

(08/11/13) wef

ASS. REC. BY:

REF:

CS/CTI 21011229/RIVY3

S102

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLD 16680

at Workshop m/s WEGA ENGINEERING

of 176, SIN MIN DR #04-16

Insured: SGV 6234D CTI

Policy No. DMHCSNW00012332100

Claims No. SNM21D206261/C02/IRENE

Sum Insured:

Excess:

(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:

IDAC Accident Report: 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

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

20/6/22 Rasul informed LS \$8450 (red 14,911, 63%)

Veh No:

SLD 16680

Yr Regn: 2020 / NOV

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

Truck / Trailer or

Make:

MERCEDES BENZ CLA 200PR c.c 1332

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

25185

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIK1183872N129434

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

245/35/22R15

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

31/6/21

D.O.I.

03/6/21

Survey held at

WEGA ENGINEERING

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

FRONT N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 21/6/22-typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

): S + RS, SI

) Photos

) Others

TOTAL

Report Format: Merimen

Lump Sum H.B.t: (\$ 8450

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



WEGA ENGINEERING

automotive workshop and beyond

176, Sin Ming Drive, #04-13/16, Sin Ming Autocare, 575721 Singapore
Tel: 6452 1493 Fax: 6452 9153

DATE : 02/11/2021
TO : CHINA TAIPING CLAIMS DEPT
ATTN :
OFFICE / MOBILE :
EMAIL ADDRESS :

VEHICLE NO. : SLD1668D
MODEL NO. : MERCEDES CLA200 AMG A
CHASSIS NO. : W1K1183872N129434
ENGINE NO. : 2.82915E+13
REG. DATE : 26/11/2020

FROM : WEGA ENGINEERING PTE LTD
ATTN : JUNIOR SOO
OFFICE / MOBILE : 9238 3838
FAX NO. :

REF. NO. :
D.O.A. : 31/10/2021
POLICY NO. : 5119868491
CLAIM TYPE : TP Claim

WORKSHOP : 176 SIN MING DRIVE #04-16 SIN MING AUTOCARE, SINGAPORE 575721

S/N	PART NO.	DESCRIPTION	QUANTITY	PART PRICE
1		FRONT BUMPER <i>cm</i>	1	\$ 1,600.00
2		FRONT BUMPER RETAINER LH ?	1	\$ 42.00
3		FRONT BUMPER RETAINER RH X	1	\$ 42.00
4		FRONT BUMPER CLIPS <i>rec</i>	10	\$ 80.00
5		FRONT FENDER LH <i>buc</i>	1	\$ 720.00
6		FRONT BUMPER GARNISH X	1	\$ 330.00
7		FRONT BONNET <i>LA</i>	1	\$ 1,850.00
8		FRONT BONNET HINGE LH X	1	\$ 110.00
9		FRONT BONNET HINGE RH X	1	\$ 110.00
10		FRONT BONNET HINGE SAFETY ASSY LH <i>Act</i>	1	\$ 220.00
11		FRONT BONNET HINGE SAFETY ASSY RH <i>Act</i>	1	\$ 220.00
12		FRONT BUMPER SPONGE ?	1	\$ 350.00
13		FRONT HEADLAMP LH <i>bro</i>	1	\$ 3,950.00
14		FRONT HEADLAMP BRACKET LH ?	1	\$ 675.00
15		FOGLAMP COVER LH <i>cm</i>	1	\$ 105.00
16		FRONT BUMPER LOWER GARNISH <i>cm</i> X	1	\$ 340.00
17		FRONT BUMPER LOWER SPOILER (CHROME) <i>SLA</i>	1	\$ 330.00
18		FRONT BUMPER CENTRE GARNISH <i>SLA</i> ?	1	\$ 180.00
19		FRONT BUMPER SIDE GARNISH LH X	1	\$ 120.00
20		FRONT SENSOR X	2	\$ 290.00
21		FRONT TYRE RIM LH (AMG) <i>SLA</i> <i>SLA</i> ?	1	\$ 2,200.00 ?
22		ROCKER PANEL LH <i>repair</i> X	1	\$ 550.00
23		FRONT FENDER LINER LH X	1	\$ 95.00
24		FRONT FENDER LINER CLIPS <i>rec</i>	10	\$ 80.00
25		FRONT ABSORBER LH X	1	\$ 795.00
26		FRONT ABSORBER MOUNTING LH X	1	\$ 295.00
27		FRONT SUSPENSION LINK LH X	1	\$ 95.00
28		FRONT KNUCKLE ARM LH <i>SLA</i> X	1	\$ 980.00
29		FRONT WHEEL BEARING LH <i>SLA</i> X	1	\$ 480.00
30		FRONT LOWER ARM LH X	1	\$ 695.00

SUB-TOTAL : \$ 17,929.00

PARTS TOTAL : \$ 17,929.00

LABOUR CHARGES

1 TO REMOVE & REFIT FRONT UNDERCARRIAGE.

2 TO WHEEL ALIGNMENT.

\$ ~~100~~ 350.00

\$ ~~50~~ 120.00

- 3 TO TEST & REFIT SENSOR SYSTEM.
- 4 TO CHECK WIRING & SYSTEM FUNCTION.
- 5 TO APPLY RUST PROOFING ON AFFECTED AREAS.
- 6 TO REMOVE & REFIX REAR WINDSCREEN.
- 7 TO REPAIR, KNOCKING & WELDING FRONT ACCIDENT PORTION,
FRONT BUMPER, FRONT FENDER LH, FRONT BONNET, ROCKER PANEL.
- 8 TO RESPRAY FRONT BUMPER, FRONT BONNET, FRONT FENDER LH,
ROCKER PANEL LH, FRONT DOOR LH.

\$ 60.00 /

\$ 30 100.00

\$ 40 80.00

\$ 1,500.00

\$ 1,400.00

LABOUR TOTAL :

\$ 3,610.00

TOTAL :

\$ 21,539.00

7% GST

\$ 1,507.73

GRAND TOTAL :

\$ 23,046.73

PREPARED BY : JUNIOR SOO

DATE / TIME : 03/11/21 @ 1730

SURVEYOR : Rasul

MOBILE NO. : 96010068

OFFICE FAX NO. :

EMAIL ADDRESS : rasul@lkkauto.com

REPAIR TYPE : PART-BY-PART LUMP SUM

RE-SURVEY : BEFORE PAINT AFTER PAINT

NO. OF DAYS : 6 days

REMARKS :

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:

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	01/11/2021 15:38 (SGT)
Date of Accident	31/10/2021 14:37 (SGT)
Exact Location of Accident	Jurong East Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1668D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHARON TAN SHAN TING
NRIC No	SXXXX510Z
Email Address	bryant.tayzihow@gmail.com
Mobile Phone No	(Phone) +65-94892588
Alternative Phone No	+65-94892588

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
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	1332

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119868491
Cover Note Number	-

DRIVER

Name of Driver	BRYANT TAY ZI HOW
NRIC No	SXXXX878G

Date Of Birth	13/12/1999
Occupation	Outdoor
Date Of Driving Pass	03/09/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96505405
Alt. Phone Number	-
Email Address	bryant.tayzihow@gmail.com
Address	BLK 129 BUKIT BATOK AVENUE 6
Address complement	#08-378
Postcode	650129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SHARON TAN SHAN TING
Gender	Female

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

PLEASE REFER TO ATTACHED SKETCH PLANS.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV6234D
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-81669996
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHARON TAN SHAN TING
Gender	Female
Phone No	(Phone) +65-94892588
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH
Injured person in which vehicle?	SLD1668D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

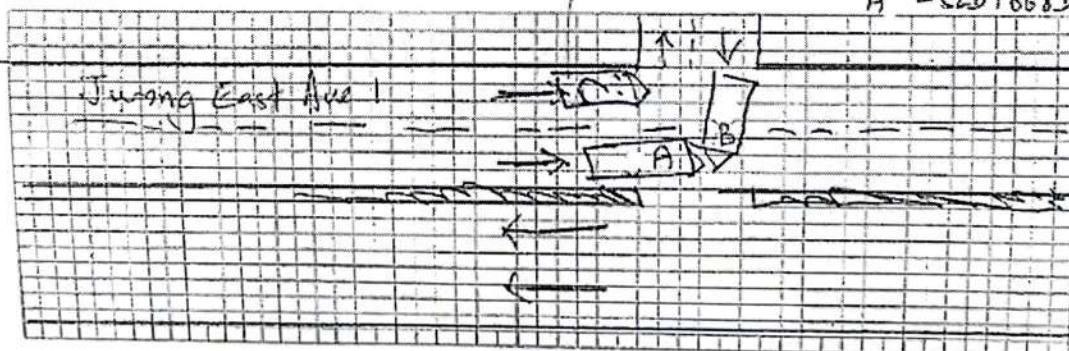
IMPORTANT NOTICE

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 willful 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)
I 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' lawyers/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;
(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 "Purposes")
(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
(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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time
Sketch Plan

[Signature] 01/11/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel
B - SGV6234D
A - CLD1668D



C - SMOH41K

Describe Circumstances of the Accident

While driving along Surong East Ave 1 towards Surong Town Hall Road, I was on the outer right lane of the road. Approaching Surong junction, a vehicle (B) suddenly came out of the carpark exit and collided with my vehicle. My Passenger was injured with 2 days of MC.

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 01/11/21
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	510Z
Vehicle No.:	SLD1668D
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Nov 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA200 PREMIUM AMG LINE AUTO
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	28291480385583
Chassis No.:	W1K11B3872N129434
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$42,562.00
Original Registration Date:	26 Nov 2020
First Registration Date:	26 Nov 2020
Transfer Count:	0
Actual ARF Paid:	\$51,587.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Nov 2030
PARF Rebate Amount:	\$38,690.00
COE Expiry Date:	25 Nov 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$41,503.00
COE Rebate Amount:	\$37,196.00
Total Rebate Amount:	\$75,886.00

The information contained herein is correct as at 07 Nov 2021

OK

Mercedes-Benz CLA-Class CLA200 AMG Line

Overview

Financial

Accessories

Similar

Research

Photos

Map



HIN LUNG AUTO PTE LTD



Price **\$156,800**

Depreciation \$17,560 /yr
[View models with similar depre](#)

Reg Date 09-Jul-2019
(7yrs 8mths 1day COE left)

Mileage 13,000 km (5.6k /yr)

Manufactured 2019

Road Tax [?](#) \$586 /yr

Transmission Auto

Dereg Value [?](#) \$63,578 as of today ([change](#))

OMV \$37,239

COE [?](#) \$39,728

ARF [?](#) \$44,135

Engine Cap 1,332 cc

Power 120.0 kW (160 bhp)

Curb Weight 1,420 kg

No. of Owners 2

Type of Vehicle [Luxury Sedan](#)