

ASS. REC. BY:

REF: CS/SMO21002858/AUvf3

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: **FBR 1862D**

Policy No. _____

Claims No. **CMTD2100675/MYE**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SK3000Y.** Yr Regn: **1992, Jan.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Mercedes Benz 230CE** c.c. **2298**Colour: **Silver** A/C: **Insured / Std / NI / NA**Sp. Reading: **342688** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **WDB1240432B669.176**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil / S/Rim** / STD A/Rim orTyre Size: F: **195/65 R15**R: **195/65 R15**

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

TOYO / YOKO or **Kenda**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **1/3/21** D.O.I. **03/03/21**Survey held at **Hua Meng**

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
	TP Sampo
	MV: 11K
	PV: 5.8K
	Nett: 52K
19/6/21	Adrian confirmed LS \$4500 (Red 6498.63, 59%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **26/6/21-Typist**Report Format: **TP**Lump Sum / L.B.: **LS \$4500**Days Of Repair: **5**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Week end (\$)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

COE Expiry: 31/12/21.

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 Submission	02/03/2021 17:40 (SGT)
Date of Accident	01/03/2021 16:00 (SGT)
Exact Location of Accident	Ubi Rd 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SK3000Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN WAI YUEN
NRIC No	SXXXX413J
Email Address	sgsoonchong@gmail.com
Mobile Phone No	(Phone) +65-96669178
Alternative Phone No	+65-96669178

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	230ce
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5096530938-03
Cover Note Number	-

DRIVER

Name of Driver	CHAN WAI YUEN
NRIC No	SXXXX413J
Date Of Birth	28/05/1941
Occupation	Indoor

Date Of Driving Pass	29/08/1967
Driving experience	53 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96669178
Alt. Phone Number	+65-96669178
Email Address	sgsoonchong@gmail.com
Address	35 JALAN CHENGKEK
Address complement	-
Postcode	369258
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY ALONG UBI ROAD 3 ON 01/03/2021 AT 1600HRS. TRAFFIC WAS HEAVY. SUDDENLY, I FELT AN IMPACT FROM MY REAR. BIKE B HIT ONTO REAR PORTION OF MY VEHICLE.

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	FBR1862D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	RAMIAH RAVI HARIHARAN
NRIC No	TXXXX563E
Contact Number	(Phone) +65-91297645
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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 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 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.

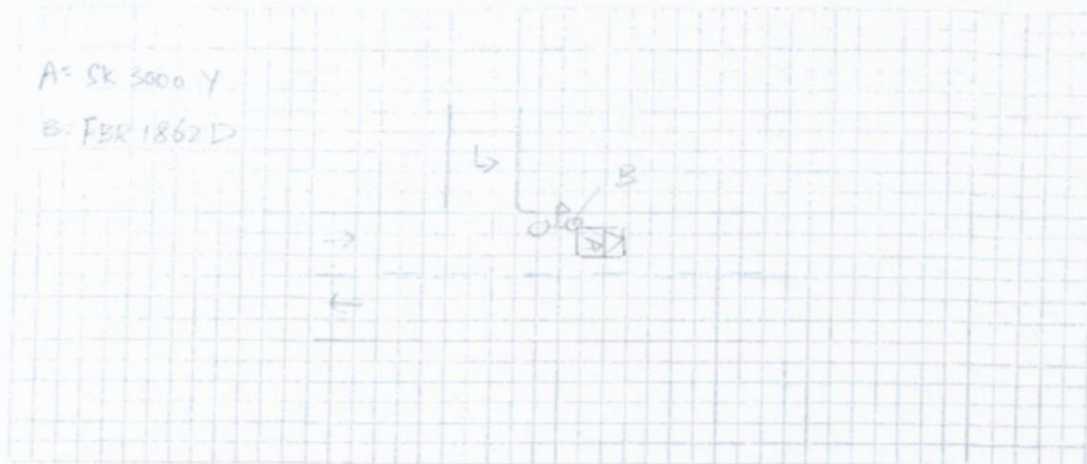
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

huamang@live.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Ubi Road 3 on 01.03.2021 @ 1600 hours.

Traffic was heavy. Suddenly, I felt an impact from my rear. Bike B was hit onto rear portion of my vehicle.

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	413J
Vehicle Details	
Vehicle No.:	SK3000Y
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Mar 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	230CE AT
Primary Colour:	Blue
Manufacturing Year:	1991
Engine No.:	10298222227115
Chassis No.:	WDB1240432B669176
Maximum Power Output:	-
Open Market Value:	\$62,852.00
Original Registration Date:	21 Jan 1992
First Registration Date:	21 Jan 1992
Transfer Count:	3
Actual ARF Paid:	\$94,278.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Dec 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$70,287.00
COE Rebate Amount:	\$5,781.00
Total Rebate Amount:	\$5,781.00

The information contained herein is correct as at 04 Mar 2021

OK

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Price Range

Depreciation

> 10 year(s)

Vehicle Type

Advanced Search

Used Car Comparison

--- Comparing 3 Vehicles ---

Mercedes-Benz 280S (COE till 12/2025)

Add to Shortlist

Mercedes-Benz 300CE (COE till 06/2023)

Add to Shortlist

Mercedes-Benz 300CE (COE till 05/2027)

Add to Shortlist



Use search bar above to search to compare.

Clear All

Add all to Shortlist

Back to search result

CAR DETAILS

Price	\$45,800	\$55,500	\$70,000
Instalment	N.A.	N.A.	N.A.
Registration Date	02-Jan-1986	05-Feb-1988	23-Jul-1988
Manufactured	1985	1987	1988
Mileage	-	-	-
Transmission	Auto	Auto	Auto
Engine Cap	2,746 cc	2,962 cc	2,962 cc
Road Tax	-	-	-
Power	-	-	-
Curb Weight	0 kg	0 kg	0 kg
Features	-	M103 Inline 6 3.0 Engine, 185BHP With 260Nm Of Torque.	M103 Inline 6 3.0 Engine, 185BHP With 260Nm Of Torque.
Accessories	Leather Seats And Sports Rims.	17" AMG Rims, Sunroof, Plate Not Included.	Eibach Lowering Springs,amg Monoblock 2,power Steering Refresh Kit And Gearbox Rebuilt.
Description	100% Loan Available, Ex-Bankruptcy And Bad Credit Welcome, High Trade In, Very Well Taken Care, Fully Refurished, Fuel Injected Model.Buy As Classic Plate Only \$25,000.	For The Collector By A Collector. Only 2% Of All W124 Models Were 300CE, This Is A Rare Car That Is Definitely A Head-turner. Car Parked Under Shelter, COE Is Still Renewable. Serious Buyers, Please Call For A Discussion.	Drives Like A Car 30 Years Younger! Tracks Perfectly Straight And Stops On A Dime. And The Inline 6 Is As Smooth As The Day It Left The Factory! One Crank Start Up From Cold. Engine Runs At 1/3 Oil Temperature Gauge Marker. Car Is In Amazing Mechanical Condition. Top Overhauling Of The Engine, Transmission, Suspension, Steering And Brakes.
COE	\$59,798	\$65,001	\$52,491
OMV	-	\$81,187	\$76,153
ARF	-	\$142,078	\$133,268
Depreciation	\$9,480 /yr	\$23,890 /yr	\$11,210 /yr
No. of Owners	6	More than 6	More than 6
Type of Vehicle	Luxury	Sports	Sports
Category	COE Car	COE Car	COE Car, Direct Owner Sale
Availability	Available	Available	Available
Remarks	COE expiry date 2027-05-31	COE expiry date 2027-05-31	COE expiry date 2027-05-31

SELLER INFORMATION