

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 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.

ACCIDENT STATEMENT

Date Of Report	25/08/2020 09:26
Date Of Accident	24/08/2020 16:00
Exact Location Of Accident	PLANTATION AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT8801T
Insured/Policyholder	
Name Of Registered Owner	AMY GOH SOH MUI
NRIC No	SXXXX723A
Email Address	AMY3344@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97533344
Alternative Phone No	OFFICE-97533344
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E180-1.5 (A)
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	
Cover Note Number	2070057590
Driver	
Name of Driver	AMY GOH SOH MUI
NRIC No	SXXXX723A
Date Of Birth	13/02/1972
Occupation	INDOOR
Date Of Driving Pass	23/02/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97533344
Fax Number	
Contact Number	OFFICE-97533344
E-Mail Address	AMY3344@GMAIL.COM

Address 20 KELULUT HILL
 Postcode 805884
 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) involved in the accident 2
 Was any body injured in the Accident? NO
 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) 0

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 SKETCH PLAN

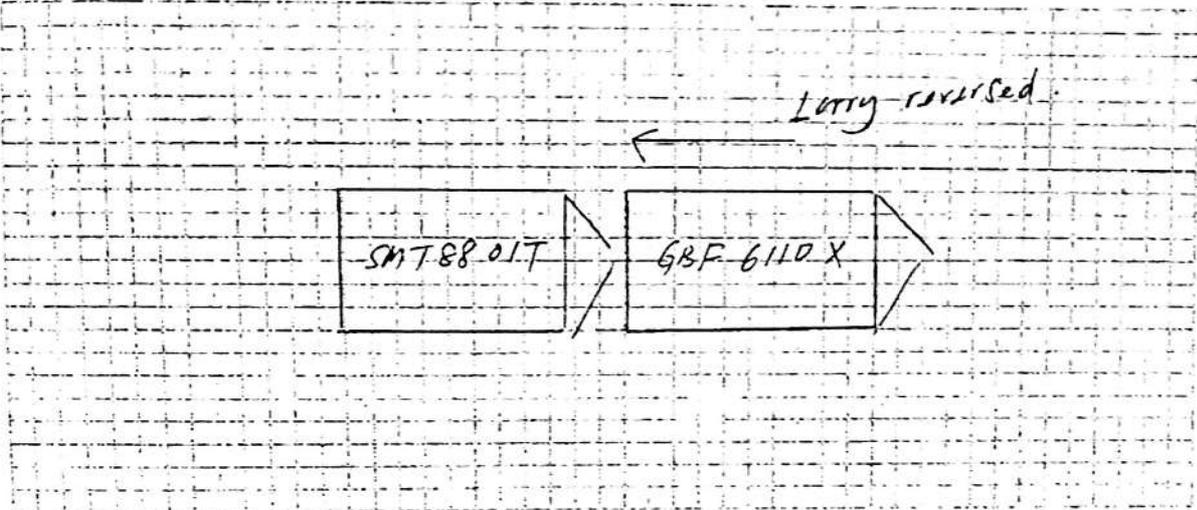
Attachment(s)

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 GBF6110X
 Vehicle Make/Model/Colour
 Details Of Properties
 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

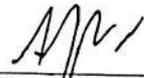


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SMT 8801T	ACCIDENT DATE & TIME: 24/8/20 @ 4pm.
CONTACT NUMBER: 97533344	E-MAIL ADDRESS: amy3344@gmail.com.
LOCATION: Plantation Ave.	
<p>My car was station at No: 4, Plantation Ave, a lorry GBF 6110 X reversing and hit my car.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Thrd Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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.:



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Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	723A

Vehicle No.:	SMT8801T
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Aug 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E180 SEDAN AVG
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	26491530245111
Chassis No.:	W1K2130762A764691
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$46,412.00
Original Registration Date:	01 Apr 2020
First Registration Date:	01 Apr 2020
Transfer Count:	0
Actual ARF Paid:	\$56,977.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Mar 2030
PARF Rebate Amount:	\$42,732.00

COE Expiry Date:	31 Mar 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,801.00
COE Rebate Amount:	\$31,478.00
Total Rebate Amount:	\$74,210.00

The information contained herein is correct as at 26 Aug 2020

OK

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USER RATINGS: ★★★★★☆ (16 reviews)

Distributor Cycle & Carriage Industries
Hotline 62981818
Built in Germany (launched 2016)
Predecessor Mercedes-Benz E-Class Saloon (2013-2016)
Pricelist [24-Aug Pricelist](#) [Select Another Date](#) ▾
Promotion No current promotions. Alert me when new promotions are inserted Or view other promotions

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Model	Price	Depreciation	Fuel Economy	Power	Transmission	Details
<input checked="" type="checkbox"/> E180 Avantgarde (A) <small>NEW VARIANT</small>	\$235,888 ▲	\$20,700 /yr	14.9km/L	156bhp	9G-Tronic (A)	Specs Features
<input type="checkbox"/> E200 Avantgarde (A)	\$257,888 ▲	\$22,200 /yr	15.9km/L	181bhp	9G-Tronic (A)	Specs Features
<input type="checkbox"/> E200 Exclusive (A)	\$265,888 ▲	\$22,800 /yr	15.2km/L	181bhp	9G-Tronic (A)	Specs Features
<input type="checkbox"/> E200 AMG Line (A)	\$275,888 ▲	\$23,900 /yr	15.2km/L	181bhp	9G-Tronic (A)	Specs Features
<input type="checkbox"/> E300 Avantgarde (A)	\$282,888 ▲	\$24,100 /yr	14.4km/L	241bhp	9G-Tronic (A)	Specs Features
<input type="checkbox"/> E300 Exclusive (A)	\$294,888 ▲	\$25,000 /yr	14.4km/L	241bhp	9G-Tronic (A)	Specs Features
<input type="checkbox"/> E300 AMG Line (A)	\$301,888 ▲	\$25,400 /yr	14.4km/L	241bhp	9G-Tronic (A)	Specs Features
<input type="checkbox"/> E63 S AMG 4MATIC (A)	\$574,888 ▲	\$46,700 /yr	10.2km/L	603bhp	9-speed (A) AMG SPEEDSHIFT MCT	Specs Features

Price updated 24-Aug-2020

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SMT 880IT
 at Workshop m/s TH 2K SPRAY
 of 1010, BUKIT MERAH 403 HOI-17
 Insured: LPC
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMT 880IT Yr Regn: 2020 / APR
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MERCEDES BENZ E180 S. VAN c.c. 1497
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 10064 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WIK2130762A764691
 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: 225/55R17
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Bal. or Market Value: 228K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front 6 mm R/Bal. 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 24/08/2020 D.O.I. 26/08/2020
 Survey held at TH 2K SPRAY
 Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	ESTIMATE RANGE OF REPAIR / no. of days - (4K-5K) / 4 days
	Repair cost 153K
	SUBMIT PRS REPORT

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Rep. Format: _____
 Lump Sum / B.B. (%) _____
 Photos _____
 Others _____
 TOTAL _____

Unit Price Amount