ASS. REC. BY: TGUM ASSIGNMENT Veh No: SCR 9895 Yr Regn: 10/10/2014 From; Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: : Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Make: Mercedes Benz C180 CC 1595 To Inspect Vehicle No: SCR 9895 al Workshop m/s Jaerlin Sutros Insured / Std / NI / NA Colour T/Radio; Insured / Std / NI / NA Sp.Reading 01 10 AMR INAPKZA #03-13 **SHC 291R** Insured: Eng/No: 27491030221899 WDD 2050402F049125 C/No: Policy No. S1M03IH8 Gen. Cond: Good War / Poor / Burnt Claims No. Steering: Iporder / Jammed / Leaked / Burnt or Sum Insured: Brake: Igorder / Jammed / Leaked / Burnt or (Client's Record) Modi: NII / SARIM / STD A/Rim or Make of Veh: Tyre Size: F: 225/50/17 (Policy Condition) R: 225/50/12 N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its repair at the time of inspection. TOYO/YOKO or Continental Rear Bal, or Market Value: Fron Consistent? : Yes or No R/Bal. R/Bal. IDAC Accident Rport: L/Bal. Consistent?: Yes or No. GIA / PR Seen: days Res.: Yes or No Est. Repairs: 3 Val.: Yos or No Lum Sum: Survey held at Des. of Damages : Frt / Rear / O/S /ANDS / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure alfected due to collision. Date / Time Action / Instruction Range 8,000/2 - 9,000/2 Survey photo taken on 2 hur 23/9/2021 @ 3:23:36 PM Resurvey photo taken on mon 27/9/2021 @ 4:26:52 PM Submit PRS, repair range \$8,000-\$9,000 6/12/21 60,000 Date/Time, File Pass to? Days Of Repair: : Preli. Report : Final Report Resurvey No. of Trip: Survey Fee: Dote/Time, Filo Return to? Transportation: Add Fee: Site Insp (\$ S+RS. SI ₂₎ 6/12/21-typist Interview (\$ Photos Tech. Invs (\$ Office Pener emak: Weellend (\$ Lump Symm/LE 1: (7) TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	394E
Vehicle No.:	SCR989S
Vehicle to be Exported:	No.
Intended Deregistration Date:	06 Dec 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 AVANTGARDE (R17 LED)
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	27491030221899
Chassis No.:	WDD2050402F049125
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$32.856.00
Original Registration Date:	10 Oct 2014
First Registration Date:	10 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$27,999.00
Intended PARF Rebate Details	\$27,777.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Oct 2024
PARF Rebate Amount:	\$16,799.00
Intended COE Rebate Details	
COE Expiry Date:	09 Oct 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$73,010.00
COE Rebate Amount:	\$20,745.00
Total Rebate Amount:	\$37,544.00
he information contained heroin is researched by and	60 000 000 10 000 至 1

The information contained herein is correct as at 06 Dec 2021

OK

MV 60,000/2 PV 37,544/2 NV 22,14507

Torin Mil 6/12/2021

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Mercedes-Benz 0180

PTICE Depreciation Eng Cap Search Selection Mercedes-Benz C180 2014 Available Mercedes-Benz C-Class C180 \$64,800 \$16,300 /yr 23-Dec-2014 \$8,000 km Avantgarde Luxury Available

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Beautiful R17 White CSC Unit, With Lunum Black Interior, Diamond Grill, New 6 Mth Roadtax.



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Mercedes-Benz C-Class C180



\$19,610 yr

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Mercedes-Benz C-Class C180 1,595 C 140,000 km Available

08-Oct-2014

Secialors Free, Service At Dealer With Receipt Proof, High Loan Can Be Arranged.

10-nov.2271 Page 12014 Mexcedes-Benz CTRC, Markeces-Benz CTRG, Mercedes-Benz, CTRG

DIRECT DWNER

Available

SA19219L0008 / AH LIM MOTOR COMPANY (MAIN) ENTRY DATE & TIME: 21/09/2021 17:17 (SGT) SUBMITTED BY: ZILA VERSION: 1 (21/09/2021 17:17 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 21/09/2021 17:17 (SGT) Date of Accident 21/09/2021 08:54 (SGT) Exact Location of Accident Cluny Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SCR989S**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG CHIN LEONG NRIC No SXXXX394E Email Address KENNY@UNICONS.COM Mobile Phone No (Phone) +65-97803700 Alternative Phone No +65-98703700

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant C180 AVANTGARDE (R17 LED) 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 1595

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number MT/00332632/04 Cover Note Number 10/10/2020 - 09/10/2021

DRIVER

Name of Driver NRIC No

ONG CHIN LEONG SXXXX394E

Date Of Birth	07/07/1948	
Occupation		
Date Of Driving Pass	Indoor 26/05/1969	
Driving experience		
Gender	52 YEARS AND 4 MONTHS Male	
Mobile Number		
Alt. Phone Number	(Phone) +65-97803700	
Email Address	+65-98703700	
Address	KENNY@UNICONS.COM	
Address complement	50 DRAYCOTT PARK	
Postcode	#17-02	
Is the driver the policyholder?	259396	
If No, Relationship of the Driver with the Insured	Yes	
Does Driver Own Other Vehicles?	A CANADA AND SALES AND SAL	
Vehicle Registration Number of Other Vehicle Owned by Driver	No	
Insurance Company of Other Vehicle Owned by Driver		
GENERAL INFORMATION OF THE ACCIDENT		
Type of A - id.		
Type of Accident	Collision - Major/Minor Rd	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?		
Number of which it is	No	
\A/== == 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	
Was anybody injured in the Accident?	No	
Was any injured conveyed to hospital by ambulance?	to - Color System Secretary in Manager 1985	
vvas any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	2	
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
PASSENGER 1		
Name	PANG KIM LIAN	
Gender	Female	
	and the state of t	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?		
Was notice of intended Prosecution given?	No	
If was a sale of the Co.	No	
ii yes, against whom?		
CIRCUMSTANCES OF ACCIDENT		
PLS REFER TO THE SKETCH PLAN BY DRIVER		
ONE ONE ON EAR OF BRIVER		
ATTACHMENT(S)		
ATACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
Was there any audio recorded?	No	
	San Cara Library	
DETAILS OF OTHER	VEHICLE PROPERTY 1	THE P. P. LEWIS CO., LANSING, MICH.
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number		or the state of th
Vehicle Manufacturer	SHC291R	
Vehicle Model		
	· Medianaya 7	
Vehicle Variant	-	
Vehicle Colour		
Vehicle Category	Tavi	

Taxi

Name of Driver NRIC No Contact Number	NGAI FOOK CHIN SXXXX406C (Phone) +65-96629678
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	- No. 12 at 12 Cap 1
Nature Of Damage Details of property damaged in accident No, Of Passenger (Including Driver)	de Carlo Lab

SKETCH PLAN

IMPORTANT NOTICE

- 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 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA) Understand, acknowledge, agree and consent that:
 - 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 accident shall be collectively referred to as the "Insurers"). Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - 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
 - 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.

(if driver is not the policyholder)

Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN	989 S Vehicle B: 5.46	ation: CLUNY RD BOTHNICAL C
CLUN	Y KD.	
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The state of the s	(if driver is not the policyholder)	Name: