ASS. REC. BY: Steve

REF: CS/CT1270033 78/Ery3

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: SKG 684J

Policy No. DMPCSNW00018452201

Claims No. SNM22D202275/C02/LEWLC

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 Rport: _____ 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: SMW 3939Y Yr Regn: 25/9/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mercedes-Benz GLC300 c.c 1991

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 24966 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD7533842F814067

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: 285/40R20

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	1/12/22	D.O.I.	14/11/22

Survey held at TTS Eurokars

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	MV- 7.75K
12/6/22	Steve informed final fig $769.29 (Red 7529.44, 90%)

Date/Time, File Pass to?

1) _____ ☐ : Prell. Report

Date/Time, File Return to? ☐ : Final Report

2) 27/6/22-typist

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 769.29)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Photos _____

Others _____

TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	520E
Vehicle Details	
Vehicle No.:	SMW3939Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Apr 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLC300 AMG PREMIUM M-HYBRID
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	26492080058267
Chassis No.:	W1N2533842F814067
Maximum Power Output:	200.0 kW (268 bhp)
Open Market Value:	$64,609.00
Original Registration Date:	25 Sep 2020
First Registration Date:	25 Sep 2020
Transfer Count:	0
Actual ARF Paid:	$88,297.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Sep 2030
PARF Rebate Amount:	$66,222.00
Intended COE Rebate Details	
COE Expiry Date:	24 Sep 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$40,989.00
COE Rebate Amount:	$32,791.00
Total Rebate Amount:	**$99,013.00**

The information contained herein is correct as at 14 Apr 2022

OK

SE0R22410001-01 / Elite Automotive Pte Ltd
ENTRY DATE & TIME: 01/04/2022 18:09 (SGT)
SUBMITTED BY: Hang Pek Chin
VERSION: 2 (01/04/2022 18:24 (SGT))

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 witholding 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	01/04/2022 18:09 (SGT)
Date of Accident	01/04/2022 10:53 (SGT)
Exact Location of Accident	804 Hougang Central, Singapore 530804
Additional Location Information	804 Hougang Central Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW3939Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ang Choo Ming, Alvin
NRIC No	SXXXX520E
Email Address	yonglingye@gmail.com
Mobile Phone No	(Phone) +65-98539049
Alternative Phone No	+65-98539049

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC300
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	1991

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-007027
Cover Note Number	-

DRIVER

Name of Driver	Ye Yong Ling
NRIC No	SXXXX439H

Date Of Birth	14/08/1987
Occupation	Indoor
Date Of Driving Pass	19/10/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96842553
Alt. Phone Number	-
Email Address	yonglingye@gmail.com
Address	68 Upper Serangoon View #16-20
Address complement	-
Postcode	533884
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	Collided into Parked Vehicle
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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20220401/7032

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

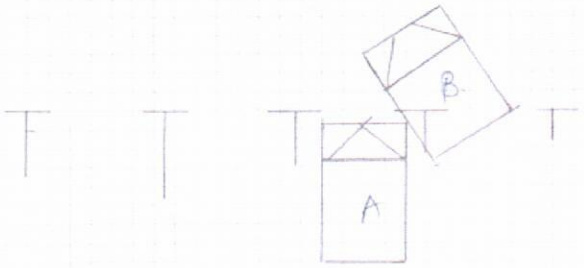
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG684J
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 PLAN

A : SMW 3939Y.
B : SKG 684J.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT

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.:

SKETCH PLAN #2

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.:

SINGAPORE POLICE FORCE

F/20220401/7032

POLICE REPORT (NP299)

Report No. F/20220401/7032

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made	Vide Report No.	Station Diary No.
01/04/2022 14:40		

Name Of Informant	Address
YE YONGLING	68 UPPER SERANGOON VIEW #16-20 SINGAPORE 533884
ID Type / ID No. NRIC NO / S8723439H	Contact No. Home/Office: Mobile: 96842553
Nationality SINGAPORE CITIZEN	Email Address YONGLINGYE@GMAIL.COM

Occupation	Sex	Age	Date of Birth	Race
Pri Sch Teacher	Female	34	14/08/1987	Chinese

Institution/School Name	Language
	English
Date/Time Of Incident 01/04/2022 10:50 - 01/04/2022 10:55	Location Of Incident 804 HOUGANG CENTRAL SINGAPORE 530804

Brief details.

My husband's car (SMW 3939Y) was parked next to the vehicle that hit and run. It turned left and scratched the right side of the front of my car before leaving its parking lot at 10 53 on the 1st April 2022. The front camera is able to capture the car plate number of the lexus vehicle that hit and run. It was a white lexus SKG 684J. The video file is way too big, hence, I can only send it to the relevant officer in charge via email instead of this portal.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2022 14:40
Officer In-Charge Of Case:	Classification Of Case:

TTS EUROCARS PTE LTD

383 Sin Ming drive Singapore 575717

Date : 12/4/2022 stevechen@lkkcars.com

RE: VEHICLE REPAIR QUOTATION

Steve (LKK) 83228813

Insurance Company	:	CHINA TAIPING INSURANCE
Vehicle Reg No	:	**SMW3939Y**
Name of Insured	:	
Policy Number	:	
Date of Accident	:	
Tyre of Claim	:	Third Party Claim
Model	:	MB GLC300
Chassis No	:	W1N2533842F814067

14/4/22, 11.30am

3 days

We are please to submit our estimate of repairs to the above mention vehicle.

		Parts	Labour
1	FRONT BUMPER (10)	$ 1,708.65	
2	FRONT BUMPER CORNER TRIM (50)	$ 76.77	
3	SENSOR (290)	$ 193.12	
4	SENSOR RING	$ 8.00	48
5	BUMPER CLIPS (10 PCS)	$ 16.00	30
6	BUMPER RETAINER RH (130)	$ 29.02	
7	BUMPER BRACKET (30)	$ 67.30	
8	FRONT RH WHEEL ARCH	$ 201.02	
9	FRONT BUMPER LOWER TRIM (415)	$ 381.24	
10	CLIPS (360) 4 PCS	$ 8.00	
11	FRONT BUMPER RH CHROME TRIM (420)	$ 117.57	
12	RIM	$ 1,858.57	

154.77
-10%
139.29

Sub Total Parts	**$ 4,665.26**
Less 10%	**$ 466.53**
Total Parts	**$ 4,198.73**

1	Sundries	$ 30	150.00
2	Wiring connection and check.	$ 40	150.00
3	Tuff kote and spray anti rust proofing	$ 30	150.00
4	Labour charges to dismantle & refix front bumper front lower bumper & adjust affected portion to specific dimension.	$ 200	600.00
		$ X	900.00
5	To conduct 4 wheel alignment	$ X	150.00
6	To remove and refix front radar sensor SCN coding, calibration and test drive	$ 100	350.00
7	To program ESP control module for front parking sensor -	$ X	350.00
8	To spray paint front bumper front rh fender and all other accident affected portion	$ 230	750.00

630

P/P = 169.29

9	To conduct ECU programming, check and clear fault codes, restore programme modules	$	550.00
	Total (Labour)	**$**	**4,100.00**
	Sub Total :	$	8,298.73
	GST 7%	$	580.91
	Grand Total :	**$**	**8,879.65**

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

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: