

ASS. REC. BY: TaughtREF: CS/CT121006915/T14C

## ASSIGNMENT

2029 Dec.

Yr Regn: 2009, Dec.

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SFX 1A

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

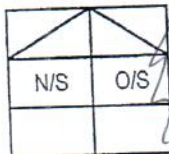
Insured: SLH 208JPolicy No. DMPCSNA00188402000Claims No. SNM21D203352/C02

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: \$86K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: WP

Vehicle: IN / OUT

Veh No: SFX1A

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

Truck / Trailer or

Make: Mercedes Benz S300 c.c. 2947Colour: Black A/C: Insured / Std / NI / NASp. Reading: 118049 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD2211542 A 303205

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: 255/45R18R: 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. D.O.I. 24/6/21Survey held at EM-1 Ato

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

Confirmed L/S \$11400, 6 repair days. (RED \$8630.50; 43%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 8/10 TYPIST

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TPLump Sum / \$11400Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)



# EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/T) 6457 5776 (F)

Email Address: em1autoptehd@gmail.com

COMPANY / GST REG. NO. : 2011143408

Vehicle Number : SFX1A  
Vehicle Model : MERCEDES BENZ S300L  
Accident Date : 13.06.2021  
Original Reg Date : 16.12.2009 (15.12.2029)

Date : 24.06.2021  
Chassis : WDD2211542A302395  
TP Ins. **CHINA TAIPING**

## ESTIMATE

1	1 pc	Front Door "Aluminium" RH	H✓		6564.00
2	1 pc	Front Door Lock RH	X AN		1592.00
3	1 pc	Front Door Outer Chrome Moulding RH	X NN		351.00
4	1 pc	Front Door Frame Top Chrome Moulding RH	X NN		215.00
5	1 pc	Front Door Chrome Protector RH	✓		172.00
6	18 pco	Front Door Regulator Board Rivet RH	✓	5.00	90.00
7	1 pc	Front Door Weatherstrip RH	✓		376.00
8	1 pc	Front Door Bottom Rubber RH	✓		92.00
9	1 pc	Rear Door "Aluminium" RH	✓		7,323.00
10	1 pc	Rear Door Outer Chrome Moulding RH	X NN		462.00
11	1 pc	Rear Door Frame Top Chrome Moulding RH	X NN		371.00
12	1 pc	Rear Door Quarter Glass Rubber RH	✓		219.00
13	1 pc	Rear Door Weatherstrip RH	✓		361.00
14	1 pc	Rear Door Bottom Rubber RH	✓		92.00
15	1 pc	Rear Door Chrome Protector RH	✓		175.00
16	18 pco	Rear Door Regulator Board Rivet RH	✓	5.00	90.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Less 10%

15554  
60% - 13998.60

## Special Nett

1	1 pc	Rear Sport Rim RH		300	KY 800.00
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## Labour charge

Acknowledged by Repairer			
Panel Beating	Signature:	600	1,000.00
Spray painting	Date:	800	1,200.00
Check Wiring		30	40.00
Anti rust		30	100.00
Remove and install both door parts.		120	200.00

3,340.00

Less 20%

Lump sum

668.00

2,672.00

TOTAL \$20,030.50

Tan Ahn 17415741  
UP 24/6/21 E 345  
4/5 Resurvey after repair  
Tan Ahn e/then to us.  
06 days

13998.60

1580

15,578.60

4/5 \$12,450

# 6 days



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	4061
<b>Vehicle Details</b>	
Vehicle No.:	SFX1A
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jun 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	S300L
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	27294631356943
Chassis No.:	WDD2211542A303205
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$85,290.00
Original Registration Date:	16 Dec 2009
First Registration Date:	16 Dec 2009
Transfer Count:	2
Actual ARF Paid:	\$85,290.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Dec 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$39,313.00
COE Rebate Amount:	\$33,416.00
<b>Total Rebate Amount:</b>	<b>\$33,416.00</b>

The information contained herein is correct as at 15 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 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. 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	14/06/2021 16:04 (SGT)
Date of Accident	13/06/2021 17:00 (SGT)
Exact Location of Accident	Serangoon North Ave 1, Singapore
Additional Location Information	SERANGOON NORTH AVE 1 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX1A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HONG THYE JOSEPH KOH
NRIC No	SXXXX406I
Email Address	ENQUIRY@SFXTRANSPORT.COM.SG
Mobile Phone No	(Phone) +65-96220262
Alternative Phone No	(Home) +65-96220262

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300I
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2987

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00621810/02
Cover Note Number	16/12/2020 TO 15/12/2021

#### DRIVER

Name of Driver	HONG THYE JOSEPH KOH
NRIC No	SXXXX406I



Date Of Birth .....	16/11/1960
Occupation .....	Indoor
Date Of Driving Pass .....	22/03/1978
Driving experience .....	43 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96220262
Alt. Phone Number .....	(Home) +65-96220262
Email Address .....	ENQUIRY@SFXTRANSPORT.COM.SG
Address .....	BLK 121 SERANGOON NORTH AVE 1 #02-191
Address complement .....	-
Postcode .....	550121
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
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

#### REFER TO SKETCH PLAN

#### 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 .....	SLH208J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 PLANIMPORTANT 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 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)**

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.
- (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:
  - (i) 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.

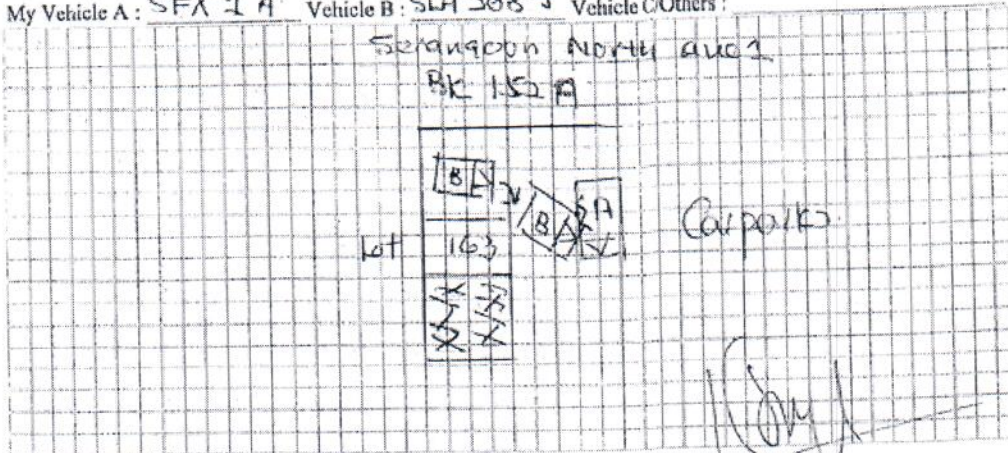
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: 14/06/2021  
NRIC/FIN No.:



Date of Accident: 13-6/21 Time: 1700 Location: Serangoon North Ave 1 Carpark  
 My Vehicle A: SFX 1 A Vehicle B: SLH 208 J Vehicle C/Others: 15219



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car Parked at Serangoon North Ave 1 Carpark BK 152A, I went to shop. My son sit behind Passenger seat. Vehicle was stationary. Vehicle B turn right from Carpark lot and hit onto my Right Hand Both Door.

Gong

( ) Claim OD/TP at Ah Lim Motor (x) Claim OD/TP at other workshop ( ) Reporting Only

Remarks : Please forward a copy of my ofile accident report to:

My workshop : SW12 AUTO PLS LTD 50941219

email address :

& myself :

email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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:



Reporting Centre Personnel's Signature  
 Name: 14/06/2021  
 MRC/FIN No.: