

(08/11/13) wef
ASS. REC. BY: Marcus

REF:

CS/TP20009796/44P3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLW15644
at Workshop m/s 321
of _____

Insured: SGJ6968H

Policy No. _____

Claims No. _____

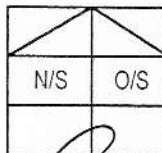
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: 92k.

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

5641

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction Typ. 4 hrs rep / 1 hr.

MUL Ajax MA 46054

17/9/20 1/5 44500 (Red \$3319-97, 42%)

Veh No: SLW15644 Yr Regn: 11 18
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CA

Make: Mer Benz A180 c.c. 1595

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 60887 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1760422J71397

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: _____

R: 225-45-R17

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/9/20 D.O.I. 14/9/20

Survey held at _____

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

Rear

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 17/9/20 Typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) \$ + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) \$4500k

MKFS20078297 / Koh Fook Sing Motor Workshop - Defu
 ENTRY DATE & TIME: 10/09/2020 13:11
 SUBMITTED BY: Helen Poh

Marcus

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 10/09/2020 13:11
 Date Of Accident 10/09/2020 10:15
 Exact Location Of Accident ALONG STEVEN ROAD (EXIT TO LUCKY PLAZA)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW1564U
Insured/Policyholder
 Name Of Registered Owner GAIL NG LING FANG
 NRIC No SXXXX564I
 Email Address GAILNGLF@GMAIL.COM
 Mobile Phone No (LOCAL) +65-93222514
 Alternative Phone No OFFICE-93222514
Vehicle Particulars
 Manufacturer MERCEDES-BENZ
 Model A180-1.6 FL STYLE (R17 HLG) (A)
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
 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 S120V00172/VPC/R02
 Cover Note Number 31/01/2020 - 30/01/2021
Driver
 Name of Driver GAIL NG LING FANG
 NRIC No SXXXX564I
 Date Of Birth 30/11/1993
 Occupation INDOOR
 Date Of Driving Pass 27/04/2015
 Driving Experience 5 YEARS AND 4 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-93222514
 Fax Number
 Contact Number OFFICE-93222514
 Email Address GAILNGLF@GMAIL.COM

Address	BLK 862 WOODLANDS STREET 83 #02-180
Postcode	S730862
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	RAINING
Road Surface	WET

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?	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

PLEASE REFER TO REPORT 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	SGJ6968H
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TEO JIA HUI
NRIC/Passport Number	SXXXX130D
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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 willful 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. 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.

Policyholder's Signature

Date & Time: 10/9/20, 12:46pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/9/20, 12:46pm

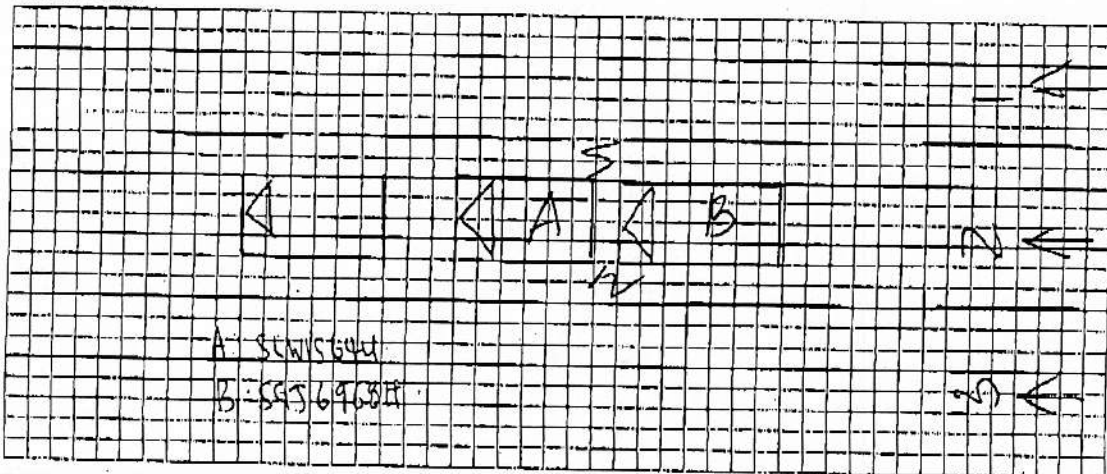
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/9/20 at about 10.15am, I was driving
(EXIT to Lucky Plaza)
along ~~the~~ Steven Road, on lane 2. Car in front came
to a stop and I followed. Few seconds later,
Car B came and hit the rear of my car (A).

Insurance Co.	Liberty
Vehicle No.	SW15644
Date of Accident	10/09/2020
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	

Workshop: Blawie Auto P/E

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 10/9/20, 12:40pm

GIA/MC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/9/20, 12:40pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	564I
Vehicle Details	
Vehicle No.:	SLW1564U
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Sep 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	A180 FL STYLE (R17 HLG)
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	27091031504645
Chassis No.:	WDD1760422J713975
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$22,750.00
Original Registration Date:	31 Jan 2018
First Registration Date:	31 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$23,850.00/1925'
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jan 2028
PARF Rebate Amount:	\$17,887.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jan 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,200.00
COE Rebate Amount:	\$28,167.00
Total Rebate Amount:	\$46,054.00

The information contained herein is correct as at 15 Sep 2020

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1 vehicles

a180

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Ty
Search Selection	a180		Any	Any	2018	Any	Any	A
	Mercedes-Benz	A-Class A180 Style	\$103,000	\$11,370 /yr	20-Sep-2018	1,595 cc	44,000 km	Hatch

Loan Interest At 2.28%. New Rims N Tyres. Extremely Well Maintained And Fully Agent Maintained. This Beast Does Not Just Look Beautiful, It's 100% Accident-Free. View To Believe! 70% Financing Of The Car Price Possible! Trade-In Welcome Call/SMS To Arrange A...

Posted: 31-Aug-2020 Tags: 2018 Mercedes-Benz A180, Mercedes-Benz A180, Mercedes-Benz, A180

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

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Ty
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Compare

not Adm'd
n/a
2/58 4500
Hays.

Make & Model: Mer Benz A160

Chassis No:

4226.33
5625.69

Acknowledged by Repairer
Signature: _____
Date: _____