

ASS. REC. BY:

REF: CTZ/21007765/Kt

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s S & H

of _____

Insured: 93414

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 1250

(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: 8

IDAC Accident Rpt: _____ 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

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

Veh No: SMG 894X Yr Regn: 121 18

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

Truck / Traller or Ambulance

Make: Mer Sprinter c.c. 2143

Colour: White A/C: Insured / Std / Nil / NA

Sp. Reading: 77896 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDB9068332P828123

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S / R / m / STD A / R / m or

Tyre Size: F. (Front) 235/65 R16

R: _____

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

TOYO / YOKO or

Front: Continental Rear: Continental

R/Bal: 8 mm R/Bal: 8 mm

L/Bal: 3 mm L/Bal: 8 mm

D.O.A. 13/7/21 D.O.I. 21/7/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS: \$ _____

Fees:

Others:

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

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



INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

| PARTICULARS OF CLAIM | | Ref. No: |
|-------------------------------|--|------------------------------------|
| Claim Type: | OD (Own Damage) | |
| Policy No: | DMCVSNW00105202002 | Date of Loss: 13/07/21 |
| Vehicle Reg. No.: | SMG894X | Driveable? |
| Driver Age/Info: | 24 / MALE | Party At Fault: UNKNOWN |
| TP Injury Involved? | YES | Third Party Involved: |
| Insured/Claimant: | Lentor Ambulance Pte Ltd | Contact No: +656598357746 |
| Driver: | Syawal Bin Said | |
| Make/Model: | MERCEDES-BENZ SPRINTER, 2.1 D 316 CDI (W906) (M) | Vehicle Reg. Date: 03/12/2018 |
| Vehicle Colour: | White | Chassis No: WDB9066332P628123 |
| Engine No: | 65195534716554 | |
| Odometer: | 77896 KM | <i>NOT Withheld Ex \$1250h</i> |
| Paint Type: | | |
| Total Loss? | YES | |
| Est. Duration of Repair (day) | 0 | |
| Description of Accident/Loss | REFER ATTACHED P | |
| Present Location: | S & AMP; H MOTOR PTE LTD (SIN MING) | |

| COST OF CLAIMS | Amount |
|--------------------------|---------------|
| Parts | 0.00 |
| Miscellaneous Items | 200.00 |
| Labour | 0.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 200.00 |
| + GST 7.00% (S\$) | 14.00 |
| Nett Amount (S\$) | 214.00 |

This claim is handled by: LUM WEE KEAT

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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

Acknowledged by Repairer
Signature:
Date:

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------------|---------------|
| Miscellaneous Items | | | |
| 1 | 1 | Towing charges (winch out) | 200.00 |
| Sub Total (S\$) | | | 200.00 |

Estimates on Labour

There are no labour items selected.

S & H Motor Pte Ltd/SMG894X/19/07/2021 15:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Workshop: 160 Sin Ming Drive #07-02, Sin Ming AutoCity, Sin Ming 575722. Tel: 6453 4730 Fax: 6457 1931 E-mail: shmotor@singnet.com.sg
Co. Reg. No.: 196701322K GST Reg. No.: M2-0076269-0

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 954H

Vehicle Details

Vehicle No.: SMG894X
Vehicle to be Exported: Yes
Intended Deregistration Date: 14 Jul 2021
Vehicle Make: MERCEDES BENZ
Vehicle Model: SPRINTER 316CDI/3665
Primary Colour: White
Manufacturing Year: 2018
Engine No.: 65195534716554
Chassis No.: WDB9066332P628123
Maximum Power Output: -
Open Market Value: \$94,859.00
Original Registration Date: 03 Dec 2018
First Registration Date: 03 Dec 2018
Transfer Count: 0
Actual ARF Paid: \$0.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 02 Dec 2028
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Rebate Amount: \$0.00
Total Rebate Amount: \$0.00

The information contained herein is correct as at 14 Jul 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 14/07/2021 11:16 (SGT)
Date of Accident 13/07/2021 08:30 (SGT)
Exact Location of Accident Anchorvale St, Singapore
Additional Location Information Sengkang General Hospital Staff carpark Basement 1M
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG894X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Lentor Ambulance Pte Ltd
Company Reg No 2XXXXX954H
Email Address enquiry@lentorambulance.com
Mobile Phone No (Phone) +65-98357746
Alternative Phone No (Home) +65-98357746

VEHICLE PARTICULARS

Manufacturer Mercedes
Model SPRINTER 316CDI/3665
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 2143

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00105202002
Cover Note Number -

DRIVER

Name of Driver Syawal Bin Said
NRIC No SXXXX183J

Accident Report :

Driver : Syawal Bin Said

NRIC : S97041831

Incident Date : 13th July 2021

Incident Time : 8:30am

Venue : Sengkang General Hospital Staff carpark Basement 1M.

I, Syawal Bin Said is the assigned driver for ambulance vehicle SMG894X. I did my vehicle 1st parade inspection task on 12th July @ 8pm. We have one case @ 11pm (SKH to KKH). We have 2nd case in the morning 7am (13 July) from SKH to KKH. We returned and arrived back at SKH at about 8am and stop near Emergency dept, My Paramedic drop off used blankets at ED and return to the vehicle. Another morning shift Paramedic jump onboard the vehicle to take a ride to go down to basement 1M carpark, where this vehicle is to be parked. She wanted to walk to ambulance office nearer from there.

At Level 1 gantry leading to Basement B1M, I drove past a small hump leading to a straight slop to basement 1M. Halfway down the slope, I apply brake and felt a jerking movement, which to my knowledge is vehicle ABS being activated. The vehicle is not slowing down or stopping. I immediately press full down on BRAKE but vehicle not stopping. I steer the steering wheel to the right, to try to avoid hitting the wall in front. My LEFT front side of vehicle hit the wall and came to a stop with all airbags activated. The loud impact sound alerted everyone in the ambulance department (nearby) who all came out to assist.

All 3 went to the Emergency Department for assessment.

End of Statement.

NOTE: It was raining heavily which
not proper to park

[Handwritten signature]

Yours Sincerely,

Syawal Bin Said

[Handwritten signature]

13/7/2021

