement 680	R 1,055.90 ✓
2	Rear bumper side brackets - Top @ 115.20	Sm 230.40 X
2	Rear bumper lower brackets @ 110.20	Sm 220.40 X
2	Rear bumper side retainers - L/R @ 95.50	Sm 191.00 X
1	Rear end panel	R 1,015.60 X
1	Rear end panel trim	Sm 180.93 X
1	Rear exhaust chrome trim - LH 185.40	R 485.91 ✓
1	Rear exhaust insulator	Sm 280.90 X
1	Rear exhaust silencer	R 1,895.60 X
2	Rear fender protectors - L/R @ 399.62	Sm 799.24 X
1	Rear foot activated sensor	Sm 391.33 X
Sub-total		23,820.89
Less 10%		2,382.09
Total List		21,438.80

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

Vehicle number: SLK1228D

Vehicle Make & Model: MERCEDES-BENZ GLB 180

Special Nett Items

1 set Tailgate glass sealant
1 set Rear bumper clip

<i>nn</i>	120.00	X
<i>nn</i>	60.00	✓
Total Special Nett	<u>180.00</u>	

Labour charges

To check rear electrical wiring
To remove, refix tailgate glass
Transfer & reinstall tailgate components to new tailgate
To remove, refix rear interior trims to assist repair
To remove, refix rear exhaust systems
To respray undercoating
To diagnose, erase fault memory after repair
To respray painting and etc
Panel beating, cut, weld remove & replacing above parts

	50.00	<i>20l</i>
<i>nn</i>	180.00	X
<i>nn</i>	150.00	X
	120.00	<i>50l</i>
<i>nn</i>	120.00	X
<i>nn</i>	120.00	X
<i>nn</i>	350.00	X
	1,200.00	<i>600l</i>
	<u>1,200.00</u>	<i>500l</i>
Total Labour	<u>3,490.00</u>	

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 25,108.80