

5
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SL5133Hat Workshop m/s 341

of _____

Insured: _____

Policy No. _____

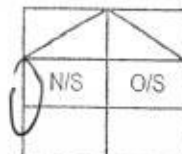
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 160k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or NoLum Sum: 6 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SL5133H Yr Regn: 8 17Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Move: /Truck / Trailer or CAMake: Mer Benz C180 coupe 1595Colour: white A/C: Insured / Std / NI / NASp. Reading: 17123 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD20534027588707Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 245/40R18

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

TOYO / YOKO or

Front 6Rear 6

R/Bal: _____ mm

R/Bal: _____ mm

L/Bal: 6 mmL/Bal: 6 mmD.O.A. 7/6/18D.O.I. 21/6/18

Survey held at _____

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

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

Date / Time Action / Instruction

Ajax Ntuc 27A 815 98 Rep 152/5 5/1800* independent report

RECEIVED 23 JUL 2018

Date/Time, File Pass to?

23/7/181) Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 6Resurvey No. of Trip: 3Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S = RS \$

Photos: 750Others: 3718

TOTAL

10x15: 150

170+150

50

50+50+50

101

80

701

Report Format: _____

Lump Sum / I.B.I: (\$ 11,800 4/5)

Ref. No	: CS/TP18011254 / USB ⁿ²	Res. Date:	29/6/18	Date Received:	
Veh. No	: SL5/33H	SP:	2/7/18	WKSP:	<i>[Signature]</i>
C/No	:				
Action/Instruction:					
1. File	2. Submit Photo?	YES / NO			
3. Indicate Res. Date On Photo Page?		YES / NO		Message:	
If No, due to	a) No authorisation	b) Days of repair			
others:					
Final Re-inspection or Progress Photos				Inspected By:	<i>[Signature]</i>

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*T&Cs apply. Forex and CFD trading can result in the loss of all

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Ways of Selling

New 5 Years Coe Renewal Toyota Vios 1.5A



\$2000 Downpayment Monthly
From \$488 Onwards. Lowest
3.68%P.A@GV Cars Financing
GV Credit Pte Ltd StarAd



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1 vehicles

Mercedes Benz c180 coupe

Sort by

Advanced

Make Model Price Depreciation Reg Date Eng Cap Mil

Search Selection

Mercedes Benz c180 coupe

Any

Any

2017

Any



Mercedes-Benz C-Class C180 Coupe AMG Line

\$165,800

\$16,850 /yr

16-Jan-2017

1,595 cc

10

C&C Unit With Warranty Till Jan 2020. The C-Class Coupe Has An Exterior Design Inspired By The S-Class Coupe, An Int Class Sedan And New Turbocharged Engine. A Tad Over A...

Eurokars Pre Owned

Posted: 27-Apr-2018

Tags: 2017 Mercedes-Benz C180, Mercedes-Benz C180, Mercedes-Benz, C180, Used Mercedes-Benz

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mil

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3190D
Vehicle Details	
Vehicle No.:	SLS133H
Vehicle to be Exported:	No
Intended De-registration Date:	21 Jun 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 COUPE AMG LINE (R18 LED)
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	27491031100154
Chassis No.:	WDD2053402F588707
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$39,936.00
Original Registration Date:	23 Aug 2017
First Registration Date:	23 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$47,911.00 23955
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Aug 2027
PARF Rebate Amount:	\$35,933.00
Intended COE Rebate Details	
COE Expiry Date:	22 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,802.00
COE Rebate Amount:	\$45,665.00
Total Rebate Amount:	\$81,598.00

The information contained herein is correct as at 21 Jun 2018

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 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 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	07/06/2018 16:41
Date Of Accident	07/06/2018 09:30
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS133H
Insured/Policyholder	
Name Of Registered Owner	MEGA PACKERS ASSOCIATE PTE LTD
Co Reg No	199603190D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91263772
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 COUPE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700039505
Cover Note Number	
Driver	
Name of Driver	CHUA WENQUAN, TIMOTHY CAI WENQUAN
NRIC No	S90511192
Date Of Birth	23/12/1990
Occupation	INDOOR
Date Of Driving Pass	17/11/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91263772
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 10 HOE CHIANG ROAD #15-07
 Postcode 089315
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I WAS MAKING A LEFT TURN AT THE TRAFFIC LIGHT JUNCTION. CAR B (SHD1050H) WHO WAS ON THE LEFT HAND SIDE LANE OF ME, DID NOT TURN/MAKE A VERY LATE TURN AND HIT MY CAR WHILE WE WERE TURNING LEFT AT THE JUNCTION. I HAVE VIDEO FOOTAGE OF THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1050H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

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 Authorized 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 rescind 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 be 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 envelope/airmail 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 be 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.
- (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



Eric Lee Ming Hui
DID: 6714336 HP: 9181 7717
Email: eric.lee@cyclegarage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Paddan Looe

Reporting Centre personnel's
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MAKING A LEFT TURN AT THE TRAFFIC LIGHT JUNCTION.

VEH B (SHD1050H) WHO WAS ON THE LEFT HAND SIDE LANE OF ME, DID NOT TURN / MAKE A VERY LATE TURN AND HIT MY VEHICLE WHILE WE WERE TURNING LEFT AT THE JUNCTION.

I HAVE VIDEO FOOTAGE OF THE ACCIDENT.

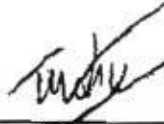
DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time



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



Eric Lee Ming Hui
DID : 6771 4336 (HP : 9181 7717)
Email : eric.lee@cyclocarriage.com.sg
Cyclo & Carriage Industries Pte Ltd
Customer Service Centre - Pantlan Lomp

Reporting Centre Personnel's
Name
NRIC/FIN No.

Sketch Plan #3



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
1 Raffles Quay #12-00 Singapore 048580
Tel: (65) 6224 0020 Fax: (65) 6224 0040
OPERATING HOURS: Monday to Friday, 09:00 - 17:00
JUR: 5463300206 / GST Reg. No: M40991773

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MCC 418074186 Vehicle Registration No: SL5 133H
Name(s) shown in NRS: MEGA PAKKAS ASSOCIATE PTE LTD NRIC/FIN/Passport No: 1946037017
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 7-6-11 Time of Accident: 0930 am
Place of Accident: Along TANjong PALAR ROAD
Insurance Company: AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change to claim 'Third-party'

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Eric Lee Ming Hai
NRIC/FIN No.: D10: 6771 4336 HP: 9181 7712
Date: _____
Email: eric.lee@cycletourage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Group



not Admitted
2/5 11800
627

SL 51334

13463.13



BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28
(Unit C) #01-12-53/55 Singapore 417883
Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088
Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg
Co. Reg. No.: 200704951N
GST Reg. No.: 200704951N

SL5/33H

To check wiring	60.00	20
To Dismantle & refix Rear PDS sensor	80.00	50
To Dismantle & refix seat cushion upholstery	180.00	100
To Dismantle & refix rear quarter glass w/c	150.00	100
To Dismantle & refix front door mechanism	100.00	80
To Dismantle & replacing rear undercarriage	320.00	150
To spray rust painting	100.00	80
To conduct wheel alignment	120.00	100
labour for panel beating, cut, weld & straighten & replacing parts	1200.00	800
To partly & spray painting	1200.00	1080
TOTAL = 20995.85		

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:

**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

BLUWEL AUTOMOTIVE SERVICE PTE LTD

Ref : CS/TP18011254/Usbn2

BLK 1 KAKI BUKIT AVE 6
#01-28/51/53/55(MAIN OFFICE)SINGAPORE
417883

Date : 25-07-2018

ON BEHALF OF MEGA PACKERS ASSOCIATE PTE LTD
Code : TP149**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	Veh. Inspected	SLS 133H
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	21/06/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ C180 COUPE (A)	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	WDD2053402F588707	Colour	WHITE
Odometer	17123	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/40 R18	CINTURA	6 mm
L/H Front Tyre	245/40 R18	CINTURA	6 mm
R/H Rear Tyre	245/40 R18	CINTURA	6 mm
L/H Rear Tyre	245/40 R18	CINTURA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	07/06/2018	Inspection Date	21/06/2018
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		

5a. RemarksA)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: **6 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 133H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR N/S	BADLY DENTED	3,185.22	3,185.22
1	FRONT DOOR LOCK N/S	NOT NECESSARY	581.65	-
1	FRONT DOOR INNER RUBBER N/S	NECESSARY	246.52	246.52
1	FRONT DOOR INNER TRIM BOARD N/S	NOT NECESSARY	1,055.10	-
1	FRONT DOOR GLASS OUTER MOULDING N/S	NECESSARY	157.16	157.16
1	FRONT DOOR FRAME OUTER CHROME MOULDING N/S	NECESSARY	199.45	199.45
1	REAR FENDER N/S	BADLY DENTED / BENT	2,701.63	2,701.63
1	REAR FENDER UNDER COVER N/S	NOT NECESSARY	289.50	-
1	SET REAR FENDER UNDER COVER CLIPS N/S	NECESSARY	50.00	50.00
1	REAR BUMPER	DEEP CUT	1,850.92	1,850.92
1	REAR BUMPER PDC SENSOR N/S	SHORTED	199.02	199.02
1	REAR BUMPER SIDE HOLDER N/S	NECESSARY	105.00	105.00
1	SET REAR BUMPER CLIPS	NECESSARY	60.00	60.00
1	REAR KNUCKLE ARM N/S	BENT	1,616.73	1,616.73
1	REAR DRIVESHAFT N/S	NOT NECESSARY	1,866.50	-
1	REAR WHEEL HUB BEARING N/S	NECESSARY	481.50	481.50
1	REAR LOWER ARM N/S	TWISTED	410.30	410.30
1	REAR TORSION ARM N/S	BENT	263.60	263.60
1	REAR LINKAGE N/S	BENT	115.30	115.30
1	REAR TRUST ARM N/S	BENT	280.60	280.60
1	REAR SPORT RIM N/S	DENTED / BENT	850.00	850.00
1	ROCKER PANEL GARNISH N/S	DEEP CUT	645.15	645.15
1	REAR TYRE N/S	SERVICEABLE	250.00	-
1	REAR GARNISH GLASS SEALANT	NECESSARY	45.00	45.00
	LESS 10% DISCOUNT		-	-1,346.31
			17,505.85	12,116.79
<u>LABOUR</u>				
	TO CHECK WIRING.		60.00	20.00
	TO DISMANTLE & REFIX REAR PDC SENSOR.		80.00	50.00
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.		180.00	100.00
	TO DISMANTLE & REFIX REAR QUARTER GLASS N/S.		150.00	100.00
	TO DISMANTLE & REFIX FRONT DOOR MECHANISM.		100.00	80.00
	TO DISMANTLE & REPLACING REAR UNDERCARRIAGE.		300.00	150.00

Report Ref No. CS/TP18011254/Usbn2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SPRAY RUST PROOFING.		100.00	80.00
	TO CONDUCT WHEEL ALIGNMENT.		120.00	100.00
	LABOUR FOR PANEL BEATING,CUT,WELD,STRAIGHTEN & REPLACING PARTS.		1,200.00	880.00
	TO PUTTY & SPRAY PAINTING.		1,200.00	1,080.00
			3,490.00	2,640.00
GRAND TOTAL			20,995.85	14,756.79
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				11,800.00

Report Ref No. CS/TP18011254/Usbn2

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 rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.