

ASS. REC. BY:

REF: ASM/ 220041741KpKenneth

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. _____

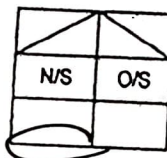
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 8133k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 2-3 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: SLP 7177DYr Regn: 10, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mer2200

c.c

1950Colour: M. Black

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 259340

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130132A 218758Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

225/55 ZR17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Tourada

Front

R/Bal. 7 mm

Rear

R/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 4/5/22D.O.I. 9/5/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear n/s

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

Date / Time

Action / Instruction

1 2nd not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format :

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

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	04/05/2022 13:19 (SGT)
Date of Accident	04/05/2022 08:00 (SGT)
Exact Location of Accident	Kampong Bahru Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7177D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E1 ASIA HOLDING PTE LTD
Company Reg No	2XXXXX462M
Email Address	MELVIN@E1ASIA.COM.SG
Mobile Phone No	(Phone) +65-96608426
Alternative Phone.No	+65-96608426

VEHICLE PARTICULARS

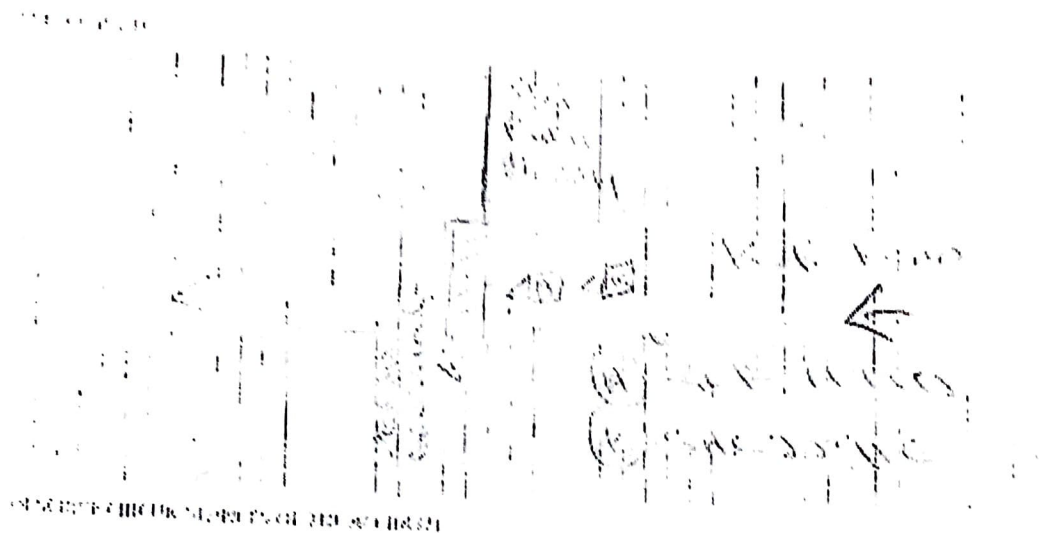
Manufacturer	Mercedes
Model	E200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V10219/VPZ/R01
Cover Note Number	-

DRIVER

Name of Driver	WONG LIONG YIN
NRIC No	SXXXX727J



SAE 1011

I was driving my car left to right
from Eu Toun Sen Rd towards Kampone
Bakun Rd.

When I reached Kampone
Bakun Rd my car was stopped
at zebra crossing.

Suddenly she drove came
from behind & collided
with my car.



061

[Signature]

[Faint text below stamp]

[Faint text below signature]

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

462M

SLF7177D

Yes

04 May 2022

MERCEDES BENZ

E200D SE AUTO

Black

2017

65492080122669

WDD2130132A268758

110.0 kW (147 bhp)

\$46,202.00

31 Oct 2017

31 Oct 2017

1

\$41,683.00

Yes

30 Oct 2027

\$31,262.00

30 Oct 2027

B - Car above 1600cc or 97kW (130bhp)

10

\$49,996.00

\$27,430.00

\$58,692.00

The information contained herein is correct as at 04 May 2022

OK