A			100	Div.	-	TYNE.
10	3	200	1	100		BY.

REF:

CS/INC21004689/Aqf3

		ASSIGNMENT	
From:	Date:	Veh No: 8KS93750	Yr Regn: 2009, May.
Estimated Cost:		Type M.Car / M.Cycle / Bus / Van / Lo	rry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OE	RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:		Make: Mercedes Berz	C180K c.c 1597
at Workshop m/s		Colour Grey.	A/C: Insured / Std / NI / NA
of	224100	Sp.Reading 174545	T/Radio: Insured / Std / NI / NA
Insured:	annagh mannasará sinas	Eng/No:	
Policy No.	Title -	C/No: WDD20404	t52A2*63603.
Claims No. MT/1	127870-001	Gen. Cond: Good Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked /	Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked /	Burnt or
Make of Veh:		Modi: Nil (S/Rim / STD A/Rim or	
		Tyre Size: F: 225/4.	SRIT-
(Policy Condition)		R: 225/4	5R17.
Remark: The veh had com	menced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA	MIC / OHTSU / PIR / SUMI /
repair at the time	of inspection.	TOYO/YOKO or	
Bal. or Market Value:		Front /	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 06 mm	R/Bal. 06 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 06 mm	L/Bal. 06 mm
Est. Repairs: 7	days Res.: Yes or No	D.O.A.	D.O.I. /8/04/21.
Lum Sum:	% 3 Val.: Yes or No	'Survey held at S Mas	lone,
CA / REV / REP. /	24 HRS	Des. of Damages : Frt / Rear / O/S	I N/S / U/C / Rooftop or
	Vehicle: I		Ot the first of due to collision
	son Contacted:	The U/C / Chassis frame / Body	y Structure affected due to collision.
Date / Time Action /	Instruction		
1000	00, 7 days (Red \$1287	(9 500/)	
	100, 7 days (Ned \$1207	6, 59 %)	
mv :	601C		
	20.4K		
Nett:	39.61C		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair: 7	[Particular of the Particular
1) 04/06 Typist	: Final Report	Resurvey No. of Trip: 3	Survey Fee:
Date/Time, File Return to?	Richard Ah		Transportation:
2)	A	dd Fee: Site Insp (\$)s + Rs,si
	Disk Aside	: Interview (\$) Fholos
Report Format:	TP	: Tech. Invs (\$) Others
Lump Sum H.D.J. (3	8900	: Weet end (\$	

SA1F214C0002-01 / ALPINE MOTORS PTE LTD ENTRY DATE & TIME: 12/04/2021 16:16 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 2 (13/04/2021 11:35 (SGT))



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.

ACCIDENT STATEMENT

Date of Submission Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

12/04/2021 16:16 (SGT) 10/04/2021 14:55 (SGT)

Singapore

CTE towards City (after Ang Mo Kio Ave 1 Exit)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKS9375D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

Felix Manson Ng SXXXX459F

smartoneauto@gmail.com (Phone) +65-92398155 (Home) +65-92398155

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category Transmission

CC

Mercedes

C180k

Private use

No - Claiming third party

Private car Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

AXA Insurance Pte Ltd Comprehensive

No

GA559913/1

DRIVER

Name of Driver NRIC No

Felix Manson Ng SXXXX459F



Date Of Birth 19/10/1984 Occupation Indoor Date Of Driving Pass 25/02/2003 Driving experience 18 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-92398155 Alt. Phone Number (Home) +65-92398155 Email Address smartoneauto@gmail.com Address Blk 666 Yishun Avenue 4 #02-155

Address complement - 760666

Is the driver the policyholder?

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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

No
Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Report please refer to Sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

cannot upload video, system reject upload

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

GBG8618E

Commercial SE

Commercial Vehicle

Commercial Vehicle

Commercial Vehicle

Commercial Vehicle

Commercial Vehicle

Commercial Vehicle

Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Felix Manson Ng
Address	Blk 666 Yishun Avenue 4 #02-155
Address Complement	±
Post Code	760666
Approximate Age Years Old	
Injuries Sustained	body pain
Injured person in which vehicle?	SKS9375D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Titre

Driver's Signature (If driver is not the policyholder) / Date & Time.

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SKS 9375D

B = GBG 8618E

CIE towards City

(After Any mo to Ave I Exit)

Describe Circumstances	of the Accident	
		/
		/
	Refer to attached	
	pera to atjached	
	/	
/		
/		
Declaration		
We declare the foregoing particular	ars are true in every respect.	
A		
1/10	100	1
Principalitation of Paris	Objects Specification of the second s	Witnessed L. Cranto C.
Policyholder's Signature / Date & Time	Driver's Signature (driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

On 10.04.21 at about 14:55 hours at along CTE towards City (After Ang Mo Kio Ave 1 Exit). While I was travelling straight on the lane 2 and traffic was heavy, my front vehicle slow down hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

(Will

Vehicle (A): SKS9375D

Vehicle (B): GBG8618E

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	459F	
Vehicle Details		
Vehicle No.:	SKS9375D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	13 Apr 2021	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	C180K	
Primary Colour:	Grey	
Manufacturing Year:	2009	
Engine No.:	27191031191843	
Chassis No.:	WDD2040452A263603	
Maximum Power Output:	115.0 kW (154 bhp)	
Open Market Value:	\$37,582.00	
Original Registration Date:	25 May 2009	
First Registration Date:	25 May 2009	
Transfer Count:	3	
Actual ARF Paid:	\$37,582.00	
Intended PARE Rebate Details		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COF Rebate Details		
COE Expiry Date:	31 Mar 2029	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$25,525.00	
COE Rebate Amount:	\$20,330.00	
Total Rebate Amount:	\$20,330.00	

The information contained herein is correct as at 13 Apr 2021