

10/11/13 Wef
ASS. REC. BY: Janu

REF: CS/TP21012933/R1913

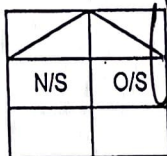
930C

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SNA 5216R
at Workshop m/s WEARNES
of 2, JLN PESAWAT
Insured: INDEPENDANT
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: 171K
IDAC Accident Rpt: 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: _____

Veh No: SNA 5216R Yr Regn: 2012 / DEC
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MERCEDES BENZ GLC 250D 4M c.c. 2143
Colour: BLACK A/C: Insured / Std / NI / NA
Sp. Reading: 91593 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W0C2539092F292147

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 285/55R19

R: 71

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 29/11/21

D.O.I. 22/12/21

Survey held at WEARNES

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

O/S FRt

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

Date / Time Action / Instruction

REPAIR LIMIT - 102K

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

) : S + RS, SI

) Photos

) Others

Report Format : _____

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

TOTAL

SERVICE ESTIMATE

0 - C00001

SL: SERVICE SALES - PC

SNA5216R

-Chen Mingyou

GST Reg.No:M28920628X

Inv.No. : E&P 0 Page 1

Inv.date. : 03/12/2021

WIP No. : 57619

Veh.In/Out:

*Tel.No. :

Reg.No. : SNA5216R

Reg.date :

Mileage : 0

Chassis No: WDC2539092F292147

Closed by : Paul Ong Qing Yong

Svc Consultant :

Remarks

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE BONNET, @820 500	0	6000.00	0		6,000.00	S
	FRT RH FENDER, FRT RH DOOR,					1500	
	REAR RH DOOR, RH WING MIRROR,						
	SIDE STEP, ETC						
800	TO SPRAYPAINT ON @400	0	6300.00	0		6,300.00	S
	BONNET, FRT RH FENDER,					1400	
	FRT RH DOOR, REAR RH DOOR,						
	WING MIRROR COVER,						
	REAR RH FENDER, ETC						
802	TO REMOVE, REFIT & TRANSFER	0	500.00	0	150	500.00	S
	FRT RH DOOR COMPONENTS						
0031	TO REPLACE FRT RH RIM	0	50.00	0	150	50.00	S
419	WHEEL ALIGNMENT	0	280.00	0	150	280.00	S
280	TO CHECK WIRING INCLUDE	0	621.00	0	250	621.00	S
	RESETTING OF ALL ELECTRICAL						
	MODULES						
	SIDE MIPROR RH cra	1.0 EA	3645.20			3,645.20	S

SERVICE ESTIMATE

0 - C00001

SL: SERVICE SALES - PC

SNA5216R

-Chen Mingyou

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Closed by : Paul Ong Qing Yong

Svc Consultant :

Remarks :

GST Reg.No. M28920628X

Inv.No. : B&P 0 Page 2

Inv.date : 08/12/2021

WIF No. : 57619

Veh.In/Out.

*Tel.No. :

Reg.No. : SNA5216R

Reg.date :

Mileage : 0

Chassis No: WDC2539092F292147

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	DOOR PANEL FRT RH <i>bt</i>	1.0 EA	3581.40			3,581.40	S
	DOOR SEAL FRT RH <i>ren</i>	1.0 EA	425.10			425.10	S
	SIDE STEP RH <i>con</i>	1.0 EA	573.30			573.30	S
	FENDER FRT RH <i>bt</i>	1.0 EA	1271.40			1,271.40	S
	RIM <i>repair</i>	1.0 EA	2285.40			2,285.40	S
	BONNET <i>repair</i>	1.0 EA	2798.90			2,798.90	S

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:

Paul
Hp 900100 68
5 days
22/12/21 @1100
Resuy before paint

Labour Total 13,751.00
 Parts Total 14,580.70
 Package Total 0.00

Gross Total. 28,331.70

Net.... 28,331.70

GST @ 7.0% 1,983.22

Total.... 30,314.90

Paid.... 0.00

Please Pay.. 30,314.90

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

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	30/11/2021 15:30 (SGT)
Date of Accident	29/11/2021 11:45 (SGT)
Exact Location of Accident	Namly Ave, Singapore
Additional Location Information	Near 127 Namly Ave
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5216R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chen Mingyou
NRIC No	SXXXX730C
Email Address	mychen229@gmail.com
Mobile Phone No	(Phone) +65-90170315
Alternative Phone No	+65-90170315

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
Variant	GLC250D 4MATIC AUTO
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	2143

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	Chen Mingyou
NRIC No	SXXXX730C

Date Of Birth	22/09/1990
Occupation	Indoor
Date Of Driving Pass	12/05/2011
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90170315
Alt. Phone Number	+65-90170315
Email Address	mychen229@gmail.com
Address	119A Canberra Crescent #07-301
Address complement	-
Postcode	751119
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	Collided into Motorcyclist
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 ATTACHED

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	FBN7791G
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-

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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 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:

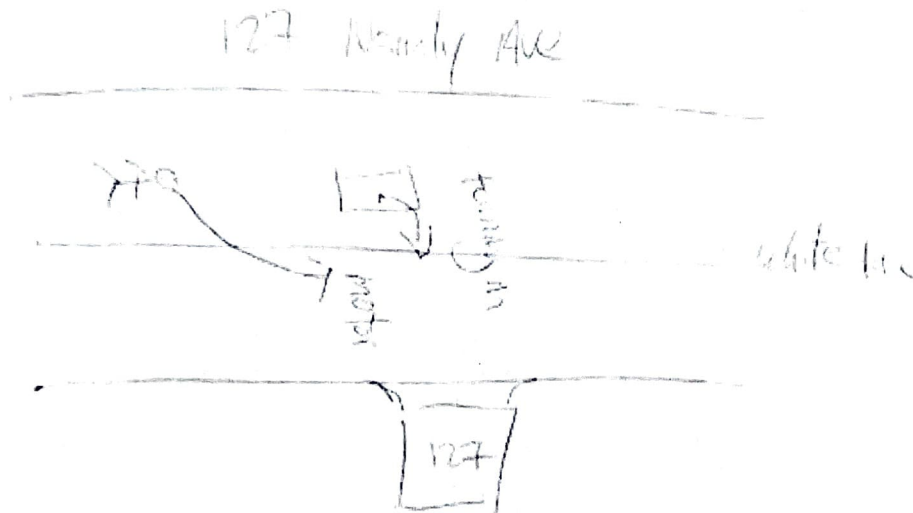
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

when the truck 11 to 127 nanyang Ave motor cut from the right side

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:
NRIC/FIN No.:

Mercedes-Benz GLC-Class GLC250d Coupe AMG Line 4MATIC

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$169,888		
Depreciation ⓘ	\$23,050 /yr View models with similar depre	Reg Date	22-Nov-2017 (5yrs 10mths 30days COE left)
Mileage	106,456 km (26.1k /yr)	Manufactured ⓘ	2017
Road Tax ⓘ	\$2,038 /yr	Transmission	Auto
Dereg Value ⓘ	\$84,207 as of today (change)	Fuel Type	Diesel (Euro 5 Engine and Above)
COE ⓘ	\$57,414	OMV ⓘ	\$52,763
Engine Cap	2,143 cc	ARF ⓘ	\$66,974
Curb Weight ⓘ	1,845 kg	Power	150.0 kW (201 bhp)
Type of Vehicle	SUV	No. of Owners ⓘ	4



Preferred Viewing A

Features

Price C

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	730C
Vehicle No.:	SNA5216R
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Dec 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLC250D 4MATIC AUTO
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	65192134160279
Chassis No.:	WDC2539092F292147
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$46,216.00
Original Registration Date:	08 Dec 2017
First Registration Date:	08 Dec 2017
Transfer Count:	1
Actual ARF Paid:	\$51,703.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Dec 2027
PARF Rebate Amount:	\$38,777.00
COE Expiry Date:	07 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,189.00
COE Rebate Amount:	\$29,305.00
Total Rebate Amount:	\$68,082.00

The information contained herein is correct as at 22 Dec 2021

OK