ASSIGNMENT

From: Date:	Veh No: SJLS232H. Yr Regn: 2008, Dec.				
Estimated Cost:	Type:(M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: Morregles Berz C200 c.c 1796				
at Workshop m/s					
of	Colour Sp.Reading 130 574 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: WDD2040412A20275-3				
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: in der / Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or				
	Tyre Size: F: 235/+3R18-				
(Policy Condition)	R: 235/40R18.				
Remark: The veh had commenced 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:	<u>Front</u> <u>Rear</u>				
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: days Res.: Yes or No	D.O.A. D.O.I. D807/21				
Lum Sum: % 3 Val.: Yes or No	Survey held at Exclusive				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT					
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction	COE Expiry: 30/11/28.				
TP Lon Paic.	WIE 17 30/11/20				
mv :					
PV:					
Nett:					
Date/Time, File Pass to? : Preli. Report	Days Of Repair:				
Construction of the Constr	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation:				
2) Add Fee					
	: Interview (3) Photos				
Report Formst:	: Tech, Invs (3) others				
Lump Sum / LEA: (\$: West and (*				
while will do not be a second	TOTAL				

SA1A214M0004 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 22/04/2021 12:34 (SGT) SUBMITTED BY: ALYWIN YEO VERSION: 1 (22/04/2021 12:34 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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

22/04/2021 12:34 (SGT) 16/04/2021 17:30 (SGT) Bukit Timah Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJL5232H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No.

Email Address Mobile Phone No Alternative Phone No No

LEW HUEY JING SXXXX873C shauna@mail.com (Phone) +65-88666166 +65-88666166

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 C200

Private use

No - Claiming third party

Private car Auto 1796

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMPCSNW00191482000

DRIVER

Name of Driver NRIC No

LEW HUEY JING SXXXX873C



Date Of Birth20/01/1965OccupationOutdoorDate Of Driving Pass31/07/1989Driving experience31 YEARS AND 9 MONTHS

Gender

 Mobile Number
 (Phone) +65-88666166

 Alt. Phone Number
 +65-88666166

 Email Address
 shauna@mail.com

Address BLK 430A YISHUN AVE 11 #13-388

Address complement

Postcode 761430
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -

Does Driver Own Other Vehicles?

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 - Change/cross lane

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?

Number of Passengers (Including Driver)

2

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name NIL Gender Male

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

MY VEHICLE A WAS STATIONERY STARTING WAS MOVE OFF SLOWLY DUE TO THE HEAVY JAM, SUDDENLY I FELT AN IMPACT ON MY RIGHT REAR OF THE VEHICLE. I CAME DOWN REALIZED VEHICLE B (YM8927J) HAD CUT INTO MY LANE AND HIT INTO MY VEICLE RIGHT REAR PORTION. AFTER THE ACCIDENT, VEHICLE B DRIVER CAME OUT OF HIS VEHICLE AND TOLD ME HE WAS SORRY BECAUSE HE DIDN'T SEE MY VEHICLE IN THE LANE.(I WAS NOT INSIDE YELLOW BOX)

No

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

YM8927J

Vehicle Model

Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN	
AAAA	
	Veh A: SJL 5232 H
	Veh 8 : YM 8927 J
IA	
A IISI	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
STAITE	ng was move off slowly
1 felt on impact on my right rear	of the heavy Jam, Suddenly
realized vehicle B (Ym 89277)	
hit into my vehicle night rear p	ortion .
After the accident, Vehicle B driv	
and told me he was sorry because	se he didn't see my vehicle
in the lane . (I was not inside ye	low box)
DECLARATION	0.7
I/We declare the foresoing particulars are true in avery (espect.	W. Commission of the commissio
XI X	AU
Palitybulder's Signature Diverte Signature Date & Time: (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Date & Time:	HEIC/PM No.



中国太平保险 (新加坡)有限公司

ORIGINAL	THE	SCHEDULE		
Agency : AND644A	Class of Policy : Motor Priva	ste Car Folicy	No. t	DMPCSNW0019148200
Account : AND644A	Issued on : 18/12/2020	In SINGAPORE		
Client : L0603541	Acceptance Date : 18/12/2020			
Per od of Insurance	: 19/12/2020 to 18/12/2021 , b	oth dates inclusive		
Insured's Hame	: LEW HUEY JING			
Address	: 430A YISHIS AVENUE II 413-368 ORCHID SPRING 8 YISH Singapore 761430	CN		
Business/Ocrupation	: HOME MAKER			
Premium	: Basic Arnual Premium	: \$61,872.50		
	Less 20% Automate Scheme	s s 374.50		
	Relief Discount	5 149.80		
	Total Annual Fremium	891,346.20		
	Less Disc.	850.00-		
	Premium Die	: 851,348.20		
	Presium OST	8594.37		
	Total Due	: 301,442.57		
Risk No.1	Motor Private Car	No. of seats	. 5	
Make/Model	: Mercedes Benz C230 Kompressor	Body Type	Seloon	
Registration	: SJU5232H : 27195031119221	Capacity cc's	: 1796	
Engine No.	: WDD2040412A702753	Certificate Ref.	: MXIE	
Chansis No. Year of Manuf/Regr.				
Type of Cover	: Comprehensive			
	CAR HOUSE CAPITAL PTE LTD.			
	value at the time of loss			
Named Drivers Ex S		: 86750.00		
	r than Named Urivers:			
Ex Sect. 1 - Age <		: \$63,000.00		
Ex Sect. I - Age >		: \$5500.00		
. Age as at date o				
EX ON WINDSCREEN		: 55100.00		
Named Drivers TRE	INSURED	LEW HULT JIN		
ALLO DILITORS COM				

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, cust send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to senk indemnity under Section I of this Policy.

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

> Back to OneMotoring

inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Singapore NRIC Owner ID Type:

Owner ID: 873C

Vehicle Details Vehicle No.: Vehicle to be Exported:

No Intended Deregistration Date: 08 May 2021 Vehicle Make: MERCEDES BENZ Vehicle Model: C 200 KOMPRESSOR

SJL5232H

Primary Colour: Silver Manufacturing Year: 2008

27195031119221 Engine No.: Chassis No.: WDD2040412A202753 Maximum Power Output: 135.0 kW (181 bhp) Open Market Value: \$43,106.00 Original Registration Date: 01 Dec 2008

01 Dec 2008 First Registration Date: Transfer Count: \$43,106.00

Actual ARF Paid: Intended PARF Rebate Details

PARF Eligibility: Forfeited PARF Eligibility Expiry Date: \$0.00 PARF Rebate Amount:

Intended COE Rebate Details 30 Nov 2028 COE Expiry Date: E - Open Category COE Category:

COE Period(Years): 10 PQP Paid: \$32,121.00 \$24,287.00 COE Rebate Amount: \$24,287.00 Total Rebate Amount:

he information contained herein is correct as at 08 May 2021