ASS. REC. BY: Kenneth

REF: AGI 21006654/lcp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Yew Boo

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: $90K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 05/25 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SCV 5225J Yr Regn: 05, 15

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

Make: Mc E250 c.c 1991

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 93165 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120 362-B122957

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 245/40R18

R: 265/35R18

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	4 mm
L/Bal.	6 mm	L/Bal.	4 mm
D.O.A.	10/6/21	D.O.I.	14/6/2021

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear O/S & Frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	EM not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	468A
Vehicle Details	
Vehicle No.:	SCV5225J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Jun 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E250 SEDAN (R18)
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	27492030347587
Chassis No.:	WDD2120362B122957
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	$49,580.00
Original Registration Date:	08 May 2015
First Registration Date:	08 May 2015
Transfer Count:	1
Actual ARF Paid:	$56,412.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 May 2025
PARF Rebate Amount:	$36,667.00
Intended COE Rebate Details	
COE Expiry Date:	07 May 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$76,612.00
COE Rebate Amount:	$29,852.00
Total Rebate Amount:	**$66,519.00**

The information contained herein is correct as at 14 Jun 2021

OK

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	10/06/2021 16:25 (SGT)
Date of Accident	10/06/2021 12:31 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE EXIT AVE 3/5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV5225J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHUA LENG LENG
NRIC No	SXXXX468A
Email Address	phualeng2@yahoo.com.sg
Mobile Phone No	(Phone) +65-97399100
Alternative Phone No	+65-97399100

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118117002-01
Cover Note Number	-

DRIVER

Name of Driver	PHUA LENG LENG
NRIC No	SXXXX468A

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.

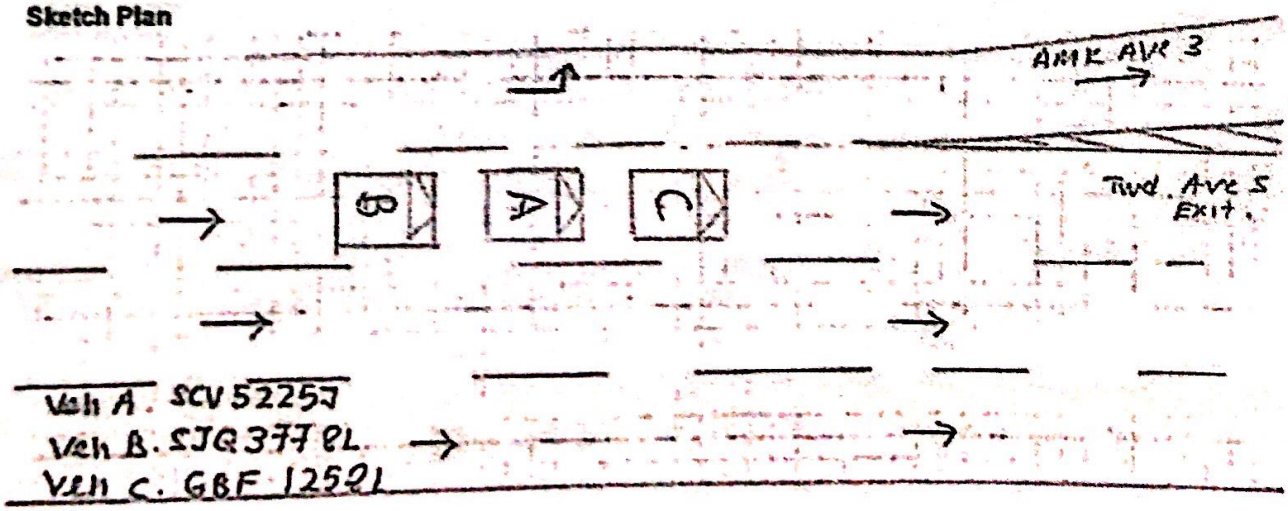
(collectively the "**Purposes**")

(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

while driving along CTE towards Woodlands. I was driving at the lane to exit Hwy Mc Leio Ave 5 Suddenly, the vehicle C infront of me had a sudden stop. I follow to stop too. Immediate follow by an impacted on my rear, which vehicle B hit onto the rear of my vehicle A.

Later we realised it a chain collision The rear impacted caused my passenger and me to bounce back and forward to back seat. That's all.

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