

ASS. BY

Store

CS/CT/2011728/43

Eqy3

ASSIGNMENT

From:

128101

Estimated Cost:

ON TP/PS/TP/REP/OD/REP/EVA/INV/MV

To Inspect Vehicle No:

SKE 8785J

at Workshop m/s

Insured:

GBF 4860C

Policy No.

Claims No.

SNM21D206601/C02

Sum Insured:

Excav:

(Client's Record)

Makes of Vch:

(Policy Condition)

Remarks: The vehicle concerned has

repairs of the kind of inspection.



Real. or Market Value:

IOAC Accident Report

Consistent? Yes or No

GIA / PR Sess:

Consistent? Yes or No

Est. Repairs:

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle IN/OUT

Details: Action/Instructions

MV-29K
PV-17,1463
NV-11537

We will be advising our Principal a cost of repair of \$5850 (L/S before GST) - with 5 days of repair, subject to their approval. (Red \$6384.10, 52%)

Rate/Time, Fbr, Repairs:



1. Prel. Report

28/02 Typist



2. Final Report

Rate/Time, Fbr, Repairs:

Rate/Time, Fbr, Repairs:

MER-TP

Rate/Time, Fbr, Repairs:

5850

Vch No:

SKE 8785J

Yr Regn:

12/4/12

Type:

M. Car / M. Cycle / Bus / Van / Lorry / Truck / Trailer or

1597

Make:

Mercedes-Benz C180

C.B.

Colour:

Silver

A/O: Insured / St / NI / N

Sp. Roading

171843

T/Radio: Insured / St / NI / N

Eng/No:

WDD2040452A688068

On/Off

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Mod: All / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12

Tyre Size:

225/45R18

RI

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

TOYO / YOKO or

Front

R/Ral

5 mm

Rear

R/Ral

5 mm

U/Ral

5 mm

U/Ral

5 mm

D.O.A.

16/11/12

D.O.A.

22/11/12

Survey held at

Wah Heng

Det. of Damages: Pri / Rep / O/S / H/S / VIC / Reglar or

The U/S / O/S / H/S / Frame / Body Structure affected due to collision

Days Of Repair

5

Resurvey No. of Trip

1

Survey Fee

Transportation

Survey Fee

Survey Fee

Survey Fee

Survey Fee

Survey Fee

Add Fee:

Site Insp

(\$)

Interview

(C)

Trach. Inve

(C)

Vehicle

(C)



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Page No. 1

Our Ref : WH0924				
Vehicle No. : SKE8785J				
Make & Model : MERCEDES BENZ C 180 KOMPRESSOR				
QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
PARTS (LIST ITEMS)				
1	Boot lid / <i>DD</i>		1849.00	
2	Boot lid both hinge LH/RH@2*\$137 X		274.00	
1	Boot lid logo badge / <i>MC</i>		53.00	
1	Boot lid emblem "c180" / <i>MC</i>		94.00	
1	Boot lid emblem "Kompressor" / <i>MC</i>		119.00	
1	Boot lid lock / <i>CVT</i>		340.00	
1	Tail lamp LH / <i>CVT</i>		705.00	
1	Rear bumper / <i>CR4</i>		1436.00	
1	Rear bumper center bracket ?		156.00	
2	Rear bumper tail lamp side lower bracket LH/RH@2*\$82 ?		164.00	
2	Rear bumper side retainer LH/RH@2*\$65 ?		130.00	
1	Rear bumper center chrome / <i>CVT</i>		210.00	
2	Rear bumper side chrome LH/RH@2*\$149 / <i>CVT</i>		298.00	
2	Rear bumper side lower bracket LH/RH@2*\$33 ?		66.00	
1	Exhaust muffler / <i>BT</i>		1817.00	
2	Headrest LH/RH @2*\$929 / <i>BR</i>		1858.00	
1	Airbag ECU / <i>MC</i>		1180.00	
Part Items Total:			10749.00	
			-10%	-1074.90
				9674.10
SPECIAL NETT ITEMS				
1	Rear bumper clips / <i>MC</i>		35.00	
1	Rear Reverse Sensor / <i>shel</i>		200.00	
1	Rear car plate with holder X		35.00	
SN Items Total:			270.00	
Total Parts:			9944.10	



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Email: motor@wahhong.sg

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ROC NO. & GST REG NO.: (199806235M)

Page No. 2

Our Ref	: WH0924		
Vehicle No.	: SKE8785J		
Make & Model	: MERCEDES BENZ C 180 KOMPRESSOR		
S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	800.00	500
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	800.00	440
3	To remove and refix wiring system at accident damaged area and check for all electrical proper function	60.00	40
4	To perform anti-rust treatment on affected areas	30.00	/
5	To remove and replace Rear reverse sensor	100.00	30
6	To remove and replace Exhaust Muffler	200.00	100
7	Airbag system coding and resetting	300.00	150
Labour Total :		2290.00	
TOTAL (PARTS & LABOUR):		12234.10	

Steve (LKK)

22/11/21, 11.00am

ML AL

L/S

My AL My

5 days

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	175E
Vehicle Details	
Vehicle No.:	SKE8785J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	16 Nov 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180 KOMPRESSOR
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	27191031353161
Chassis No.:	WDD2040452A688068
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$30,319.00
Original Registration Date:	12 Apr 2012
First Registration Date:	12 Apr 2012
Transfer Count:	1
Actual ARF Paid:	\$30,319.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Apr 2022
PARF Rebate Amount:	\$15,159.00
Intended COE Rebate Details	
COE Expiry Date:	11 Apr 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$57,009.00
COE Rebate Amount:	\$2,304.00
Total Rebate Amount:	\$17,463.00

The information contained herein is correct as at 16 Nov 2021

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	16/11/2021 15:56 (SGT)
Date of Accident	16/11/2021 07:05 (SGT)
Exact Location of Accident	Near 9QWF+JJ Singapore
Additional Location Information	ALONG BKE TOWARDS KJE (BEFORE EXIT 5)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE8785J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUNDARAM VELOSAMY
NRIC No	SXXXX175E
Email Address	sundaram.v03@gmail.com
Mobile Phone No	(Phone) +65-97640101
Alternative Phone No	+65-97640101

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V8010513-VDP-E002
Cover Note Number	-

DRIVER

Name of Driver	SUNDARAM VELOSAMY
NRIC No	SXXXX175E

Date Of Birth	03/08/1964
Occupation	Indoor
Date Of Driving Pass	14/07/1995
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97640101
Alt. Phone Number	+65-97640101
Email Address	sundaram.v03@gmail.com
Address	BLK 328 WOODLANDS ST 32
Address complement	#05-61
Postcode	730328
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
Weather Conditions	Clear
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	SEKKHER
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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4860C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	FOO HENG HONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

Pamela 16/11/2021
15:23 hrs
Policyholder's Signature / Date & Time

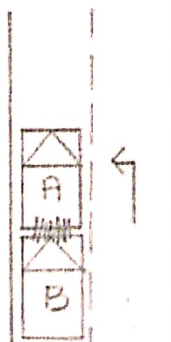
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

ALONG BKE TOWARDS KJE (BEFORE EXIT 5)



VEH A: SKE 8785J

VEH B: GBF4860C

Describe Circumstances of the Accident

On the 16th of Nov at around 0705hrs, I was driving my vehicle A along BKE and filtering into the lane towards KSE, the vehicle in front of me braked and I applied my brake, suddenly the vehicle B at rear collided into my Rear.

Declaration

We declare the foregoing particulars are true in every respect.

Rundevam 16/11/2021
1525hrs

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel