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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	778Z
Vehicle No.:	SMG2469C
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	A200 COMPT SALN PROGRESSIVE (R18 LED)
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	28291480027612
Chassis No.:	WDD1770872J037805
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$32,046.00
Original Registration Date:	12 Dec 2018
First Registration Date:	12 Dec 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$36,865.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2028
PARF Rebate Amount: Intended COE Rebate Details	\$27,648.00
COE Expiry Date:	11 Dec 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,001.00
COE Rebate Amount:	\$23,161.00
Total Rebate Amount:	\$50,809.00

The information contained herein is correct as at 21 Jun 2021



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999993662/100875499-00000

OWN DAMAGE EXCESS

S\$1,700.00

WINDSCREEN EXCESS

S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED **INSURING WITH COE/PARF**

YES

1) VEHICLE REGISTRATION NO.

SMG2469C

2) NAME OF INSURED

Daimler Fleet Management Singapore Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

1 Jan 2021

4) DATE OF EXPIRY OF INSURANCE

31 Dec 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

- 1) Any drivers who is driving on the Insured's order or with their permission.
- 2) Excess \$2,500 applies to drivers age 21 to 26 years old unless otherwise specified
- 3) Additional Excess \$3,500 applies to drivers age below 21 or above 65 years old and or less than years driving experience unless otherwise specified

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

1) Use for social, domestic, pleasure purposes and business purposes of the Insured and or hirer whom the vehicle is hired to.

The Policy does not cover:

- 1) Use for the carriage of passengers for hire or reward
- 2) Use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing. 3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled
- 4) Use for any purpose in connection with the Motor Trade.

In the event of accident claim, the repairs to the Vehicle must be carried out by either one of our AIG Authorized Repairers or a particular Repairer approved by AIG

LOSS OF USE NOT INCLUDED

* NAMED DRIVER

HIRE PURCHASE COMPANY NA

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 22 Feb 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

030023-000 JLT MANAGEMENT PTE LTD #09-02, 8 MARINA VIEW ASIA SQUARE TOWER 1 SINGAPORE 018960

Authorised Representative

SA0A21540003-01 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 04/05/2021 21:11 (SGT) SUBMITTED BY: Sharil VERSION: 2 (14/06/2021 16:45 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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

04/05/2021 21:11 (SGT) 03/05/2021 08:10 (SGT) 9 Everitt Rd N, Singapore 428522 Outside 138d Everitt rd Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number

SMG2469C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD 1XXXXX778Z eugene.koh@daimler.com (Phone) +65-91876216 (Office) +65-68498118

VEHICLE PARTICULARS

Alternative Phone No

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

Private hire

Mercedes

A200

Yes Private car Auto 1332

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

Yes

999995580

DRIVER

Name of Driver NRIC No

YEM AI LIN SXXXX560D



Date Of Birth 31/10/1971 Occupation Indoor Date Of Driving Pass 21/05/1991 Driving experience 30 YEARS Gender Female

Mobile Number (Phone) +65-97615008 Alt, Phone Number

Email Address Yemailin@gmail.com Address 138d everitt rd

Address complement Postcode 428676

Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 on collision 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

I check my rear and it was clear for me to reverse out. I reverse slowly when suddenly veh b reverse fast towards my vehicle to make a 3 point turn and collided with my car. My right rear was damaged. Driver of vehicle b came out and appologise. He mention that he was not aware of my vehicle.

ATTACHMENT(S)

Contact Number

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC812R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Private car

Name of Driver

Accident report \$A0A21540003

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 Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 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.
- 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.
- By the lodgment 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)

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 Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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' Tawyers/Taw 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time: Oriver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

Ver. 30042021 IDENT DIAGRAM A-SMG2465C B-S4C812R CONTACT 1380 EVERITTED. VERIFIED BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR Reporting Centre Personnel's Signature Policyholder's Signature Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No.: Date & Time:

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REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I check my rear and it was clear for me to reverse out. I reverse slowly	when
suddenly veh b reverse fast towards my vehicle to make a 3 point turn	and
collided with my car. My right rear was damaged. Driver of vehicle b ca	ıme
out and appologise. He mention that he was not aware of my vehicle.	

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: VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





TONG LUCK AUTO PTE LTD

160 SIN MING DRIVE #07-01/06 SIN MING AUTOCITY, SINGAPORE 575722

Tel: 6250 0088 Fax: 6250 5545 Email: operation@tlauto.com.sg

GST No: 201700521W UEN No: 201700521W

NO

DATE

PAGE: 1

M/S : AIG ASIA PACIFIC INSURANCE PTE. LTD.

78 SHENTON WAY #07-16

AIG BUILDING SINGAPORE 079120

ATTN: MOTOR CLAIM DEPT

TEL: 6419 3000

FAX: 6415 3723

ENGINE NO

ESTIMATE

POLICY NO

MAKE/MODEL: MERCEDES BENZ A200 COMPT SALN PROGRESSIVE (R18

: 28291480027612

: QUOT202105-000037(00)

LED)

: 17/06/2021

: 999995580

YOUR REF NO CLAIM TYPE

: OWN DAMAGE

ACCIDENT DATE : 03/05/2021

CHASSIS NO : WDD1770872J037805

VEH REG NO : SMG2469C

REG. DATE : 2018

Estimate Repair Cost to Vehicle No: SMG2469C

Description			Quantity	Unit Price	Amount
				<u>S\$</u>	<u>\$\$</u>
PARTS					
1 Rear bumper Denton			1	880.00	880.00
2 Rear bumper side retainer - RH 🔾			1	78.00	78.00
3 Rear bumper reinforcement 🥕 🖔	•		1	410.00	410.00
4 Rear bumper reflector - RH 🗡 🐆	andy work	/	1	48.00	48.00
5 Rear bumper sensor Demo),		1	138.00	138.00
6 Rear bumper sensor seals Hue			6	8.00	48.00
7 Rear bumper clips 10 (S	SN)	1106.50	15	5.50	82.50
,	,	1606.50		Add 10%	1,684.50 168.45
		1767.15		- 1070	1,852.95
LABOUR					1,002.00
8 To panel beat & repair RH rear char replacement of parts and align whe adjust the same			1	800.00	800.00
9 To remove and refit rear bumper se	nsor	१२०.	W 1	100.00	100.00
10 To check and rectify wiring system			1	80.00	80.00 L
11 To putty and spray on affected area	S		1	800.00	800.00
		sultants hence notify		-	1,780.00
	the Repairer of	the following: ore/after spray painting		TOTAL	S\$ 3,632.95
		ged part(s) during resurve	y	ADD GST @ 7%	254.31
		subject to confirmation		GRAND TOTAL	S\$ 3,887.26
		ey is on a "Without Prejudi	ce" basis		3\$ 3,007.20
INGAPORE DOLLAR THREE THOUSAN	ID EIGHDICHUNDE			NTS TWENTY-SIX OI	NLY
18/20/200	is subject to final	approval from Insurance	Company	2 () 2	
18 106 [221 6 1439]m	Acknowledged by	Repairer		263	7.15
N. L. A. L.	Signature:				•
THE TWO HOLD	Date:				
18/06/201 @ 143dm	· This	Aty Ven			
2	1 wit			NG LUCK AUTO PTE	

FOR TONG LUCK AUTO PTE LTD

Exuss 13

AUTHORISED SIGNATURE



TONG LUCK AUTO PTE LTD

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7 Rear bumper clips	15	5.50	82.50
		 Add 10%	1,684.50 168.4
		_	1,852.95
LABOUR			
8 To panel beat & repair RH rear chassis frame, including replacement of parts and align where necessary to refit and adjust the same	1	800.00	800.00
9 To remove and refit rear bumper sensor	1	100.00	100.0
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11 To putty and spray on affected areas	1	800.00	800.0
		_	1,780.0
		TOTAL	S\$ 3,632.9
	AD	D GST @ 7%	254.3
	GI	RAND TOTAL	S\$ 3,887.20

SINGAPORE DOLLAR THREE THOUSAND EIGHT HUNDRED EIGHTY-SEVEN AND CENTS TWENTY-SIX ONLY

FOR TONG LUCK AUTO PTE LTD

AUTHORISED SIGNATURE