Surveyor : Adrian	ASSIGNMEN	T (Office)		
From (Person); Punling Thom	of MSIG	# U	I	Date/Time: 4.11.19 17.01 p. W
Estimated Cost:	1	Bill to:		
To Inspect Vehicle No: Sm m	eva/inv/mv/cs 9349 m		Insured:	SLN SLILA
at Workshop m/s Ac Molus	`n		Tel:	68441134
of 13 taki bukit Rond 4	# 03-29 /30	*	_	
Policy No: 29010463MKF		Claim No:		
Sum Insured:		Excess:		
Make of Veh:		_	- 1	D.O.A. 31-10. 2017
(Client's Record)  CA / REV / REP. / REV 24 HRS  Date/Time: 5.11.17 9.280.m	Person Contacted:	Jenny		H.O.D Endorsement:
Date/Time Action/Instruction (	V ) Estimate			
Smm 9349m -				
SLN 5616A -	X			
5/11/19 Informed Paul 19/5/20 Adman condition	iline pending	Workshop 8200	est (Red	by merimen 14,363.07, 6490

numan

# ASSIGNMENT

From Date:	Veh No: 8mm9349m, Yr Regn: 2014 Jept
Estimated Cost:	Type: (Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: menedes Benz C180 Cape
at Workshop m/s	Colour Grey. A/C: Insured / Std / NI / NA
of	Sp.Reading 54033 . T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: W7720433126327707
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Increer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 225/+5R17.
(Policy Condition)	Tyre Size: F: 225/+5R17- R: 225/+5R17.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC) OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 05/11/19.
Lum Sum: % 3 Val.: Yes or No	Survey held at Ace Autolution.
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Enat alc
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
TP MS16.	
My . 76%	
MV: 151c PV: 561c	
Nett: 19K	
7.6-1	
Date/Time File Base to?	Days Of Panalis
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 5
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	### Transportation   Transportation
2) 1915- typist Add Fe	passenge
Ma	
Report Format : Merimen	: Tech. Invs (3
Lump 2 um / LRA 18 8 200 2	: Weet and 48
	TOTAL

# ...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	ubmitted Adj Assigned Ad		Rpt Adj Submitted Ins Au			atus		
Main	04 Nov 2019 11:44		04 Nov 2019 17:01 Assign					aw Assignmen Cancel Case	t	
	Main	R	eference	Clair	Claim Details De			Documents		
CLAIM S	UBFOLDER DET	TAILS					Create	d by insurer]		
Insured:		GRAB	RENTALS PTE LT	D, Co. Reg. N	o.: 201617200G		Lorente	a by mourer]		
Main Clain	nant:		ECK LENG VINCE							
Vehicle Re	g. No.:	SMM	9349M	Dat	e of Loss:	31/10/2019 17:00 - :59				
Claim Typ	e:	TP Policy/Cover Note No.: 2				29088463MKF (Comprehensive) Coverage: 02/07/2018 - 31/01/2020				
Vehicle Re	g. No. (Insured):	SLN5	516A	Poli	Policy No. (Claimant):					
					ess:					
Repairer:		Ace A Bukit	utolution Pte Ltd Tel: 68441184	(KAKI BUKIT)	13 Kaki Bukit Road	4, #03-29/30	Bartley	Biz Centre, 417	807 Kaki	
Handling I	nsurer:	MSIG 2545]	Insurance (Singa	pore) Pte. Ltd	. (HQ) - Tel: +65 6	827 7888 [	Handled	by Pauline Th	am - 6594	
Adjuster:		LKK A	uto Consultants P	te Ltd (HQ) -	Tel: 6256-3561	Imm.Advid	e due	05/11/20191		
Driver/Cus	todian (Insured)	: NURSI	HAHFIQ BIN ABDUL	MALIK ( / Male	) , NRIC: S94135	25G Email:				
Adj Asg. R	emarks:	on WP Wen @	. OI:Grab. Liab: un 6844 1184 / 9657	clear. Agree on 2134.	SJE. Assign: LKK Au	uto Consultant	s Pte Ltd.	Contact: Jenn	y / Shu	
ASSOCIA	TED MAIL REC	EIVED				Vie	W All	Compose Ca	se Mail	
There are	no mail for this c	ase.								
	OCIATED TASK				ar ve					

## **View Sent Message**

This mail is associated with:

\*SMM9349M [SLN5616A]

TEO TECK LENG VINCENT Oct 31 2019 5:00PM [GRAB RENTALS PTE LTD] Ace Autolution Pte Ltd

Resend	View Recipients	Print Message	Delete Message	Forward	
From	LKK Auto Cons	ultants Pte Ltd	(LKK_HQ), sent	on <b>05/11/2019 17:44 PM</b>	

To SGSGPAUT
Subject TP SURVEY SMM 9349M

Dear Pauline,

Please be informed that we have inspected the vehicle SMM 9349M on 5/11/2019.

We are pending estimate from repairer.

Best Regards, Veron Chen

**DOCUMENTS SUMMARY** 

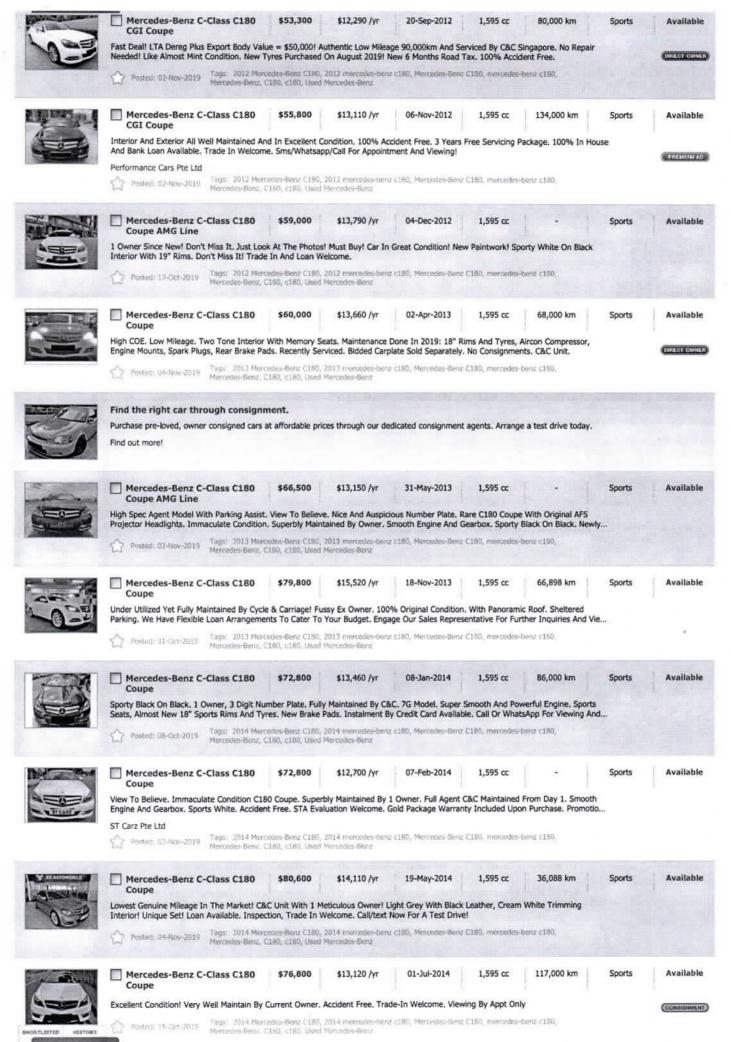
There are no documents.

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	997C
Vehicle Details	
Vehicle No.:	SMM9349M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Nov 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	27491030174566
Chassis No.:	WDD2043312G327707
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$34,452.00
Original Registration Date:	03 Sep 2014
First Registration Date:	03 Sep 2014
Transfer Count:	1
Actual ARF Paid:	\$35,233.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Sep 2024
PARF Rebate Amount:	\$24,663.00
Intended COE Repare Details	
COE Expiry Date:	02 Sep 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$65,001.00
COE Rebate Amount:	\$31,365.00
Total Rebate Amount:	\$56,028.00

The information contained herein is correct as at 05 Nov 2019





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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> 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.	et dat reter and formall the Treathous the Troughs body to appropriate poets of the Control of
	ACCIDENT STATEMENT
Date Of Report	02/11/2019 10:12
Date Of Accident	31/10/2019 17:45
Exact Location Of Accident	GEYLANG ROAD TWRDS LAVENDER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM9349M
Insured/Policyholder	
Name Of Registered Owner	TEO TECK LENG VINCENT
NRIC No	S7115997C
Email Address	VINSWTEO@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-90708519
Alternative Phone No	OTHERS-90708519
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180
Exact Purpose for which vehicle was being used a time of accident	t
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V11343/VPE/R00
Cover Note Number	
Driver	
Name of Driver	TEO TECK LENG VINCENT
NRIC No	S7115997C
Date Of Birth	10/05/1971
Occupation	INDOOR
Date Of Driving Pass	05/10/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90708519
Fax Number	
Contact Number	OTHERS-90708519

VINSWTEO@OUTLOOK.COM

Address

BLK 366 TAMPINES STREET 34 #04-177

Postcode

520366

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED;

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLN5616A

Vehicle Make/Model/Colour

MAZDA / MAZDA3 SEDAN 1.5 AT EU6

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NURSHAHFIQ BIN ABDUL MALIK

NRIC/Passport Number

S9413525G

Contact Number

87477246

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Common Statement

#### 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
- 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
- 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)
  - (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 cialins (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
- 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 emotivement and government agencies as reasonably required for the purposes stated, or

(ii) for comply with requirements under any regulations, laws or court orders.

Policyholder's Signature

Dute & Time

Driver's Signature

(if driver is not the policyholder)

Date & Time

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933

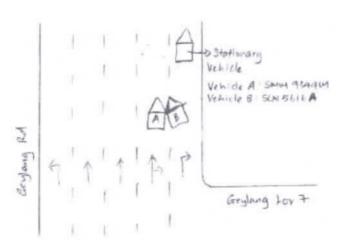
Tel: 67416697 Fax: 67492305

Email: vackh@vicom.com.sq. Reporting Centre Personnel's Signature

NRIC/HIN NO

#### Accident Sketch Plan

SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On 31	Octobe	299	At	Arcuny	5.45	PM.	1 100	A.S.	down	9 5	train	d .	alor	19
leylan	g Rd-	3.do	leally,	Vehicl	e B (	5LN 56	ILA)	try	to.	cut i	iuta	May	ane	ex	1
here	HAS	A 9	tatina	ary	vehicle	is ?	kis	laug		100×€√€	er.	Veh.	cle	8	ended
p (e	lidin	g cent	e wh	y ve	nicle (	SMM	9544	ju )							
															_
														_	
													_	_	
				_	_										

DECLARATION

I/We declare the foregoing particulars are true of executespect.

Policyholder's Synature Date & Time: W)

Driver's Signature (If driver is not the policyholder) Date & Time: 1DAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 6749230F
Email: vackb@vicom.com.aa

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

# Stamford Tyres International Pte Ltd

23 Kaki Bukit Road 4 #01-12/13 Synergy@KB Singapore 417801

Phone Number:

6702 3355

Fax Number:

6341 6993

Customer:

Date:

11/6/2019 11:59 AM

Company:

VIN

License NO:

SMM9349M

Technician:

Odometer:

54'034KM

Order NO:

### **VEHICLE ALIGNMENT REPORT**

MERCEDES-BENZ, 204 C Class (W / CL / S) Sport, incl. AMG, 09-09 (Customized)

Primary Angles	Initial	Specifi	Final		
, , , , , , , , , , , , , , , , , , , ,			Min.	Max.	
Caster	Left		10°10'	11°10'	
	Right	****	10°10'	11°10'	
Camber	Left	-0°24'	-0°57'	-0°14'	-0°24'
Front	Right	-1°06'	-0°57'	-0°14'	-1°06'
Toe	Left	-0°03'	0°00'	0°09'	-0°03'
	Right	2°12'	0.00,	0°09'	2°12'
	Total	2°09'	0°00'	0°18'	2°09'
Camber	Left	-0°48'	-1°59'	-0°59'	-0°48'
	Right	-1°30'	-1°59'	-0°59'	-1°30'
Rear Toe	Left	0°09'	0°09'	0°24'	0°09'
Real	Right	0°06'	0°09'	0°24'	0°06'
	Total	0°15'	0°18'	0°48'	0°15'
Max Thrust Angle		-0°02'		°15'	-0°02'
		Initial	Specifications		Final
Secondary Angles		maa	Min.	Max.	, man
SAI	Left				
SAI	Right				
Included Angle	Left				
	Right				
Toe Out On Turns	Left		1°10'	2°10'	
	Right		1°10'	2°10'	****
Max Turn Inside	Left		43°06'	43°06'	
	Right		43°06'	43°06'	
Toe Curve Change	Left	****			
-	Right				
Setback	Front	-11mm			-11mm
	Rear	-17mm		****	-17mm
Track Width Diff.		9mm			9mm
Wheel Base Diff.		6mm			6mm
Front Ride Height	Left		-27mm	3mm	
, , , , , , , , , , , , , , , , , , , ,	Right		-27mm	3mm	
Rear Ride Height	Left		-3mm	17mm	
	Right		-3mm	17mm	
Frame Angle	G72				

www.stamfordtyres.com