ASS. REC. BY: Kenneth

REF: ICS / CS/ICS24100456/Kvp3

C

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 8994

Insured: GBM 6038K

Policy No. _____

Claims No. DMCV2400227H/02/AF

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: $ 190k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLK 1228D Yr Regn: 12, 22

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) : Wagon

Make: Mc GLB 180 c.c 1332

Colour MP. White A/C: Insured / Std / NI / NA

Sp.Reading 28896 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIN 247684 2W 282577

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/55R18

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 Rea N/S

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

Date / Time	Action / Instruction
/	EM not ready
12/11	L/Sy @ 4950k Cash (red 20,158.80, 80%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Fuel: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

> 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

SL0M24AM000C / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: 22/10/2024 17:04 (SGT)
SUBMITTED BY: LHMK -3
VERSION: 1 (22/10/2024 17:04 (SGT))

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 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 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

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 Regisration 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

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

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 Traffic Police Department for investigation.**
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

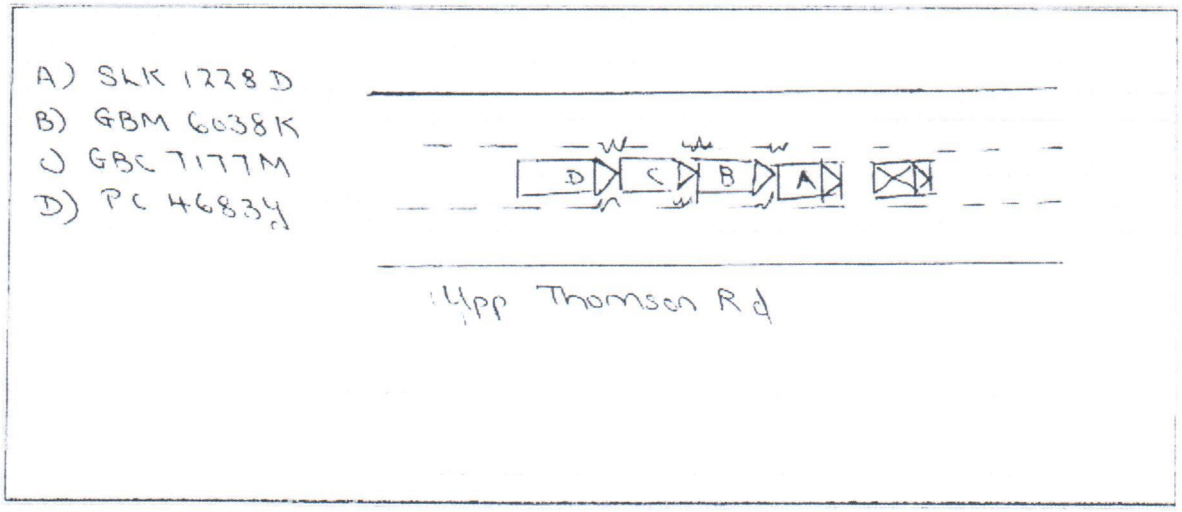
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature, Date & Time: 22/10 1pm

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

Sketch Plan



SKETCH PLAN #2

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 to claim at

EM SOLUTION PTE LTD
160 Sin Ming Drive
#03-18/19 Sin Ming Autocity
Singapore 575722
Tel: 6456 0226 Fax: 6458 4500
Email: emautosolution@singnet.com.sg

Declaration
I/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/ID card) SOH JIT HOON


GLB 180
SLK1228D


MERCEDES-BENZ AG
W1N2476842W262577
2280 kg
1- 1090 kg
2- 1205 kg
Mercedes-Benz
149 MY2023
TYP: F2B
PZ: 5
1,0 %
Made in Mexico
A 000 817 41 04
7990109

Not Authorised
L/Lap $4950/-
Resurvey After Paint
4days

EMI Solution Pte Ltd

160 Sin Ming Drive, (Sin Ming Autocity), #03-19, Singapore 575722
Tel: 6456 0226 // Email: emautosolution@singnet.com.sg

Vehicle number: SLK1228D Vehicle Made & Model: MERCEDES-BENZ GLB 180

Qty	List Items		Amount $
1	Tailgate		4,581.22
1	Tailgate glass		1,322.51
1	Tailgate M/B star		86.95
1	Tailgate emblem "GLB 180"		141.20
2	Tailgate lamps - L/R @ 581.43	N/S Cut O/S	1,162.86
1	Tailgate inner lock		755.13
1	Tailgate inner lock cover		192.96
1	Tailgate w/strip		322.71
2	Tailgate dampers - L/R @ 811.45		1,622.90
2	Tailgate stoppers - L/R @ 42.20		84.40
1	Taillamp - LH		894.35
1	Rear bumper - Top	1245.20	1,655.93
1	Rear bumper chrome plate - Top	320.10	611.42
1	Rear bumper CTR pad	721	811.33
1	Rear bumper bottom chrome trim		1,471.43
1	Rear bumper bottom cover - CTR		681.62
1	Rear bumper reflector - LH		112.10
2	Rear bumper PDC sensors - LH @ 281.33		562.66
1	Rear bumper reinforcement	680	1,055.90
2	Rear bumper side brackets - Top @ 115.20		230.40
2	Rear bumper lower brackets @ 110.20		220.40
2	Rear bumper side retainers - L/R @ 95.50		191.00
1	Rear end panel		1,015.60
1	Rear end panel trim		180.93
1	Rear exhaust chrome trim - LH	185.40	485.91
1	Rear exhaust insulator		280.90
1	Rear exhaust silencer		1,895.60
2	Rear fender protectors - L/R @ 399.62		799.24
1	Rear foot activated sensor		391.33
		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 Made & Model: MERCEDES-BENZ GLB 180

Special Nett Items

1 set	Tailgate glass sealant	120.00
1 set	Rear bumper clip	60.00
	Total Special Nett	180.00

Labour charges

To check rear electrical wiring	50.00
To remove, refix tailgate glass	180.00
Transfer & reinstall tailgate components to new tailgate	150.00
To remove, refix rear interior trims to assist repair	120.00
To remove, refix rear exhaust systems	120.00
To respray undercoating	120.00
To diagnose, erase fault memory after repair	350.00
To respray painting and etc	1,200.00
Panel beating, cut, weld remove & replacing above parts	1,200.00
Total Labour	3,490.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL $ 25,108.80