

08/11/13) wef

ASS. REC. BY: Rame

REF:

CS3/CTI 21012957/R19y3

6249

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMZ 7936Mat Workshop m/s MJE MOTORof 7, SIN MINH IND EST SEC C #01-96Insured: CTI

Policy No.

Claims No. SNM21D207417/C02

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:

99K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

3

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:

SMZ 7936MYr Regn: 2017 / APRType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

MERCEDES BENZ CLA 180 AMG c.c 1595

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

61180

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W001173422N487321Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/40ZR18

R:

4 4BS / 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.

17/12/21

D.O.I.

22/12/21

Survey held at

MJE

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 UNIT - 49K

\$4K-\$5K

ESTIMATE RANGE OF REPAIR/no. OF DAYS - (3K-4K) / 3 days

10/02/22 Submit PRS.

Date/Time, File Pass to?

☐

: Prel. Report

1) 10/02 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

): S + RS \$☐

: Interview (\$

): Photos

☐

: Tech. Invs (\$

): Others

☐

: Weekend (\$

):

Report Format: MER-PRS

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

TOTAL

# 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	20/12/2021 12:26 (SGT)
Date of Accident	17/12/2021 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	38 ALEXANDRA TERRANCE CAR PARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ7936M

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG KOH CHOI
NRIC No	S8034624G
Email Address	NICHOLAS.KCLEONG@GMAIL.COM
Mobile Phone No	(Phone) +65-90600812
Alternative Phone No	+65-90600812

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122478849
Cover Note Number	-

### DRIVER

Name of Driver	LEONG KOH CHOI
NRIC No	S8034624G



Date Of Birth	27/10/1980
Occupation	Outdoor
Date Of Driving Pass	09/02/2012
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90600812
Alt. Phone Number	+65-90600812
Email Address	NICHOLAS.KCLEONG@GMAIL.COM
Address	224C, SUMANG LANE #04-111
Address complement	-
Postcode	823224
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	Side Swipe
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)	0
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 SKECH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA6679G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -



SKETCH PLANIMPORTANT NOTICE

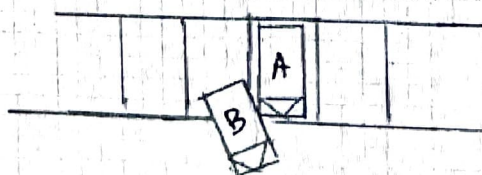
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMZ 7936M

B: SNA 6679G

38 Alexandra Terrance


Describe Circumstances of the Accident

At about 0830 hrs, I parked my vehicle A in  
38 Alexandra Terrace Carpark. At about 1300 hrs  
I was informed that vehicle B collided into  
~~that~~ my vehicle when he was exiting the carpark  
lot. I went to the carpark & saw vehicle B  
has collided into the front right of my vehicle  
My vehicle will be repaired at MSE Motor

Declaration

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

CITY AUTO PTE LTD  
Btx 8 Sin Ming Road  
#01-55/59/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
Witnessed by Reporting Centre  
Personnel



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	624G
Vehicle No.:	SMZ7936M
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Dec 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 AMG
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	27091031232063
Chassis No.:	WDD1173422N487321
Maximum Power Output:	90.0kW (120 bhp)
Open Market Value:	\$30,372.00
Original Registration Date:	19 Apr 2017
First Registration Date:	19 Apr 2017
Transfer Count:	1
Actual ARF Paid:	\$29,521.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Apr 2027
PARF Rebate Amount:	\$22,140.00
COE Expiry Date:	18 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW(130bhp)
COE Period(Years):	10
QP Paid:	\$51,765.00
COE Rebate Amount:	\$27,560.00
Total Rebate Amount:	\$49,700.00

The information contained herein is correct as at 22 Dec 2021

OK



# Mercedes-Benz CLA-Class CLA180 AMG Line

Overview

Financial

Accessories

Similar

Research

Photos

Map



## 360 VR CARS

A subsidiary of 360 HOLDINGS

**Price** **\$104,000**

**Depreciation** \$16,280 /yr  
[View models with similar depreciation](#)

**Reg Date** 07-Jul-2017  
(5yrs 6mths 14days COE left)

**Mileage** N.A.

**Manufactured** 2016

**Road Tax** \$740 /yr

**Transmission** Auto

**Dereg Value** \$44,468 as of today ([change](#))

**OMV** \$29,055

**COE** \$42,801

**ARF** \$27,677

**Engine Cap** 1,595 cc

**Power** 90.0 kW (120 bhp)

**Curb Weight** 1,395 kg

**No. of Owners** 2