ASS, REC. BV:	nEF:	
		ASSIGNMENT
Francis	Date:	Veh No: SKS 7718 L. Yr Regn: 2010 / July
From: Estimated Cost:	Date.	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
	OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	OD REST EVAT HEAT HAV	and the state of t
		Make: Meredo Berz B180 c.c 1698 Colour Silves A/C: Insured/Std/NI/NA
at Workshop m/s		Sp.Reading 162455 T/Radio: Insured / Std / NI / NA
of		Eng/No:
nsured:		C/No: WDD2452322J575726
Policy No.		Gen. Cond. Good / Fair / Poor / Burnt
Claims No.	P	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured:	Excess:	Brake: (norder / Jammed / Leaked / Burnt or
(Client's Record)		Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:		
		Tyre Size: F: 225/40 R18. R: 225/40 R18.
(Policy Condition)		
Remark: The veh had co	mmenced its ne of inspection.	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	ne of mapection.	TOYO/YOKO or Tourador
Bal. or Market Value:		Front Rear
DAC Accident Rport:	Consistent?: Yes or N	<u> </u>
GIA / PR Seen:	Consistent? : Yes or N	
Est. Repairs:	days Res.: Yes or	
Lum Sum:	% 3 Val.: Yes or	
CA / REV / REP. /		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Pe	Veh erson Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
	/ Instruction	The 6/6 / Grassis frame / Body Grastare another action of serious
TP	U01	COE Expiry: 06/07/25.
		/
mv ·		@ 8k x4j r= 32k.)
PV:	13/	
Nett:	19K.	
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:
1)	: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?		Transportation:
2)		Add Fee: Site Insp (\$)_8+R8_si
		Interview (\$) Photos
Report Format:		: Tech. Invs (3) Others

:Westend (\$

Lump Sum / LPJ: (\$

SN09218U000F / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/08/2021 19:26 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (30/08/2021 19:26 (SGT))



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.

In the issue and acceptance or this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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

30/08/2021 19:26 (SGT) 27/08/2021 17:15 (SGT) Brickland Rd, Singapore TOWARDS CHOA CHU KANG WAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKS7718L

INSURED/POLICYHOLDER

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

HASLINA BINTE MD TAHIR SXXXX900D rabiaadawyh@gmail.com (Phone) +65-97340548 +65-97340548

VEHICLE PARTICULARS

Manufacturer

Model Variant Exact purpose 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

Mercedes B180

Private use

No - Claiming third party Private car Auto 1699

INSURANCE COMPANY

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

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive No DMPCSNW00131782100

DRIVER

CC

Name of Driver NRIC No

RABIATUL ADAWIYAH BINTE ZULKARNAIN TXXXXX153A



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 policyholder? If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

20/03/2001 Indoor 12/08/2021 0 MONTH Female

(Phone) +65-97240100

rabiaadawyh@gmail.com BLK 541 WOODLANDS DR 16

#11-69 730541 No Child No

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear Dry

OTHER INFORMATION

No Was any foreign vehicle involved in the accident? 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender FATIHAH NURYAQIN

Female

PASSENGER 2

Name Gender NURSYAHIDAH Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes WITH WORKSHOP No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK9783H
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	e de la companya del companya de la companya de la companya del companya de la co
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

- Please report <u>correctly</u> 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 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)

l understand, acknowledge, agree and consent that

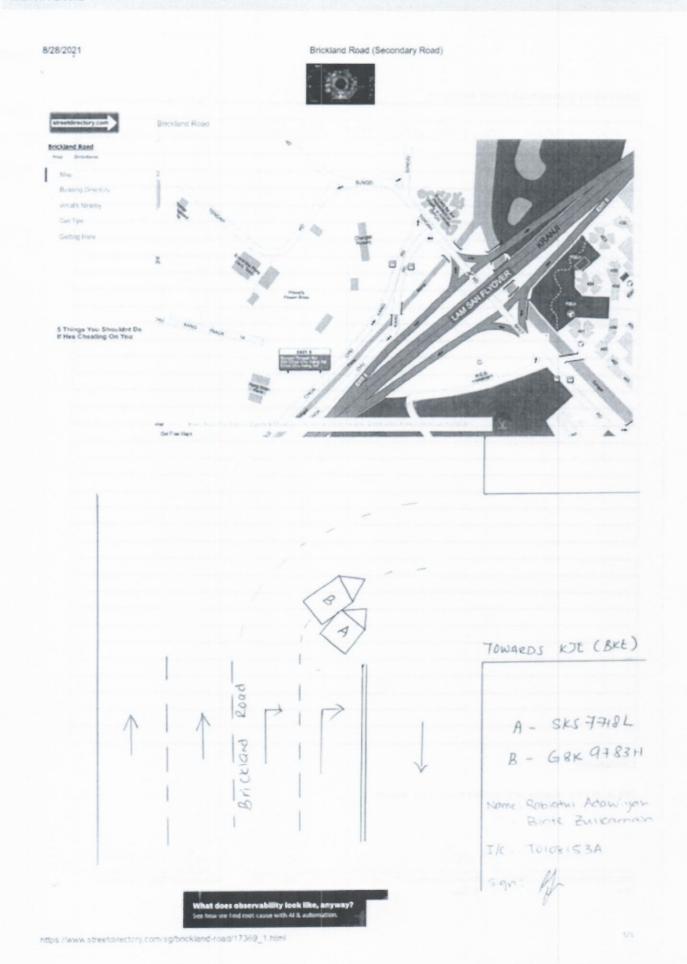
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (N) 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.
- (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.

Policyholder's Signature / Date &

Sketch Plan

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

AS PER ASTROHED



Describe Circumstances of the Accident

Pls refre to the attacked stefament.	
Declaration	
Declaration	
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Ne declare the foregoing particulars are true in every respect.	
Phr 2010012000	0
F 1/2 001001000	Can 30/05/
Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date Witness	Epu 30/05/.

Accident Statement

On 27 Aug 2021 at about 1715 Hrs, I was driving my vehicle (SKS7718L) along Brickland Road towards Chua Chu Kang Way. Suddenly and without warning, a lorry (GBK9783H) overtook my vehicle and cut into my lane, the vehicle has hit onto the left side of my vehicle. I have been travelling within my own designated lane (refer video footage). Third party did not stop his vehicle after the accident happens. I have in-car camera recorded the accident.

I am making a claim against third party.

Driver Name: Rabiatul Adawiyah Binte Zulkarnain

I/C: T0108153A





1 of 3

Report No. T/20210828/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 28/08/2021	Control of the Contro	ade:	Vide Report No.:	Station Diary No.:		
Informant'	s Particul	ars				
Name of Informant:			Address:			
RABIATUL ADAWIYAH BINTE		AH BINTE	541 WOODLANDS DRIVE 16	#11-69 SINGAPORE 730541		
ZULKARN.				MARICALTY SCHOOL		
ID Type / II			Contact No.:			
NRIC NO / T0108153A		BA	Home/Office: Mobile: 97240100			
Nationality			Email:			
SINGAPOR	RE CITIZE	N	RABIAADAWYH@GMAIL.CO	M		
Sex:	Age:	Date of Birth:	Type of Informant:			
Female	20	20/03/2001	Driver			
Race:			Language:	Institution / School Name:		
Malay			English			
Occupation	1:		Driving Licence Information:			
Student			Class:	Date of Expiry:		
				3 8700		

	Mon Injune	Drink	Date/Time of	Type of Location:
Type of	Non-Injury			
Accident:	Hit and Run	Drive:	Accident:	T-Junction
Accident.		No	27/08/2021 17:1	5
Location:				
KRANJI EXPI	RESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		30 Km/h
Control of the Contro		TALLY ENGAGED A SECULO CONTROL OF SECULO		The state of the s
Clear		Dry	rking	30 Km/h
Clear Traffic Flow: One Way	ion:	Dry Traffic Control:	rking	30 Km/h Traffic Volume: Light
Clear Traffic Flow: One Way Type of Collis		Dry Traffic Control: Traffic Light - Wo	rking	30 Km/h Traffic Volume: Light Anyone conveyed by
Clear Traffic Flow: One Way Type of Collis	ion: ing Vehicles - Side Sv	Dry Traffic Control: Traffic Light - Wo	rking	30 Km/h Traffic Volume: Light

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBK9783H	Lorry	TOYOTA	DYNA WITH BOX	White	Slightly Damaged	0
SKS7718L	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20210828/7011

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver			O. Court Co.			
Name	RABIATUL ADAWIY ZULKARNAIN	YAH BINTE		ID No		T0108153A
Related Vehicle	SKS7718L (Car)		Conta	ct No.	97240100	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 27 Aug 2021 at about 1715 Hrs, I was driving my vehicle (SKS7718L) along Brickland Road towards Chua Chu Kang Way. Suddenly and without warning, a lorry (GBK9783H) overtook my vehicle and cut into my lane, the vehicle has hit onto the left side of my vehicle. I have been travelling within my own designated lane (refer video footage). Third party did not stop his vehicle after the accident happens. I have in-car camera recorded the accident.





3 of 3

Report No. T/20210828/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch	Plan	

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2021 13:58
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

Authentication Stamp NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	900D	
Vehicle No.:	SKS7718L	
Vehicle to be Exported:	No	
Intended Deregistration Date:	01 Sep 2021	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	B180	
Primary Colour:	Silver	
Manufacturing Year:	2010	
Engine No.:	26694030757593	
Chassis No.:	WDD2452322J575726	
Maximum Power Output:	85.0 kW (113 bhp)	
Open Market Value:	\$29,005.00	
Original Registration Date:	07 Jul 2010	
First Registration Date:	07 Jul 2010	
Transfer Count:	4	
Actual ARF Paid:	\$29,005.00	
Intended PARE Renate Details		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount:	\$0.00	
Intended COE Reparte Details	06 Jul 2025	
COE Expiry Date:	B - Car (1601cc & above)	
COE Category:	5	
COE Period(Years):	\$16,784.00	
PQP Paid:	\$12,912.00	
COE Rebate Amount: Total Rebate Amount:	\$12,912.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Sep 2021



Mercedes-Benz B-Class B180 (COE till 08/2030)

\$62,800

\$6,980 /yr

28-Dec-2010

1,699 cc

141,400 km

Hatchback

Available

ow Usage Like New, Neat And Clean Interior, Guaranteed Condition With Engine And Transmission Warranty, Recently Serviced At 140,000 KM, Accident-Free! Genuine And Transparent Dealing Backed By Positive Reviews, Buy With Assurance! 100% Loan Available, T...

Posted: 21-Aug-2021 Tags: 2010 Mercedes-Benz B180, Mercedes-Benz B180, Mercedes-Benz, B180

Save Search Save this search criteria, to get email alerts whenever a match is found. Eng Cap ▼ Veh Type ▼ Mileage * ▼ ‡ Price ▼ ‡ Depreciation ▼ ‡ Reg Date ▼ \$ ▼ Model 20 ✓ results/page For old advertisements, view Expired ads

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