ASSIGNMENT

F1(vii)	-17
Estimated Cost:	Veli No: XF-6577C YI Rogn: 13/7/21
QD/TP/WS/TP RES/ OD RES/ EVA/INV/ MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	T(uck) Traller or
al Workshop m/s	Moko: Merclacs DMZ A10(52630 c.c 44446 7698
of	Colour Tally NC: , Insured / Std / NI / NA
Insured:	Sp. Reading Notavai: T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No. D21003447MFBP	CINO: W1796401470518246
Sum Insured: Excoss:	Gen. Cond: 060 / Fair / Poor / Burnt
(Client's Record)	Steering: Interder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder/Jammed/Leaked/Burnt or
	Modi: NII (SIRIM) STD AIRIM or .
(Policy Condition)	Tyro Size: F: 3/5/80R22.5
Remarks The such had	R: 315/80122.5
repair at the time of inspection.	BSTOUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO or
	Fron Roar R/Bal. 7 mm - R/Bal. 7 mm
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Scen: Consistent?: Yes or No	
Est. Repairs. days Res.: Yos or No	L/Bal. 7 mm L/Bal. 7 mm
Lum Sum: % 3 Val.: Yos or No	D.O.A. <u>76/11/2/</u> D.O.I. <u>9/2/22 153</u> 0
5 FOIL 103 OF NO	Survey held al Sembwaste
CA [REV / REP. / 24 HRS	Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooflop or
Dale: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	- 480.3
08/03/22@2.30pm revised to FCI by email.	
Final fig \$980.31, 1 day (Red \$0/-,	0%)
1	
Date/Time, Fig Pass 197 Proli Report	
, , ,	ays Of Repair:
1) 08/03 Typist : Final Report R	esurvey No. of Trlp: Survey Fee:
Add Fee:	: Site Insp. (\$) _s+Fssi .
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	: Tech, Inve (\$) (6sec
980.31	: Weel one: 18
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ESTIMATE FOR XE6577C

Cycle & Carriage Industries Pte Limited Authorized Dealer Company No. 196400367W GST Rag No. MR-8500111-X

SembWaste Pte Ltd

30 Hill Street #05-04 Singapore 179360

67233200A/C

WIP No

Reg No/Reg Date

Date In/Mileage

Chassis No

Engine No

Make/Model

Colour/Trim

Vehicle & Document Information

53141

XE6577C / 13/07/2021

9 34120 mg way W1 1964014205182464

936912C0233465

MBCV/Arocs 2630 6X4 3900

914 Arctic White / NA NOT APPLICABLE

Account No	Terms	Date/Time Printed	CS	E Oper	rator				
VS000458	Credit	03/12/2021/ 16:	01 Ger	620	/ Jaiganesh S				
		Description of	Goods / Serv	ices		Qty	Unit F	Price Disc%	Amount
A 88323101	MIRROR QUO		AN	OFF	ICIAL	. 1	AX	35.00	OICE 46.80
MIRROR COVER COVER	MIRROR ON	RIGHT REPLACE			The state of the s	1.00	92	3.45 45.00 2.26 45.00 5.78 45.00	MC 50.74/
1 COVER 1 COVER				webs.	m M	1.00	40		Nº 24.60

Though eltheuto.lom 82235769 9/2/22 1530 PIP Iday wp

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:

Dale:

Confirmed & accepted by

Nett 7% GST on 980.31

980.31 68.62

Total Payable

1,048.93

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renowal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

Pandan Gardens MBCV Customer Service Center 209 Pandan Gardens Singapore 609339 Tel: (65) 67714389 Fax: (65) 67756310 www.mercedes-benz.com.sg



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany









ACCIDENT INVOLVING XE6577C AND SBS6450X ON 26.11.21











Vehicle Registration Details

Vehicle No. XE6577C	Make/ Model MERCEDES BENZ /AROCS 2630 6X4 3900 (AUTO,ABS)	Vehicle Scheme -
Current Propellant Diesel	Chassis No. W1T96401420518246	Vehicle Type Goods (Open) Garbage /Sanitary Wagon

Owner's Details

SEMBWASTE PTE. LTD.

199507280G

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Registration Details

200

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13 Jul 2021

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Vehicle Specifications

Linguis 1 dez

936912C0233465

Year of Manufacture:

2021

Owner ID Type

Company

Registered Address

30 HILL STREET #05-04 SINGAPORE 179360

Birth Date

Effective Date of Ownership.

13 Jul 2021

Registration Date:

13 Jul 2021

IU Label No:

2010604765

Chassis No:

W1T96401420518246

Printary Colour:

White

Secondary Colour: Passenger Capacity. Engine Capacity / Power Rating: Maximum Power Output: 7698 cc/-Max Unladen Weight: Maximum Laden Weight: 11440 kg 28000 kg Vehicle Attachment 1 Vehicle Attachment 2: With Roll On/Off Vehicle Attachment 3: Additional Registration Fee (ARF) and COE Information Additional Registration Fee Rate: Open Market Value: 5.00 % \$100,068.00 Vehicle Lifespan Expiry Date: Actual ARF Paid: 12 Jul 2041 \$5,004.00 QP during COE Bidding Exercise: OPC Cash Rebate Eligibility: \$38,900.00 No COE Expiry Date: COE No .: 12 Jul 2031 2021080105000002Z COE Registration Category: COE Category: C - Goods Vehicle & Bus C - Goods Vehicle & Bus Quota Premium (QP) / Prevailing Quota Actual QP Paid Premium: \$38,900.00 \$38,900.00 / -QP (Regn Cat): \$38,900.00 **PARF Rebate Details** PARF Eligibility Expiry Date: PARF Eligibility:

Minimum PARF Benefit:

SN0721BR000N / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 27/11/2021 17:01 (SGT) SUBMITTED BY: Louis Lim VERSION: 1 (27/11/2021 17:01 (SGT))



SINGAPORE ACCIDENT STATEMENT

- The lease report correctly the details of the accident to speed up the claims process.

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

 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- A. 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 Date of Accident Exact Location of Accident Additional Location Information

Country/State of Loss

27/11/2021 17:01 (SGT) 26/11/2021 15:00 (SGT)

Singapore

BEDOK NORTH ROAD TOWARDS JUNCTION OF BEDOK NORTH ROAD AND BEDOK RESERVOIR ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number		XE6577C
INSURED/POLICYHOLDER		y
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No	100 000 00 40 10 00 400000 00 10 0 0 13 000 000	Yes SEMBWASTE PTE LTD 199507280G MOHAMAD.RANI@SEMBCORP.COM
Alternative Phone No		(Phone) +65-91864590 +65-91864590
VEHICLE PARTICULARS		, , , , , , , , , , , , , , , , , , ,
Manufacturer		Mercedes
Model	a conquest at the	OTHERS
Variant		•
Exact purpose for which vehicle accident Are you claiming under your owr your vehicle? Vehicle Category Transmission CC	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Employment No - Claiming third party Commercial vehicle Auto 1656
INSURANCE COMPANY		
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	ent to the first party of the second of the first of the second of the s	NTUC Income Insurance Co-operative Ltd Comprehensive Yes 5117487274-01
Name of Driver	ate is no to a situate con a construction of the	TEH YU MENG

NRIC No Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender
Mobile Number
Alt, Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT SI

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Was there any audio recorded?

\$2548787G 25/07/1966 Outdoor 21/10/1996

25 YEARS AND 1 MONTH

Male

(Phone) +65-91836285

MOHAMAD.RANI@SEMBCORP.COM

BLOCK 184C RIVERVALE CRESCENT #05-203

543184 No Employee

Employee No

-

Side Swipe Clear Dry

No

2 No

> Yes 1

No

No

No

Yes

ADVISED THE SUPERVISOR TO SEND TO MOTORVIDEO@INCOME.COM,SG

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver SBS6450X

-

Bus

SIA KEE WEE



Work Permit No	4 04224107
Contact Number	(Phone) +65-83378645
Address	(1 Holle) +03-63376043
Address	-
Address complement	_
Postcode	
Insurance Company Name	
Not of D	· **
Nature Of Damage	
Details of property damaged in accident	
No OCD	•
No. Of Passenger (Including Driver)	



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-
- Information provided must be as truthful and eccurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate 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 (QIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

Lunderstand, 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)
 - 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")
- (U) 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.

Palicyteider's Serterury

Driver's Signature (If driver is not the policyholder) Date & Time: 27 (11, 26) Reporting Centre Performat's Signature
Name: Lows Lim
NRIC/FIN No.1 (1991)

5994

Accident report SN0721BR000N

ETCH PLAN	
Living the graph of the transfer to be figure on the	
A	XE 65AC
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CRIBE CIRCUMSTANCES OF THE ACCIDENT	988 W N N N N N N N N N N N N N N N N N N
Vehicle A was stopped for warting traffic light to to	an green.
vehick B was travelling on right lane and collected on	nto front
behick B was travelling on right lane and colleded on	nes Jone
right mirror of whick 1.	
	9.
ARATION	لــــــــــا
declare the large oing particulars are true in every respect.	*
holder's Signature Driver's Signature Reporting Centre Personnel's State Filme:	lignature
Time: (If driver is not the policy older) Name: Date & Time: 37 (200) NRIC/FIN NO.: 577435	,