CS/ASM21006300/Atc

ASSI	GNMENT	
From Date:	Veh No: SFA23H. Yr Regn: 2315 Oct.	
From: Date. 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: Meredes Berz CISO c.c 1595	
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA	
of	Sp.Reading 107612 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: WD)2050402 R101636.	
Claims No.	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: 225/50R17.	
(Policy Condition)	R: 025/50R17.	
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 Continental.	
Bal, or Market Value:	Front / Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. of mm R/Bal. of mm	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 96 mm L/Bal. 0C mm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 31/65/21.	
Lum Sum: % 3 Val.: Yes or No	Survey held at Flying Itish.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT	1. D. L. Otwartura effected due to collicion	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction	•	
11 /4 671.		
MV: 90 C LUMP SUM \$300 RED:7221;70%	00,3DAYS	
114 2116		
Nett: 359K.		
	. 3	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1) : Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Retrim to?	Transportation:	
2) Add Fe	. One map	
	THOUSE THE PARTY OF THE PARTY O	
Report Format :		
Lump Sum / LBJ: (3	: Weet end (\$)	

SINGAPORE ACCIDENT STATEMENT

IMPURIANT NUTICE

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.

4. The issue it is disceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false it aporting 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

24/05/2021 16:51 (SGT) 22/05/2021 15:31 (SGT) Singapore SLIP RD TWDS UPP PAYA LEBAR ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFA23H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

DWAYNE HUANG YAOHUA SXXXX201D huang.dan@shengc.com.sg (Phone) +65-96784628 +65-96784628

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purp)se for which vehicle was being used at time of 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

NTUC Income Insurance Co-operative Ltd Comprehensive 5113849714-01 (DRIVO CLASSIC)

DRIVER

Name of Driver NRIC No

HUANG DUIMOU SXXXX408A



Date Of Birth Occupation **Date Of Driving Pass Driving experience**

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode Is the driver the nolicyholder?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS STATIONARY AT THE SLIP ROAD LEADING TO UPPER PAYA LEBAR ROAD, GIVING WAY TO APPROACHING VEHICLES.

VEHICLE B SUDDENLY CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

15/07/1964

15/02/1994

27 YEARS AND 3 MONTHS

huang.dan@shengc.com.sg

25 FERNVALE ROAD #17-23

(Phone) +65-96784628

Collision - Head to Rear

Outdoor

797639

Parent

Clear

Dry

No 2

No

Yes

1

No

No

No

No

No

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

NRIC No

SJY2868A Mercedes

Private car CAI MING GE SXXXX401A

Accident report SV0M215O000A

Page 2 of 13

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

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.
- 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 companius 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.
- 3. Consent under the Personal Data Protection Act (POPA)

Lunderstand, 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 hourers' 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;
- (lii) 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
- (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.

24 MAY 2027

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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declare the foregoing particula	rs are true in every respect.	
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	10%	
cyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre
18	& Time	Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Enquire PARF/COE Rebate for Registered Ve	ehicle	
Vehicle Owner Particulars	Singapore NRIC	
Owner ID Type:	201D	
Owner ID: Vehicle Details		
Vehicle No.:	SFA23H	
Vehicle to be Exported:	No	
Intended Deregistration Date:	31 May 2021	
Vehicle Make:	MERCEDES BENZ C180 EXCLUSIVE (R17 LED)	
Vehicle Model:		
Primary Colour:	Black 2015	1
Manufacturing Year:	27491030437580	1
Engine No.:	WDD2050402R101636	
Chassis No.:	115.0 kW (154 bhp)	
Maximum Power Output:		
Open Market Value:	\$35,416.00 05 Oct 2015	
Original Registration Date:		
First Registration Date:	05 Oct 2015	
Transfer Cour L:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$36,583.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	04 Oct 2025	
PARF Rebate Amount: Intended COE Rebate Details	\$25,608.00	
COE Expiry Date:	04 Oct 2025	-
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$65,501.00	
COE Rebate Amount:	\$28,454.00	
Total Rebate Amount:	\$54,062.00	
Total Repate Amount.	021	

The information contained herein is correct as at 31 May 2021

ОК

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Ways of Selling



Direct Owner



Model

C-Class C180 Exclusive

Depreciation

2015

Eng Cap

Mileage Any

Sort by Date Posted

Veh Type

Any

Luxury

Available

Search Selection

2 vehicles

Browse by Category

C-Class C180 Exclusive

Exclusive

Anv \$83,800

\$16,640 /yr

17-Jun-2015

1.595 cc

150,000 km

Available Luxury

✓ 20 results/page

Highest Spec Exclusive Variant. C&C Unit. Mint Condition. Highest Trade-In. Standard/High Bank Loan, Balloon Loan, In House Loan.

PREMIUM AD

CONSIGNMENT

100% Loan Available. Test Drive Today At Balestier Office. Posted: 06-May-2021 Tags: 2015 Mercedes-Benz C180, Mercedes-Benz C180, Mercedes-Benz, C180

Mercedes-Benz C-Class C180 Super Low Mileage, Full C&C Servicing, Bidding Number Plate, Super Well Maintain By Current Owner, Selling As To Get New Merz Benz,

Mercedes-Benz C-Class C180

\$91,300

\$16,750 /yr

09-Oct-2015

1,595 cc

67,195 km

Available

Easy Loan, Call Fast For Appointment To View And Test Drive.

SG Motor Link Pte Ltd Posted: 06-May-2021 Tags: 2015 Mercedes-Benz C180, Mercedes-Benz C180, Mercedes-Benz, C180

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Model

Price

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