

ASS. REC. BY:

REF:

AGZ/ 22000218/16g

C

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:

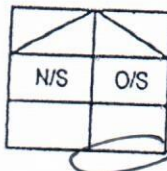
(Client's Record)

Make of Veh:

11-1130am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SE 45U

Yr Regn:

11, 18

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

Truck / Traller or

Make:

Mer A200

c.c

1333

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

8337P

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD1770872-N 010925

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

225/45R18

R:

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

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

4/1/22

D.O.I.

17/1/2022

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

8/6

81683.30 Cash (Red 1045.90, 38%)

Date/Time, File Pass to?

1) 13/6 10:00

Date/Time, File Return to?

2)

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

TP

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

1683.30

ESTIMATE TO REPAIR

VEHICLE NO. : SE 45 U
MAKE : MERCEDES BENZ
MODEL : A200 AMG LINE AUTO
YEAR : 2018
CHASSIS NO : WDD1770872N010925

SURVEYOR NAME : Lkk
DATE OF SURVEY : 17/01/22
TIME OF SURVEY :

DATE : 06-Jan-22
DATE OF ACCIDENT : 05-Jan-22
THIRD PARTY REF : SFQ 2868 P
THIRD PARTY REF : BUDGET DIRECT INSURANCE SINGAPO

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	rear bumper 1337	Nett		\$ 1,337.00	
2 pcs	rear bumper sensor	Nett	\$ 159.00	\$ 318.00	
2 pcs	rear bumper bracket	Nett	\$ 63.00	\$ 126.00	
1 pc	rear bumper reinforcement	Nett		\$ 407.00	
	less 10%				\$ 2,188.00
					\$ 218.80
					\$ 1,969.20
	To putty & spray paint.				\$ 300.00
	To check rear wiring & replace seneor.				\$ 180.00
	labour charges.				\$ 280.00
TG/VL	TOTAL				\$ 2,729.20

Not Authorized
Penalty Bkpoint 2 days
1683.30

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:	178A
Vehicle Details	
Vehicle No.:	SE45U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Jan 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	A200 AMG LINE AUTO
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	28291480018537
Chassis No.:	WDD1770872N010925
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$36,886.00
Original Registration Date:	02 Nov 2018
First Registration Date:	02 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$43,641.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Nov 2028
PARF Rebate Amount:	\$32,730.00
Intended COE Rebate Details	
COE Expiry Date:	01 Nov 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$32,552.00
COE Rebate Amount:	\$21,355.00
Total Rebate Amount:	\$54,085.00

The information contained herein is correct as at 05 Jan 2022

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	05/01/2022 13:20 (SGT)
Date of Accident	04/01/2022 18:50 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	JUNCTION OF UPP SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SE45U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SANTINA TAN SWEE SIANG
NRIC No	SXXXX178A
Email Address	SANTINA45@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81680505
Alternative Phone No	(Home) +65-81680505

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	1333

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00529163
Cover Note Number	02/11/2021 TO 01/11/2022

DRIVER

Name of Driver	FONG WILLIAM
NRIC No	SXXXX951G

Date Of Birth	10/06/1971
Occupation	Indoor
Date Of Driving Pass	07/03/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96654459
Alt. Phone Number	-
Email Address	FONGWILLIAM@ME.COM
Address	7 PUNGGOL FIELD WALK #19-18
Address complement	-
Postcode	828742
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 SKETCH 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	VIDEO IS OWNER WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFQ2868P
Vehicle Manufacturer	Nissan
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)	-

INJURED PERSONS DETAILS

INJURED 1

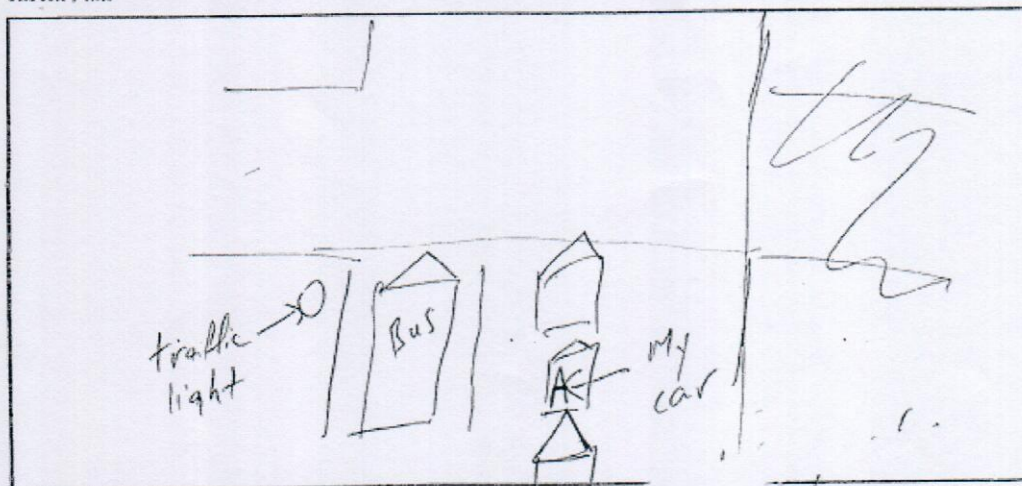
Name of injured person	FONG WILLIAM
Gender	Male
Phone No	(Phone) +65-96654459
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WAIST AND BACK AREA
Injured person in which vehicle?	SE45U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.

Sketch Plan



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel

05/01/2022
AIRC MOTOR COMPANY

Date of accident: 4 Jan 2022 Time: 6:50pm Location: JUNCTION OF UPPER SERANGOON RD
 My Vehicle A: SE 45 U Vehicle B: SFQ 2868P Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

I was at the traffic junction of Upp Serangoon Road. When the traffic light turned Green, before I could move off, the vehicle behind ramped me from the back.

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.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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



Witnessed by Reporting Centre Personnel



05/01/2022
 AH LIM MOTOR COMPANY