ASSIGNMENT

From:	Date:		Veh No:	XE 596	8P Yr F	Regn: >02	OI NUV
Estimated Cost:				h	us / Van / Lorry / Tax	ki / Prime Move	er l
OD ITP I WS I TP RES I OD	RES / EVA / INV / MV			/ Trailer or	GARBAGE TO		
To Inspect Vehicle No:			Make: N	Meritous	BENZ ALOCS	c.c	7658
at Workshop m/s Sens			Colour	MULTI	A/C:	Insured / St	The state of the s
of 6,300 koop Re			Sp.Reading	52202	T/Rac	dio: Insured / S	td / NI / NA
Insured:	AIG		Eng/No:	٠,٢٠٠٠			
Policy No.			C/No:	W1796	4814704631	לטי	
Claims No.		8 18 W		Good /Fa)r / P			
Sum Insured:	Excess:				d / Leaked / Burnt	or	
(Client's Record)	, <u>, , , , , , , , , , , , , , , , , , </u>		Brake: kno	rde / Jamme	d / Leaked / Burnt	or	
Make of Veh:		No.	Modi: Nil	S/Rim / ST	D A/Rim or		
:	. 1		Tyre Size:	F:	315/88R	22.5	
(Policy Condition)				R:	V		
Remark: The veh had comm	nenced its	I/S O/S	BS / DUN / E	XNOVA / GY	/FS/LIZA/MIC/O	HTSU / PIR / S	UMI /
repair at the time	of inspection.		TOYO / YO	KO or	FIREM	<del>1</del> X	
Bal. or Market Value:			Front	-	Rear	_	
IDAC Accident Rport:	Consistent?: Yes or No	0	R/Bal.	B	mm · R/Ba	al. 8/8	3 mm
GIA / PR Seen:	Consistent?: Yes or No	•	L/Bal.	8.	mm L/Ba	1. 8/8	3 mm
Est. Repairs:	days Res.: Yes or N	lo	D.O.A. 13	07/21	D.O.	1.08/10/21	
Lum Sum:	% 3 Val.: Yes or N	0	Survey held a	at	6, In Kou 1	Lo que	
CA / REV / REP. / 2	4 HRS	7	Des. of Dama	ages:Frt / R	tear / O/S / N/S /	U/C / Rooftop	or
Date: Perso	Vehicon Contacted:	cle: IN/OUT			m/3 819		
Date / Time Action / In:			The U/C	/ Chassis fra	ame / Body Structu	re affected due	e to collision.
Pare 1 11110 Total 1 III	Struction		ž	,	- (mma man) - v-	••• ••••••	
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Date/Time, File Pass to?	7. Proli Ponert	N. W.					
1)	: Preli. Report		ays Of Rep	****			d a second
Date/Time, File Return to?		nain P	Resurvey No	o. ot Trip:		ey Fee:	
2)		Add Fee:	: Site I	Insp (\$		oortation: - RS,SI	
Report Format :			: Inten	view (\$	) Photo		'
Lump Sum / I.B.I: (\$				. Invs (\$	) Others		
	) · · · · · · · · · · · · · · · · · · ·		: Wee	kend (\$	,		



Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

# **ESTIMATE FOR XE5968P**

SembWaste Pte Ltd

30 Hill Street #05-04 Singapore 179360

67233200A/C

WIP No

Reg No/Reg Date

Date In/Mileage Chassis No

Engine No

Make/Model

Colour/Trim

Vehicle & Document Information

50926

XE5968P

/ 20/11/2020

VEEDOROE W1T964014204631007

936912C0210734

MBCV/Arocs 2630 6X4 3900

914 Arctic White / NA NOT APPLICABLE

Account No	Terms	Date/Time Printed	CSE	Operator	1			
WS000458	Credit	20/09/2021/ 12:12	in b	610 / Philip Ch	eong			
		Description of Good	ds / Services		Qty	Unit Price	Disc%	Amount
A 00940101 TO REPLACE M STEP PLATE M ADD. TURN	0-0-1	AMP CA	PARTS ()	FFICIA	1.00	839.88 105.92		468.00 587:92 74.14
						$\mathbb{C}$		
				a A		FAM		
			77	MINIE		Ho	90010	68

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurve
- · 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:

2 days
PP
O8/10/21 PIIIO
Reas Sedine repor

Confirmed & accepted by

7% GST on

Nett

1130.06

1,130.06

79.10

Authorized signatory and company stamp

**Total Payable** 

1,209.16

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worm or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur. we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

> Pandan Gardens MBCV Customer Service Center 209 Pandan Gardens Singapore 609339 Tel: (65) 67714389 Fax: (65) 67756310 www.mercedes-benz.com.sg

SN07219D0016 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 13/09/2021 18:38 (SGT) SUBMITTED BY: Muhammad Nizam bin Alias VERSION: 1 (13/09/2021 18:38 (SGT))



# SINGAPORE ACCIDENT STATEMENT

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.

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 13/09/2021 18:38 (SGT) Date of Accident 13/09/2021 11:15 (SGT) **Exact Location of Accident** Singapore Additional Location Information ALONG BALESTIER ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

XE5968P

INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner SEMBWASTE PTE LTD Company Reg No 7280G **Email Address** Mohamad.rani@sembcorp.com Mobile Phone No. (Phone) +65-66810877 Alternative Phone No +65-66810877

### VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Mercedes Model **OTHERS** Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1296

INSURANCE COMPANY

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

NTUC Income Insurance Co-operative Ltd Comprehensive Yes 5117487274-01

DRIVER

Name of Driver Passport No/FIN

Accident report SN07219D0016

SAHATHEVAN S/L MARZEMUTHU **■**206T

25/02/1968 Outdoor Date Of Birth 22/09/2005 Occupation **Date Of Driving Pass** 16 YEARS Driving experience Male (Phone) +65-84595924 Gender Mobile Number Mohamad.rani@sembcorp.com Alt. Phone Number **Email Address** 6 JOO KOON ROAD Address Address complement Postcode No Is the driver the policyholder? **Employee** If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles?

Insurance Company of Other Vehicle Owned by Driver

Vehicle Registration Number of Other Vehicle Owned by Driver

# GENERAL INFORMATION OF THE ACCIDENT

Collision - Change/cross lane Type of Accident Clear **Weather Conditions** 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 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 LENG EE FANG Gender Male

# **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? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

VIDEOS WILL. BE PROVIDED WHEN REQUIRED.

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

SMY3055L



Vehicle Com Name of Dr NRIC NO

Contact

Vehicle Category	Private car
Name of Driver	CHUA SOON LEE
NRIC No	533A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	- '.
No. Of Passenger (Including Driver)	1

# 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. 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:

- 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)
  - (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
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- (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
- 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.
- 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.

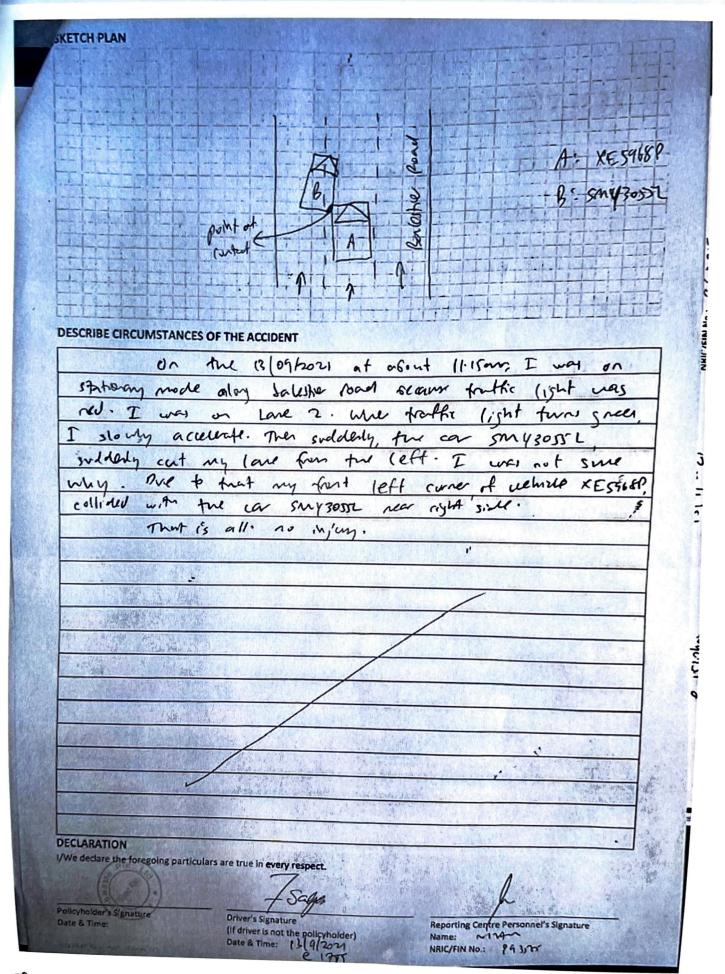
Driver's Signature (If driver is not the policyholder)

Date & Time: 13/9/20

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

993180



# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	280G
Vehicle No.:	XE5968P
Vehicle to be Exported:	No No
Intended Deregistration Date:	11Oct 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	AROCS 2630 6X4 3900 (AUTO,ABS)
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	936912C0210734
Chassis No.:	W1T96401420463100
Maximum Power Output:	
Open Market Value:	\$96,295.00
Original Registration Date:	20 Nov 2020
First Registration Date:	20 Nov 2020
Transfer Count:	
Actual ARF Paid:	\$4,815.00
PARF Eligibility:	No.
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
COE Expiry Date:	19 Nov 2030
COE Category:	C - Goods Vehicle & Bus
COE Period (Years):	10
QP Paid:	\$33,778.00
COE Rebate Amount:	\$30,756.00
Total Rebate Amount:	\$30,756.00

The information contained herein is correct as at 11 Oct 2021