

ASS. REC. BY:

REF:

A60/200098621/Ky

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ WS ☒ TP RES ☒ OD RES ☒ EVA ☒ INV ☒ MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBF 3757L

Yr Regn:

01.17

Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Mer E200

c.c.

1991

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

66.280

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2130 422A 112388

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orMod: ☐ NII / ☐ S/Rim / ☒ STD A/Rim or

Tyre Size:

F:

R:

245/45R18

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

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

12/9/20

D.O.I.

21/9/2020

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

25/9/2020 8:26am Confirmed (Red \$4790-20, 64%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

5/10/20 Typist

Days Of Repair:

2

Resurvey No. of Trip:

3

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum I.B.I. (\$

\$2650/=

## 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	14/09/2020 14:28
Date Of Accident	12/09/2020 14:00
Exact Location Of Accident	SLIP ROAD OF THOMSON RD TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBF5757L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOO KIM HUAT
NRIC No	SXXXXX910G
Email Address	RICK_007@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-92200903
Alternative Phone No	OFFICE-92200903

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117902687
Cover Note Number	

### Driver

Name of Driver	LOO KIM HUAT
NRIC No	SXXXXX910G
Date Of Birth	24/10/1956
Occupation	INDOOR
Date Of Driving Pass	28/06/1980
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92200903
Fax Number	
Contact Number	OFFICE-92200903
Email Address	RICK_007@LIVE.COM.SG

Address	12 LORONG LIMAUI #08-07
Postcode	328741
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

REFER TO ATTACHED 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	SJC3486C
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOHNATHON
NRIC/Passport Number	
Contact Number	97947027
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

MBM Wheelpower Pte. Ltd.

Vehicle No: \_\_\_\_\_

Report Date: 14/9/2020 Start Time: 11:39 AM

Report No: MT/ \_\_\_\_\_

D.O.A: \_\_\_\_/\_\_\_\_/\_\_\_\_

Make / Model: \_\_\_\_\_

Reporting Type: \_\_\_\_\_ End Time: \_\_\_\_/\_\_\_\_/\_\_\_\_

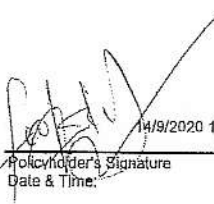
### SKETCH PLAN


#### IMPORTANT NOTICE

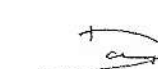
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

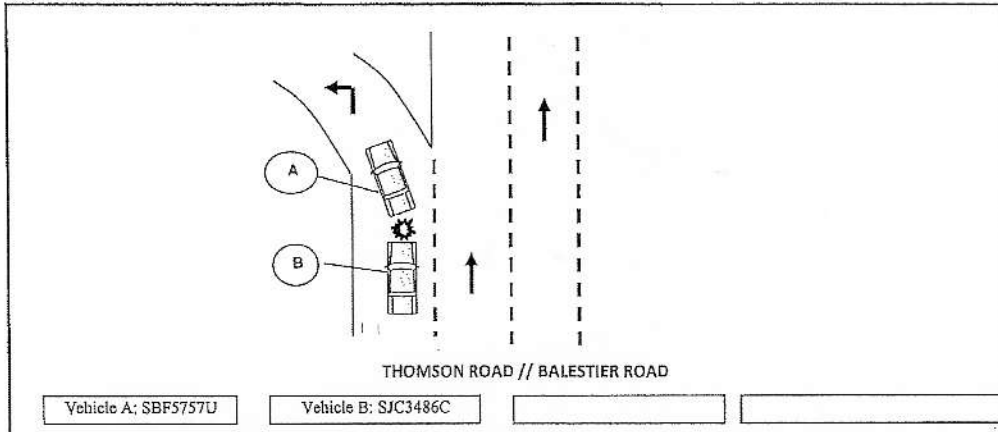
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

  
Policyholder's Signature  
Date & Time: 14/9/2020 11:39

  
Driver's Signature (If driver is not the policyholder)  
Date & Time: 14/9/2020 11:39

  
Reporting Centre Personnel's Signature  
Name: Danny  
NRIC/ Fin No: \_\_\_\_\_

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 12/09/2020, I WAS TRAVELLING ALONG THOMSON ROAD ON THE SLIP ROAD TOWARDS BALESTIER ROAD, WHEN APPROACHING THE SLIP ROAD, I SLOWED DOWN AND CAME TO STOP AS VEHICLE IN FRONT OF ME STOPPED. ALL OF THE SUDDEN, I FELT AN IMPACT FROM THE REAR. WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SJC3486C) FAILED TO STOP AND COLLIDED ONTO MY REAR PORTION OF MY VEHICLE.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 14/9/2020 11:39

14/9/2020 11:39  
 Driver's Signature (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name: Danny  
 NRIC/ Fin No:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

910G

### Vehicle Details

Vehicle No.:

SBF5757L

Vehicle to be Exported:

No

Intended Deregistration Date:

15 Sep 2020

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

E200 EXCLUSIVE (R18 LED)

Primary Colour:

Black

Manufacturing Year:

2016

Engine No.:

27492030824346

Chassis No.:

WDD2130422A112398

Maximum Power Output:

135.0 kW (181 bhp)

Open Market Value:

\$57,065.00

Original Registration Date:

11 Jan 2017

First Registration Date:

11 Jan 2017

Transfer Count:

1

Actual ARF Paid:

\$74,717.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

10 Jan 2027

PARF Rebate Amount:

\$56,037.00

### Intended COE Rebate Details

COE Expiry Date:

10 Jan 2027

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$55,501.00

COE Rebate Amount:

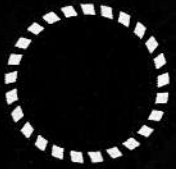
\$35,076.00

**Total Rebate Amount:**

**\$91,113.00**

The information contained herein is correct as at 14 Sep 2020

OK



wheelpower

# MBM WHEELPOWER PTE LTD

Your Ref: SJC3486C

Our Ref: SBF5757L

To: AUTO & GENERAL

CC

Fax

*Not Authorized  
Resurvey B4 painting  
2 days  
11/10/2020 8:26:50*

Date: 14/9/2020  
From: Danny  
Fax: 64525333  
Contact: 93288668  
Make / Model: MERCEDES E200  
Chassis No.: WDD2130422A112398  
Engine No.: 27492030824346  
Year of Make: 2016  
Accident Date: 12 September 2020

ESTIMATE FOR VEHICLE NO. : SBF5757L

DESCRIPTION	QTY	List Price
REAR BUMPER	1	\$ 1,827.00 <i>Bu</i>
REAR BUMPER LH SIDE RETAINER	1	\$ 125.00 <i>Sm</i>
REAR BUMPER RH SIDE RETAINER	1	\$ 125.00 <i>Sm</i>
REAR BUMPER CENTER BRACKET	1	\$ 380.00 <i>Sm</i>
REAR BUMPER LOWER COVER SPOILER <i>303</i>	1	\$ 340.00 <i>Nd</i>
REAR BUMPER CENTER CHROME STRIP <i>352</i>	1	\$ 378.00 <i>CMT</i>
REAR BUMPER LH REFLECTOR	1	\$ 90.00 <i>Sm</i>
REAR REINFORCEMENT	1	\$ 566.00 <i>N</i>
REAR EXHAUST PIPE TIP LH <i>430</i>	1	\$ 567.00 <i>Nd</i>
DISTANCE SENSOR @ \$250 EACH	2	\$ 500.00 <i>Sm</i>
DECOULPING RING @ \$15 EACH	4	\$ 60.00 <i>Nr</i>
BUMPER RIVETS @ \$8 EACH	15	\$ 120.00 <i>Nr</i>
Total:		\$ 5,078.00
LESS 10%		\$ (507.80)
Parts Total:		\$ 4,570.20

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:

**SPECIAL NETT**

BODY SEALANT	1	\$	<i>nn</i>	80.00
REAR NUMBER PLATE & HOLDER	1	\$	<i>nn</i>	50.00

**LABOUR**

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS.	\$	<i>300</i>	1,000.00
TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)	\$	<i>nn</i>	300.00
TO APPLY ANTI RUST COATING	\$	<i>nn</i>	150.00
TO REMOVE, REFIT & UPHOLSTERY TO FACILITATE REPAIRS	\$	<i>nn</i>	150.00
TO REMOVE & REPLACE BUMPER SENSORS	\$		60.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$	<i>20</i>	80.00
TO SPRAY PAINT ON THE AFFECTED AREAS	\$	<i>300</i>	1,000.00
Total:	\$		7,440.20
7% GST:	\$		520.81
Grand Total:	\$		7,961.01

Mbm wheelpower pte ltd

160 SIN MING DRIVE

#06-0

SIN MING AUTOCITY

t 62628888 f 6452533

Company Registration Number : 200204110V