

ASS. REC. BY:

REF: TH /

Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

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: 65k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 08 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/30

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S28 4962TYr Regn: 03, 10Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: M. 2250C.C. 1796Colour: M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading: 149122

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120 472A 123697Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: NI / S/Rlm / STD / A/Rlm or _____Tyre Size: F: 225/55R16

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 29/10/21D.O.I. 30/10/2021

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

Report Format :

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

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

SLZ 4962T

- 1 m rear bumper Bu/cm-
lower skirt Bu-
2 m centre moulding Pt-
Side moulding Ma-
reinforcement
tow cover Mi ✓
3 m rear bumper reinforcement inner beam ?
2 ^{seat} m head rests. ?
4 m reverse sensors Pt/Mi-
2 m tail lamps ?
1 m rear boot Bu-
logo Ma-
emblem 'E250' Ma-
emblem Ma-
moulding Ma x
inner lock Pt-
inner rubber ?
1 m rear spare compartment side garnish ?
1 m rear centre panel Bt-
1 m rear exhaust pipe. ?
1 m rear spare tyre compartment CRT ✓
1 m rear no plate A38/40 Bt ✓

SLZ 4962 T

- ① R & R rear bumper assy, tail bumper,
rear boot and attachment, To cutting,
welding and renew rear end panel,
K & R rear spare tyre compartment,
rear fenders and heady the same \$1000/ ✓ 80%
- ② Putty & respray on rear spare tyre
compartment, rear fenders, rear panel,
boot, rear bumper \$1100/ ✓ 90%
- ③ R & R reverse camera, reverse
sensor and reset system \$50/ ✓
- ④ R & R fit seat head rest
and reset system \$100/ ✓
- ⑤ To straighten. exhaust, and check
renew rear pipe system \$80/ ✓ 60%
- ⑥ Rustproofing \$60/ ✓

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 539B

Vehicle Details

Vehicle No.: SLZ4962T
Vehicle to be Exported: Yes
Intended Deregistration Date: 29 Oct 2021
Vehicle Make: MERCEDES BENZ
Vehicle Model: E 250CGI
Primary Colour: Grey
Manufacturing Year: 2009
Engine No.: 27186030017605
Chassis No.: WDD2120472A123697
Maximum Power Output: 150.0 kW (201 bhp)
Open Market Value: \$52,999.00
Original Registration Date: 16 Mar 2010
First Registration Date: 16 Mar 2010
Transfer Count: 3
Actual ARF Paid: \$52,999.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 15 Mar 2030
COE Category: B - Car (1601cc & above)
COE Period(Years): 10
PQP Paid: \$35,416.00
COE Rebate Amount: \$29,656.00
Total Rebate Amount: \$29,656.00

The information contained herein is correct as at 29 Oct 2021

OK

> Back to OneMotoring

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PARF Eligibility Expiry Date:	-
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COE Rebate Amount:	\$29,656.00
Total Rebate Amount:	\$29,656.00

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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 29/10/2021 17:29 (SGT)
Date of Accident 29/10/2021 14:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF YISHUN AVE 7/ YISHUN IND PARK A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ4962T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PHUA LIAN CHYE
NRIC No SXXXX539B
Email Address phuaminghong@gmail.com
Mobile Phone No (Phone) +65-91129916
Alternative Phone No +65-91129916

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E 250CGI
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 1796

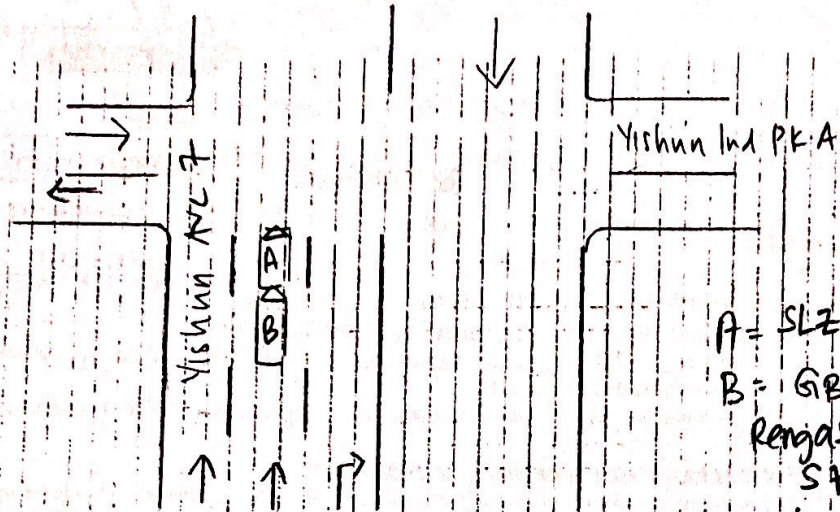
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5111273918-02
Cover Note Number 16/03/2021 -15/03/2022

DRIVER

Name of Driver PHUA MING HONG
NRIC No SXXXX113J

Sketch Plan



A = SLZ 4962 T
 B = GBG 5234 Z
 Rengasamy Sivasankar
 S77 62147 D
 hp: 92479568

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 29/10/21

Time: 240pm.

Traffic light turned red. I slowly came to a stop.
 The next moment, I felt a great impact on my
 rear and realized m/van (B) had collided onto my vehicle.
 I got down my vehicle to check. Driver of said van
 also came down and apologized. Upon checking, I discovered
 my rear portion sustained damages and my driver seat headrest
 airbag also activated.
 I have 2 passengers onboard - No injuries on anyone.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy 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: Eledu (YS)
 NRIC/FIN No.:

() Claim Own Policy (X) Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()