(08/11/13) wef

ASS. REC. BY: [illegible]

REF: CS/AG1210066 11/RIVF3

584N

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBF 5888S

at Workshop m/s WOON MENG P/L

of 50, BUKIT BATOK ST 23 #01-66

Insured: SJB 4960Z AG1

Policy No.

Claims No. C10010301/HA

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: 60K

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBF 5888S Yr Regn: 2017 / JAN

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: MERCEDES BENZ VITO 114 CDI? c.c 2143

Colour BLUE A/C: Insured / Std / NI / NA

Sp.Reading 191973 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDF44760323214925

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/65R16C

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	15/05/21	D.O.I.	20/05/21

Survey held at WOON MENG

Des. 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
	Repairer Limit – 32K
11/8/21	LS $5300 confirmed by email (Red 3118.25, 37%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 11/8/21-Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

Report Format : TP

Lump Sum / LPI: ($

Your NCD will be affected due to late reporting

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	18/05/2021 09:17 (SGT)
Date of Accident	15/05/2021 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOLLAND ROAD (NEAR BOTANIC GARDEN)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5888S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG YUN CATERING SERVICES PTE LTD
Company Reg No	-
Email Address	HONGYUNCS@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97393868
Alternative Phone No	(Home) +65-97393868

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Vito
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V14431/VCV/R04
Cover Note Number	-

DRIVER

Name of Driver	SOH SWEE KWAI
NRIC No	SXXXX733F

Date Of Birth	10/12/1951
Occupation	Outdoor
Date Of Driving Pass	21/08/1970
Driving experience	50 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97393868
Alt. Phone Number	-
Email Address	HONGYUNCS@YAHOO.COM.SG
Address	2 LORONG PISANG BATU
Address complement	-
Postcode	597920
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	DRIZZLING
Road Surface	Wet

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 TO STATEMENT ATTACH

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	SJB4960Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN HAN CHUAN
NRIC No	SXXXX086G
Contact Number	-
Address	-

ress complement ..... -
stcode ..... -
surance Company Name ..... -
ature Of Damage ..... -
etails of property damaged in accident ..... -
lo. 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 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.

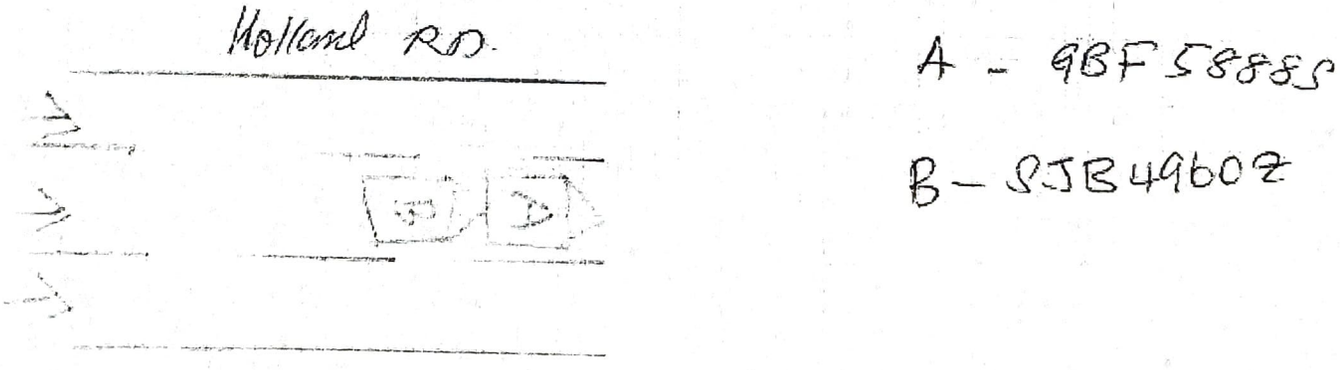
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Holcolt Road. The Time was Morning and the road was wet. The traffic was slow when near to Intanic garden, the traffic came to stop. I also stop. but Suddenly there was an impact at my van Rear portion when I checked there was a car hit my van at Rear. We exchange our particulars before leaving the scene. mark.

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	584N
Vehicle No.:	GBF5888S
Vehicle to be Exported:	No
Intended Deregistration Date:	23 May 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	65195033657079
Chassis No.:	WDF44760323214925
Maximum Power Output:	-
Open Market Value:	$38,181.00
Original Registration Date:	09 Jan 2017
First Registration Date:	09 Jan 2017
Transfer Count:	0
Actual ARF Paid:	$1,910.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
COE Expiry Date:	08 Jan 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$49,002.00
COE Rebate Amount:	$27,570.00
Total Rebate Amount:	$27,570.00

The information contained herein is correct as at 23 May 2021

OK

Mercedes-Benz Vito 114 CDI

Price	**$57,800**		
Depreciation	$10,700 /yr View models with similar depre	**Reg Date**	17-Oct-2016 (5yrs 4mths 23days COE left)
Mileage	N.A.	**Manufactured**	2016
Road Tax	N.A.	**Transmission**	Auto
Dereg Value	$26,312 as of today (change)	**Fuel Type**	Diesel
COE	$48,702	**OMV**	$38,181
Engine Cap	2,143 cc	**ARF**	$1,910
Curb Weight	1,800 kg	**No. of Owners**	1
Type of Vehicle	Van		