

ASS. REC. BY:

REF:

**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.

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

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLB 1738x Yr Regn: 2016, MarchType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E200 c.c. 1991Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 92304 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD2120342B277601Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/40R18R: 245/40R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 26/04/21Survey held at Success UnitedDes. 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
	<u>TP A16.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett,</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS \_\_\_\_ \$

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / LBJ: (\$ \_\_\_\_\_)



## 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	21/04/2021 18:07 (SGT)
Date of Accident	20/04/2021 19:10 (SGT)
Exact Location of Accident	Kee Seng St, Singapore
Additional Location Information	Kee Seng St
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1738X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	New Fountain Realty Pte Ltd
Company Reg No	1XXXXX691M
Email Address	trade@newfountain.com.sg
Mobile Phone No	(Phone) +65-96694534
Alternative Phone No	+65-62200993

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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
Transmission	Auto
CC	1991

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300286345MCY
Cover Note Number	-

#### DRIVER

Name of Driver	Lauw Yong Shun
NRIC No	SXXXX183C

Date Of Birth	29/05/1986
Occupation	Outdoor
Date Of Driving Pass	12/08/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96694534
Alt. Phone Number	-
Email Address	trade@newfountain.com.sg
Address	20C East Coast Avenue
Address complement	-
Postcode	459213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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

Refer Sketch Plan

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM7313D
Vehicle Manufacturer	Mazda
Vehicle Model	Cx-5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Kong Seng Wah
NRIC No	SXXXX209H
Contact Number	(Phone) +65-98230428
Address	-



Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN

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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 & Time

*[Signature]*

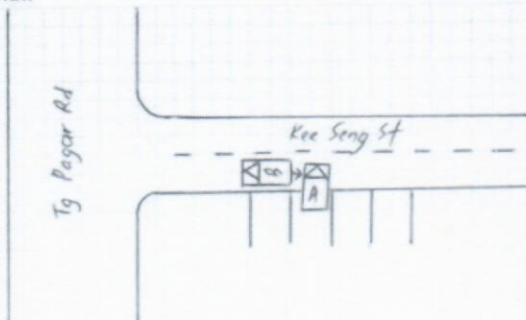
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel



Sketch Plan



Veh A: SLB1738X

Veh B: SMM7313D

**Describe Circumstances of the Accident**

My vehicle was parked at the parking lot of Kee Seng St and Veh B (SMM73130) was parked at the roadside on my left. I then signalled to Veh B that I'm moving out by giving a horn. I started to inch out slowly after the traffic was cleared. While moving out from the parking lot, Veh B suddenly reversed towards my direction. So I quickly warned him by giving horn again but he did not stop but continue to reverse and collided onto my car.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder Signature / Date & Time

*[Signature]*

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

*[Signature]*



Witnessed by Reporting Centre Personnel



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	691M
<b>Vehicle Details</b>	
Vehicle No.:	SLB1738X
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Apr 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200 SEDAN EDITION E (R18 LED SR)
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	27492030538837
Chassis No.:	WDD2120342B277601
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$52,041.00
Original Registration Date:	30 Mar 2016
First Registration Date:	30 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$65,674.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Mar 2026
PARF Rebate Amount:	\$45,971.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Mar 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$45,009.00
COE Rebate Amount:	\$22,214.00
<b>Total Rebate Amount:</b>	<b>\$68,185.00</b>

The information contained herein is correct as at 22 Apr 2021

OK