S. REC. BY: Marcus	ASSIGNMENT
Date	Veh No: SKK SS9B Yr Regn: 417
om: Date:	Type/M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
timated Cost:	Truck / Trailer or A /
Inspect Vehicle No. SKK SKS	Make: Mer Benz C180 CABAMGC.c 15-95
Inspect Vehicle No: SKR 34 7 15	Colour Wite A/C: Insured / Std / NI / NA
Workshop m/s 1 M Perlum	T/D discharged / Std / NI / NA
	Sp.Reading 55790
sured:	Eng/No: W772054402F461361
olicy No.	
laims No.	Gen. Cond: Good / Fair / Poor / Burnt
um Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inerder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STRIM + STD A/Rim or
1	Tyre Size: F: 235-/352019
(Policy Condition)	R: 265-/302R19
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 FAULEN
6 129/	Front Rear
Bal. or Market Value: 47 17 16. Consistent?: Yes or No	R/Bal. 6 mm R/Bal. 6 mm
DAC Accident reports	L/Bal. 6 mm L/Bal. 6 mm
GIA / FR Seen.	D.O.A. 13/7/20 D.O.I. 15/7/20
Est. Repairs.	
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 334	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Venicle 170 7907	: IN/OUT
Date: Person Contacted: 479 7923	The O/C / Chassis halite / Body of the
Date / Time Action / Instruction Rep 16 K -	
aldra 1/ = 7000 = 16. A	(Red 10,475.57, 60%)
1 8 W 2/3 & 10W CONTINUA	wh Shewn (Red 10,475.57, 60%)
	2
De la Banda	Days Of Repair: 6
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: 2 Survey Fee:
1) : Final Report	Transportation:
Date/Time, File Return to?	Add Fee: : Site Insp (\$)S+RS,SI
₂₎ 27/8/20-Typist	: Interview (\$) Photos

TP

Report Format:

Lump Sum / 1.B.1: (\$ 7000/-

TOTAL

: Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	334F
Vehicle Details	
Vehicle No.:	SKK859B
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jul 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 CAB AMG LINE (R18 LED)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	27491030753416
Chassis No.:	WDD2054402F461361
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$48,572.00
Original Registration Date:	21 Apr 2017
First Registration Date:	21 Apr 2017
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$60,001.00 30000
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Apr 2027
PARF Rebate Amount: Intended COE Rebate Details	\$45,000.00
COE Expiry Date:	20 Apr 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,621.00
COE Rebate Amount:	\$34,239.00
Total Rebate Amount:	\$79,239.00

The information contained herein is correct as at 15 Jul 2020

ОК

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WOW! 1.99% P.A, \$488 Monthly By Gv Financing, \$0 Admin,\$0 Down,2 years warranty GV Credit Pte Ltd StarAd



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1 vehicles

Mercedes-Benz c180 cab

Model

Price

Depreciation

Eng Cap

Mileage

Veh Type

Submit (

· 20 results/page V

Search Selection

Mercedes-Benz c180 cab

Cahriolet

\$144,388

\$17,430 /vr

2017 14-Feb-2017

1.595 cc

59,000 km

Sort by Date Posted

Advanced Search

Sports

Available

Available

2 Owners. 100% Loan Of The Car Price Available. 100% Accident Free. Fully Agent (C&C) Service. New Road Tax. Perfect Gearbox, Smo...

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

Mercedes-Benz C-Class C180

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

Make

Depreciation

Eng Cap

Mileage

Veh Type

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Nelease 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 witholding of material facts may allow insurance companies to
- 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.

6. This report will be forwarded by the insurers of the Grant Records archiving and that copies of this report will, for a fee, be made available to the insurers, you hereby const	lable upon application by interested parties. ant to the archiving of this report at the centre and to copies of the report being made available
aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/07/2020 11:36
Date Of Accident	13/07/2020 21:15
Exact Location Of Accident	JUNC AIRPORT RD & UBI RD 2
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK859B
Insured/Policyholder	
Name Of Registered Owner	TAN YONGQIANG ANDY
NRIC No	SXXXX334F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92772179
Alternative Phone No	OFFICE-92772179
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 CAB AMG LINE (R18 LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO A

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

A29143186QMX

Cover Note Number

Driver

TAN YONGQIANG, ANDY Name of Driver

SXXXX334F NRIC No 14/12/1982 Date Of Birth **INDOOR** Occupation 13/08/2001 Date Of Driving Pass

18 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-92772179 Mobile Number

Fax Number

OFFICE-92772179 Contact Number

NOEMAIL **EMail Address**

Address

91 TAMPINES AVENUE 1

#01-40 WATERVIEW CONDOMINIUM

Postcode

528690

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

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)

2

Passenger 1

NAME:

GENDER:

: FEMALE

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLK963X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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		and a second a second and a second a second and a second	and the second s	les compagned			
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT						
				ntionary			

On Huted date and time, my vehicle was Hatisnay Hopped
along the junction of airport od as traffic junction turns amber.
Enddenly I felt an impact of my vehicle and realised that
vehicle B hit onto my Vehicle rear portion.
·

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

1		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Not Anthorised Man 15/7/20 1/5 \$ 7000 | The shoto Ather repair 6 days.

IMPERIUM AUTOMOTIVE 25 Kaki Bukit Road 4 #01-46 Synergy @ KB Singapore 417800 Tel: 97489940 Fax:63467213

		SKK859B
1	1	*REAR BOOTLID \$2,293.00 \(
2	1	*REAR BOOTLID E200 EMBLEM \$75.00 \(\)
3	1	*REAR BOOTLID LOGO EMBLEM 11 \$60.00 X
4	2	*REAR BOOTLID INNER RUBBER SIDE GUIDE STOPPER L/R 🔥 \$66.00 🗶
5	1	*REAR BOOTLID LOCK STRIKER \$88.00 $\hat{\mathcal{X}}$
6	1	*REAR BOOTLID MECHANISM LOCK
7	1	*REAR BOOTLID MECHANISM LOCK GARNISH 4 107.00 \(\)
8	2	*REAR BOOTLID LAMP
9	1	*REAR BOOTLID WEATHERSTRIP 4vi \$238.00
10	1	*REAR BUMPER /763.3 \ 7.5 \$1,950.00 \
		*REAR BUMPER CENTER BRACKET \$258.00
12	1 :	*REAR BUMPER AND retain 299.20 CA \$310.00
		*REAR BUMPER LOWER LID \$875.00 -
14	2 :	*REAR BUMPER REFLECTOR L/R \$340.00 X
		*REAR BUMPER REINFORCEMENT \$670.00 \$
16	4	*REAR BUMPER REVERSE SENSOR 265 XL = 530 SWA \$1,404.00 2pcs 530
17	6 ;	*REAR BUMPER REVERSE SENSOR ORING 20x2 > 40 (Ne/ New \$108.00 2pe 5 40
		REAR BUMPER REVERSE SENSOR HOLDER
19	2 3	*REAR BUMPER SIDE RETAINER L/R \$62.00 \(\)
20	1 3	*REAR BUMPER SMART OPENER SENSOR LEAD \$367.50
21	1 *	FREAR BUMPER SMART OPENER SYSTEM MODULES 1↑ \$958.00 🗶
22	1 *	*REAR BUMPER SMART OPENER SYSTEM MODULES GARNISH COL. \$158.00
23	1 *	REAR END PANEL INNER TOP GARNISH SUC \$156.00 X
24	2 *	REAR TAILLAMP L/R 696 \$1,392.00 ١٩٥
25	2 *	REAR TAILLAMP LOWER BRACKET L/R 400 0/500 \$146.00 120
		Reac and pone /2/5, 35 6,600, \$13,422.50
	L	ess 10% \$1,342.25
i		Rear end ponul 1215.35 bods = \$13,422.50 Rear burger lower trong 485. CA2 \$12,080.25
25	1 *	REAR BOOTLID INNER PULL HANDLE CLIPS - SET \$50.00 >
26	1 *	REAR BOOTLID MECHANISM LOCK GARNISH CLIPS - SET AA \$50.00 \
27	1 *	REAR BUMPER CLIPS - SET \$100.00 SU
28	1 *	REAR BUMPER licence plate w/holder &/a \$255.00 50
		REAR END PANEL INNER TOP GARNISH CLIPS - SET \$50.00 🔾
30	2 *	REAR TAILLAMP CLIPS L/R - SET \$50.00 >
31		Reer exhaust chrome ols Bert/1905.N \$555.00
-		_
	Т	O RESET SYSTEM AFTER REPAIR WORKS \$400.00 &
	Ţ	O REMOVE, REINSTALL ELECTRICAL WIRING HARNESS,
	C	HECK LIGHTING AND REWIRE FOR PARKING SENSOR \$150.00
	Т	O RE-SPRAY PAINTING ON THE REAR BOOTLID, REAR END
	Р	ANEL, REAR FENDER (L/R), SPARE TYRE PANEL AND REAR
	В	UMPER \$1,000.00 \$ 00

2727.87 6848.48 2. 1960.00 2. 1960.00 2748.88 TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT

\$1,500.00 980

TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL

\$100.00

TOTAL

\$15,785.25

17, 465. S.F

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: