

ASS. REC. BY:

REF:

CT2 / 22000 762 / Ky

C

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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.

N/S	O/S

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:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SK 2 3543M Yr Regn: 01. 16

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

Truck / Trailer or

Make:

M CL A 180 c.c. 1595

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

143239

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WOD 117342 2N 278119

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

225/40R18

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

13/1/22

D.O.A.

24/1/2022

Survey held at

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

O/S 1st

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

Date / Time

Action / Instruction

26/1 / 11hpm @ 3350h Cash (Red: 4245.54, 5500)

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

3350



Sin Ming Autocare BFG Pte Ltd

176 Sin Ming Drive
#02-05 Sin Ming Autocare
Singapore 575721
Tel : 6455 0600 | Fax : 6455 6192
Website: www.autocare.com.sg
GST Reg. No: 20-0210033-N

CHINA TAIPING INSURANCE (S) PTE LTD

Not with him

C1Pm 83350h

Phony After Rain

ESTIMATE

Attn: Motor Claim Dept

VEHICLE NO: SKZ3543M

MAKE/MODEL: MERCEDES BENZ

2 days

WDD1173422N278119 YEAR: 2015

DATE: 17/1/2022

No.	Descriptions	Qty	Unit Price	Amount S\$
LIST ITEM:				
1	FRONT BUMPER <i>1421.95</i>	<i>CM</i> 1	\$ 1,895.40	\$ 1,407.64 ✓
2	FRONT BUMPER CLIPS	<i>m</i> 10	\$ 8.00	\$ 80.00 ✓
3	FRONT BUMPER SIDE BRACKET RH	<i>sn</i> 1	\$ 158.50	\$ 158.50 X
4	FRONT BUMPER SIDE BRACKET LH	<i>sn</i> 1	\$ 158.50	\$ 158.50 X
5	FRONT BUMPER NOZZLE MOTOR RH	<i>sn</i> 1	\$ 285.15	\$ 285.15 X
6	FRONT BUMPER NOZZLE COVER RH	<i>sn</i> 1	\$ 108.25	\$ 108.25 X
7	FRONT HEADLAMP RH <i>2632.90</i>	<i>sn</i> 1	\$ 3,503.50	\$ 3,503.50 ✓
<i>108</i>				\$ 5,701.54

SPECIAL NETT ITEMS:

1	FRONT BUMPER SIDE SENSOR RH	\$ 234.00	\$ <i>R</i> 234.00 X
		\$	234.00

LABOUR:

1	TO DISMANTLE & REPLACE DAMAGED PARTS,PANEL BEAT WHERE NECESSARY	\$ 700.00	\$ 700.00 <i>22cl</i>
2	TO PUTTY,APPLY PRIMER & SPRAY PAINT FENDER RH FRONT BUMPER	\$ 800.00	\$ 800.00 <i>25cl</i>
3	TO CHECK WIRING FUNCTIONS	\$ 80.00	\$ 80.00 <i>2cl</i>
4	COMPUTER PROGRAMME	\$ 80.00	\$ 80.00 <i>nn</i> X
		\$	1,660.00

for Sin Ming Autocare BFG Pte Ltd



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:

7595.54

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	886I
Vehicle Details	
Vehicle No.:	SKZ3543M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Jan 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 (R18 BI)
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	27091030784331
Chassis No.:	WDD1173422N278119
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,320.00
Original Registration Date:	20 Jan 2016
First Registration Date:	20 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$25,248.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Jan 2026
PARF Rebate Amount:	\$17,673.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$59,200.00
COE Rebate Amount:	\$23,711.00
Total Rebate Amount:	\$41,384.00

The information contained herein is correct as at 17 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 the 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	13/01/2022 14:03 (SGT)
Date of Accident	13/01/2022 08:20 (SGT)
Exact Location of Accident	Upper Changi Rd N, Singapore
Additional Location Information	TOWARDS UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3543M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH ENG WHATT
NRIC No	S1438886I
Email Address	gohew123@gmail.com
Mobile Phone No	(Phone) +65-97604543
Alternative Phone No	+65-97604543

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120049852000
Cover Note Number	-

DRIVER

Name of Driver	GOH ENG WHATT
NRIC No	S1438886I

Date Of Birth	15/03/1960
Occupation	Indoor
Date Of Driving Pass	07/09/1982
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97604543
Alt. Phone Number	+65-97604543
Email Address	gohew123@gmail.com
Address	210 LOYANG AVENUE
Address complement	#03-01
Postcode	509063
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)	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

I WAS TRAVELLING ON THE UPPER CHANGI ROAD NORTH ON THE 2ND LANE AND TRY TO CROSS JUNCTION TOWARDS UPPER CHANGI ROAD EAST. AFTER WHEN I ALMOST TURN INTO UPPER CHANGI ROAD EAST, SUDDENLY I SAW THE VEHICLE B IN A HIGH SPEED CUT INTO MY LANE WHICH IS A DOUBLE LINE LANE. THE VEHICLE B REAR PORTION HIT AGAINST MY RIGHT SIDE FRONT PORTION OF MY VEHICLE.

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	GBK4414G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ROMAN MOHAMMAD
Passport No/FIN	G2260206W

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

IMPORTANT NOTICE

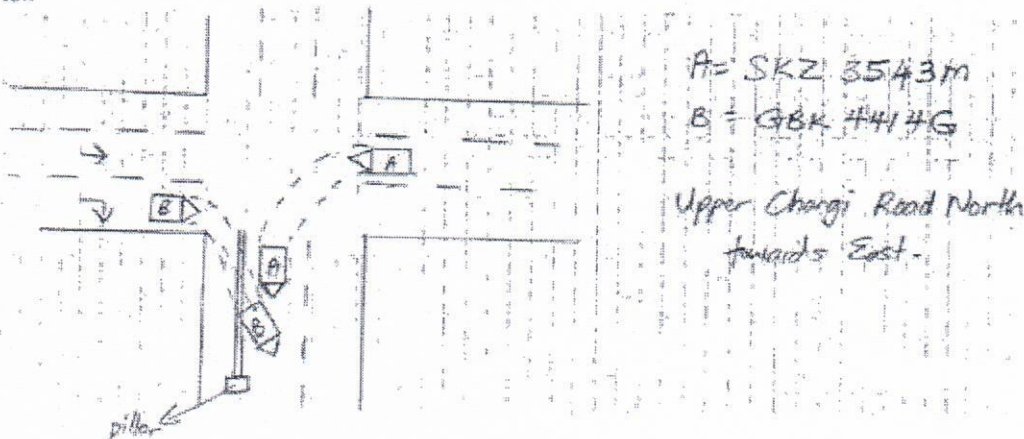
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 CMA 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' law firms/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) comply 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


I was travelling on the Upper Changi Road North on the 2nd lane and try to cross junction towards Upper Changi Road East. After when i almost turn into Upper Changi Road East, suddenly i saw the vehicle B in a high speed cut into my lane which is a double line lane. The vehicle B rear portion hit against my right side front portion of my vehicle.

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

 13/01/2022
Witnessed by Reporting Officer Personnel

