

08/11/13 wef

ASS. REC. BY: Marcus

REF:

72/ 08/TP18002972/Uthor2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLN8191M

at Workshop m/s Sma

of _____

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.**

/	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: **Yes** or No

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

Est. Repairs: 2 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: SLN8191M Yr Regn: 71 07

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

Truck / Trailer or SA

Make: mercedes AMG C63S 3982

Colour: silver A/C: **Insured / Std / NI / NA**

Sp. Reading: 13995 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: W11122050872F562603

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/35 ZR19

R: 265/35 ZR19

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

TOYO / YOKO or

continental

Front

Rear

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 3/2/18 D.O.I. 6/2/18

Survey held at _____

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

o/s hit.

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

Date / Time Action / Instruction

340 no/yes survey fee including GST not more than \$340

20/3/18 contact d/s \$1500 work franchise. (Prod @ 1770, 547)

This file billing to owner instead of SME wkshop. when the time the report is ready pls pass the report and official receipt to marcus.

RECEIVED 21 MAR 2018

Date/Time, File Pass to? : Preli. Report

1) 213 return : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL

130
50
18
80
278

Report Format: TP

Lump Sum / I.B.I: (\$ 1500)

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 ability.
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 Report	05/02/2018 16:38
Date Of Accident	03/02/2018 14:10
Exact Location Of Accident	KADAYANALLUR ST JUNCTION ANN SIANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8191M
Insured/Policyholder	
Name Of Registered Owner	TAN SING HWA
NRIC No	S1388097B
Email Address	SHTAN@COASTALPETROL.COM
Mobile Phone No	(LOCAL) +65-96321292
Alternative Phone No	OFFICE-96321292

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	AMG C63 S

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M492711
Cover Note Number	

Driver

Name of Driver	TAN SING HWA
NRIC No	S1388097B
Date Of Birth	11/10/1959
Occupation	INDOOR
Date Of Driving Pass	08/11/1977
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96321292
Fax Number	
Contact Number	OFFICE-96321292
EEmail Address	SHTAN@COASTALPETROL.COM

Address	31J JALAN HOCK CHYE
Postcode	538254
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY N.P.C
Police Station Address	ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180203/2120.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MCM7655
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

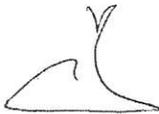
SKETCH PLAN

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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



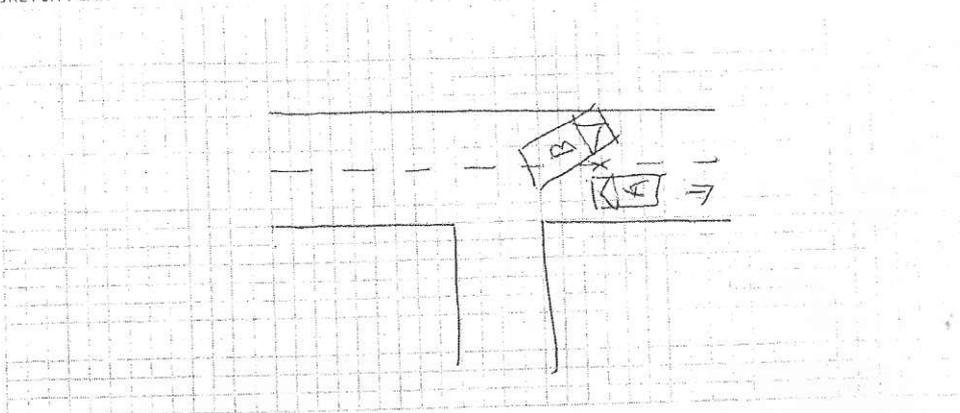
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

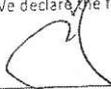


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

DECLARATION

I/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:

5/2/18 @ 1.50pm
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CT, DMS, S, and Plan Form - V3



**SINGAPORE
POLICE FORCE**



T/20180203/2120

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

2 of 3
Report No. T/20180203/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	TAN SING HWA	ID No.	S1388097B
Related Vehicle	SLN8191M (Car)	Contact No.	96321292
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was travelling along Kadayanallur St, towards Ann Siang Rd. I overtook a Comfort Delgro Taxi bearing registration plate number SHD4545C because he was parked stationary at the left side of Kadayanallur St.

At that moment, I could see a bus bearing registration plate number MCM7655 turning out from Erskine Rd. There is a stop line at the end of Erskine Rd, however the driver did not obey it and proceeded to make a right turn onto Kadayanallur St. I stopped my vehicle and even tried to reverse my car, however the bus still grazed the right side of my front bumper, causing a slight dent and some scratches. My front right rim was also slightly dented.

After which I alighted from my vehicle and managed to stop the bus driver. He then alighted as well, however he mentioned that he was not in the wrong and did not wish to exchange particulars. I also wish to mention that I have the video recording of the accident from my car's front camera, and would like to hand it over to the investigation officer in charge of this incident. That's all.



SINGAPORE
POLICE FORCE



T/20180203/2120

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

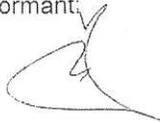
3 of 3
Report No. T/20180203/2120

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: A / Sgt 2 ONG JIN KAI BENNY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2018 15:33
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:

Authentication Stamp
NP168



Signature:  SN 173

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8097B
Vehicle Details	
Vehicle No.:	SLN8191M
Vehicle to be Exported:	No
Intended De-registration Date:	06 Feb 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	AMG C63 S
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	17798060029567
Chassis No.:	WDD2050872F562603
Maximum Power Output:	375.0 kW (502 bhp)
Open Market Value:	\$109,304.00
Original Registration Date:	14 Jul 2017
First Registration Date:	14 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$168,748.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jul 2027
PARF Rebate Amount:	\$126,561.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jul 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,209.00
COE Rebate Amount:	\$45,487.00
Total Rebate Amount:	\$172,048.00

The information contained herein is correct as at 06 Feb 2018

VEHICLE NO.: SLN8191M
 MAKE: MERCEDES
 MODEL: AMG C63S
 YEAR OF MAKE:
 CHASSIS NO.: WDD2050872F562603

*Not Allowed
 2/5 \$1500
 2 day.*

S/N	Parts Description	QTY	Amount
PARTS			
1	FRT BUMPER <i>deep cut</i>	1	\$1,030.00
2	FRT BUMPER CLIP	10	\$30.00
3	FRT BUMPER PARKING SENSOR <i>new</i>	1	\$110.00
4	FRT RH SPORT RIM <i>slub</i>	1	\$1,100.00
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL PARTS			\$2,270.00
S/N			
1			
2			
TOTAL S/N			\$0.00
LABOUR :			
1	WIRE CHECKING		\$50.00
2	WHEEL ALIGNMENT		\$150.00
3	LABOUR CHARGE		\$350.00
4	SPRAY PAINTING		\$450.00
5			
6			
TOTAL LABOUR			\$1,000.00
TOTAL			\$3,270.00
GST 7%			\$228.90
Total			\$3,498.90
LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> 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:			

102

*1170
1053*

*30
100
300
400*

*1883
1506.4*



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

Ref : CS/TP18002972/Utbn2

TAN SING HWA
31J JALAN HOCK CHYE
SINGAPORE 538254

Date : 21-03-2018



Code : TP2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SLN 8191M
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	06/02/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ AMG C63 S (A)	c.c	3982
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	WDD2050872F562603	Colour	SILVER
Odometer	13995	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/35 ZR19	CONTINENTAL	8 mm
L/H Front Tyre	245/35 ZR19	CONTINENTAL	8 mm
R/H Rear Tyre	265/35 ZR19	CONTINENTAL	8 mm
L/H Rear Tyre	265/35 ZR19	CONTINENTAL	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/02/2018	Inspection Date	06/02/2018
Survey held at	SME MOTOR PTE LTD 1 KAKI BUKIT AVE 6 #02-15 (AUTOBAY @KAKI BUKIT) SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **2 Working Days**



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 8191M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRT BUMPER	DEEP CUT	1,030.00	1,030.00
10	FRT BUMPER CLIP	NECESSARY	30.00	30.00
1	FRT BUMPER PARKING SENSOR	SHORTED	110.00	110.00
1	FRT RH SPORT RIM	TO REPAIR SEE LABOUR	1,100.00	-
	LESS 10% DISCOUNT		-	-117.00
			2,270.00	1,053.00
LABOUR				
	WIRE CHECKING.		50.00	30.00
	WHEEL ALIGNMENT.		150.00	100.00
	LABOUR CHARGE. INCLUSIVE OF THE REPAIR OF FRT RH SPORT RIM.		350.00	300.00
	SPRAY PAINTING.		450.00	400.00
			1,000.00	830.00
GRAND TOTAL			3,270.00	1,883.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,500.00
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Report Ref No. CS/TP18002972/Utnb2

CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.