(08/11/13) wef REF: CS/CT/2	000f458 lugf3
100:112-1	Class 1
Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SMS 2 / 86 C at Workshop m/s / MY / Clum of Insured: Policy No. Claims No.	Veh No: SMS 2/86C Yr Regn: 12+14 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A Make: Me/ Benz £200 c.c / 99 / Colour \$ \(\lambda \cdot \) A/C: Insured / Std / NI / NA Sp.Reading \$\(\sum_{\text{C}} \gamma_{\text{N}} \) Sp.Reading \$\(\sum_{\text{C}} \gamma_{\text{N}} \) T/Radio: Insured / Std / NI / NA Eng/No: C/No: WDD 2/203 428 089 069 Gen. Cond: Good / Fair / Poor / Burnt Other insured / Legwed / Burnt of
Sum Insured: Excess: (Client's Record) Make of Veh:	Steering: Increter / Jammed / Leaked / Burnt or Brake: Increter / Jammed / Leaked / Burnt or Modi: Nil / S/Rim S/D A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: 2 45 40 R 15 R: BS / DUN / EXNOVA / SY) FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Est. Repairs: Consistent?: Yes or No Consistent?: Yes or No Consistent?: Yes or No	Front R/Bal. 6 mm R/Bal. 6 mm L/Bal. 6 mm L/Bal. 6 mm D.O.A. / 3/8/20 D.O.A. 3//8/20
CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted:	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or T The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction www. V. deo. ~7A 65999 31/08/20@4.40pm Informed Pauline Tham, we	e are pending for estimate from repairer.
Date/Time, File Pass to? : Preli. Report 1): Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Return to? Add Fe	ee: : Site Insp (\$)S+RSSI : Interview (\$) Photos
Report Format : Lump Sum / I.B.I: (\$: Tech. Invs (\$) Others : Weekend (\$)

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 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.

BUSINESS STREET	ACCIDENT STATEMENT	
Date Of Report	13/08/2020 18:02	
Date Of Accident	13/08/2020 13:30	
Exact Location Of Accident	CLEMENTI AVE 6 TOWARDS AYE CITY	
Country/State of Loss	SINGAPORE	
A STATE OF THE STA	DETAILS OF OWN VEHICLE	

	the transfer of the state of th
Vehicle Registration Number	SMS2186E

Insured/Policyholder

GENZ CAR RENTAL

Name Of Registered Owner 5XXXX779W Co Reg No NOEMAIL **Email Address**

(LOCAL) +65-91380041 Mobile Phone No OFFICE-91380041 Alternative Phone No

Vehicle Particulars

MERCEDES-BENZ Manufacturer

E200 Model

Exact Purpose for which vehicle was being used at

PRIVATE USE 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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5117750852

Cover Note Number

Driver

TO CHEE KEAT Name of Driver SXXXX454C NRIC No 08/07/1991 Date Of Birth **INDOOR** Occupation 08/02/2010 Date Of Driving Pass

10 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91380041 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

Address

APT BLK 518 JELAPANG ROAD #17-265

Postcode

670518

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

4

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

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 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

SGX5371L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 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.
- 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)

Lunderstand, 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.

C PANAL C PANA

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

NRIC/FIN No .:

Policyholder's Signature

Date & Time:

4)) SWS 3189
de	Serves 1
) SGX 537-1
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was writing to gain the main Ro	ond, as I
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233	
It was happened on the slip Road after clean	and Anh L
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LARATION	9
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LARATION	J

NIUC/FIN No.:

Date & Time:

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID: Vehicle Details	779W
Vehicle No.:	SMS2186E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Aug 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200 SEDAN (R18)
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	27492030247372
Chassis No.:	WDD2120342B089069
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$45,353.00
Original Registration Date:	04 Dec 2014
First Registration Date:	04 Dec 2014
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$50,495.00 25247
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Dec 2024
PARF Rebate Amount: Intended COE Rebate Details	\$35,346.00
COE Expiry Date:	03 Dec 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$71,990.00
COE Rebate Amount:	\$30,653.00
Total Rebate Amount:	\$65,999.00

The information contained herein is correct as at 31 Aug 2020

OK

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Mercedes-Benz E-Class E200 1 Decent Owner. R17 Model. Only Drive To Work And Home. Car Is In Tip-Top Condition. View To Believe. High Trade-In/Loan Available...

Mercedes-Benz E-Class E200

\$77.996

\$14 960 /vr

15-Anr-2014

25-Feb-2014

1.991 cc

1 991 cc

113,636 km

74 000 km

Luxury

Available PREMIUM AD

Posted: 29-Aug-2020 Tags: 2014 Mercedes-Benz E200, Mercedes-Benz E200, Mercedes-Benz, E200

\$75,800

Luxury

Available

\$14,920 /yr Promo 1.88% Bank Loan Interest Rate. 1 Owner Only. Cycle And Carriage Maintained. Flexible Loan Available! Please Call Now For More...

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\$92,800 \$18.040 /vr 16-Jan-2014 1.991 cc 131,000 km Sports Available Mercedes-Benz E-Class E200 Cabriolet AMG

Classy, Sporty And Glamorous E200 Cabriolet! Very Well Kept And Engine In Superb Conditions, Zero Mishap! STA Welcome, 3 Digit Plat...

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Mercedes-Benz E-Class E200

Mercedes-Benz Original AMG Logo For All Mercedes-Benz Models

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Mercedes-Benz E-Class E200 **CGI Coupe**

\$93,000

\$17,630 /yr

08-Jul-2014

07-Aug-2014

28-Nov-2014

1.991 cc

1.991 cc

1,991 cc

44.219 km

75,000 km

58,000 km

Sports

Sports

Available

Available

Available