ASS. REC. BY: [illegible] | REF: CS/NC22004386/RQY3 | 6361

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SNB 6575S

at Workshop m/s FC AUTO MARINE

of 8, KAKI MARKET LNE 4 #04-03

Insured: INC

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: 218K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNB 6575S Yr Regn: 2021/SEP

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

Make: MERCEDES BENZ GLB200 AMGL c.c 1332

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

Sp.Reading 10099 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIN24768721W083555

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/50R19

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	03/05/22	D.O.I.	10/05/22

Survey held at FC AUTO

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

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

Date / Time	Action / Instruction
	REPAIR LIMIT- 127K
	Rasul finalised LS $10300, 7 days. (Red $19720.41, 66%)

Date/Time, File Pass to? 1) 18/10 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: ___$ + RS.___SI

Photos _____

Others _____

Report Format : TP

Lump Sum / I.B.I: (% _____)

FC AUTO GARAGE PTE LTD
8 KAKI BUKIT AVE 4
#04-03 PREMIER@KB
SINGAPORE 415875
Mobile: 90110243
Co. Reg. No.: 202115045W

FC Auto Garage Pte Ltd

ESTIMATED REPAIR COST DETAILS

ACC22050002

To: NTUC INCOME INSURANCE CO-OPERATIVE LTD
1 MARITIME SQARE
#10-01 HARBOUR FRONT CENTRE
SINGAPORE 099253

Date: 11/05/2022
Vehicle No.: SNB-6575-S
Make: MERCEDES BENZ
Model: GLB200 AMG LINE PREMIUM
Chassis No.: W1N2476872W083555
YoM: 2020

Attention: Motor Claim Department

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
List Item			
1	FRONT DOOR (LH) bf ✓	$2,158.50	
1	FRONT DOOR HINGE UPPER (LH) ✗	$12.50	
1	FRONT DOOR HINGE LOWER LH ✗	$136.80	
1	FRONT DOOR INNER TRIM BOARD LH ✗	$930.40	
1	FRONT DOOR WEATHERSTRIP LH ✓	$405.00	
1	FRONT DOOR PROTECTOR (LH) ✓	$85.60	
1	FRONT DOOR PROTECTOR CHROME MOULDING LH ✓	$215.60	
1	FRONT DOOR PROTECTOR LOWER STRIP LH ?	$86.90	
1	REAR DOOR LH bf ✓	$2,875.00	
1	REAR DOOR HINGE UPPER LH ✗	$136.20	
1	REAR DOOR HINGE LOWER LH bf ✓	$128.70	
1	REAR DOOR CHECKER LH ✗	$110.50	
1	REAR DOOR WEATHERSTRIPE L/H ✓	$415.60	
1	REAR DOOR PROTECTOR LH ✓	$95.60	
1	REAR DOOR PROTECTOR CHROME MOULDING LH ✓	$280.70	
1	REAR DOOR INNER TRIM BOARD LH ✗	$835.60	
1	REAR DOOR ARCH LH ✓	$275.00	
1	REAR BUMPER repair	$1,245.20	
1	REAR BUMPER RETAINER LH ✗	$113.40	
1	REAR FENDER LH repair	$7,500.40	
1	REAR FENDER SHIELD LH ✗	$287.90	
1	REAR KNUCKLE HUB LH ?	$1,540.60	
1	REAR ABSORBER (LH) ✗ ?	$415.60	
1	REAR WHEEL BEARING LH	$525.40	
1	REAR EXAUST TRIM CHROME LH ✗	$185.40	
1	FRONT DOOR LOCK LH ✗	$630.50	
1	REAR DOOR LOCK LH ✗	$630.50	
1	REAR DOOR OUTER MOULDING CHROME LH ✗	$287.30	

FC AUTO GARAGE PTE LTD
8 KAKI BUKIT AVE 4
#04-03 PREMIER@KB
SINGAPORE 415875
Mobile: 90110243
Co. Reg. No.: 202115045W

FC Auto Garage Pte Ltd

ESTIMATED REPAIR COST DETAILS

ACC22050002

1	REMOVE AND REFIT DOOR WINDOW GLASS TO FACILITATE REPAIR	$120.00 X
1	REAR LOWER ARM LH X	$125.60
1	REAR UPPER ARM LH X	$258.40
1	CENTRE DOOR PILLAR L/H X	$1,897.40
	Sub Total	**$24,947.80**
	Discount 5% on Parts	**($1,247.39)**
		$23,700.41

Rasul
Hp 90010068
7days
4S
11/05/22 @9510
Req after repair
Required alignment copy

Special Nett

1	REAR TYRE - LH X	$800.00
1	REAR SPORT RIM - LH SCR	~~$1,200.00~~ ½ price
10	REAR BUMPER CLIPS SET X	$90.00
10	REAR FENDER INNER SHIELD CLIPS LH X	$90.00
	Sub Total	**$2,180.00**

Labour & Misc

TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTION REPAIR PARTS, INCLUSIVE OF REPLACEMENT PARTS	~~$1,400.00~~ 800
TO PUTTY AND RESPRAY PAINTING ON ALL ACCIDENT DAMAGE PARTS AND OTHER ACCIDENT	~~$1,800.00~~ 800
DISCONNECT AND CHECK ELCTRICAL WIRING, HARNESS, WIRE SOCKET	~~$80.00~~ 60
CHECK AND RE-ADJUST WHEEL ALIGNMENT	~~$100.00~~ 60
DISMANTLE AND TRANSFER FRONT/REAR DOOR FITTINGS AND MECHANISM TO NEW BOOT LID/FACILITATE REPAIR	~~$250.00~~ 120
RESET ENGINE MANAGEMENT SYSTEM WITH DIAGNOSTIC FAULT E.G. ABS, SRS, ECU MEMORY ETC	~~$250.00~~ 150
TO REALIGN REAR EXHAUST SYSTEM	~~$100.00~~ X
TO PERFORM WATER SEEPAGE TEST AFTER REPAIR	~~$80.00~~ 30
TO CHECK, RESET & DIAGNOS ENGINE MANAGEMENT WARNING LIGHT	$80.00 X
Sub Total	**$4,140.00**

Sub Total	~~**$30,020.41**~~
GST 0%	
Total	**$30,020.41**

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:

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	04/05/2022 13:07 (SGT)
Date of Accident	03/05/2022 11:40 (SGT)
Exact Location of Accident	18B Holland Dr, Singapore 273018
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB6575S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THAM TIANYOU EUGENE
NRIC No	S8317636I
Email Address	dominion_e@yahoo.co.uk
Mobile Phone No	(Phone) +65-97890552
Alternative Phone No	+65-97890552

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
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	1332

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA582382
Cover Note Number	-

DRIVER

Name of Driver	THAM TIANYOU EUGENE
NRIC No	S8317636I

Date Of Birth	20/06/1983
Occupation	Indoor
Date Of Driving Pass	11/11/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97890552
Alt. Phone Number	+65-97890552
Email Address	dominion_e@yahoo.co.uk
Address	28 JALAN LEMPENG #24-06
Address complement	-
Postcode	128807
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	THAM YANG XIN ELINA
Gender	Female

PASSENGER 2

Name	SIM JIA HUI ANNABELLYN
Gender	Female

PASSENGER 3

Name	MOE HLA HLA WIN
Gender	Female

PASSENGER 4

Name	THAM KWANG ZHI ETHAN
Gender	Male

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

ON 03/05/2022 AT 1138HRS, MY VEHICLE WAS TRAVELLING IN A STRAIGHT LINE INTO HOLLAND DRIVE ESTATE. AT BLK 18B HOLLAND DRIVE COVERED PATIO VEHICLE SMA9164S TOYOTA ISIS TURNED ABRUPTLY RIGHT OUT OF WAITING LOT (WITHOUT CHECKING HIS BLINDSPOTS AND SIDE MIRRORS) THEREBY RAMMING ONTO THE LEFT SID OF MY VEHICLE SNB6575S. AFTER THE ACCIDENT, THE 5 PASSENGERS ON MY VEHICLE WENT TO VISIT THE DOCTOR DUE TO COMPLAINTS OF NECK PAIN AND ARE GIVEN MEDICAL CERTIFICATE BY THE DOCTOR.

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	NOT AVAILABLE. WITH TP WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA9164S
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THAM YANG XIN ELINA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB6575S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MOE HLA HLA WIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB6575S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	THAM KWANG ZHI ETHAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle?	SNB6575S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	JIA HUI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB6575S
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 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 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,

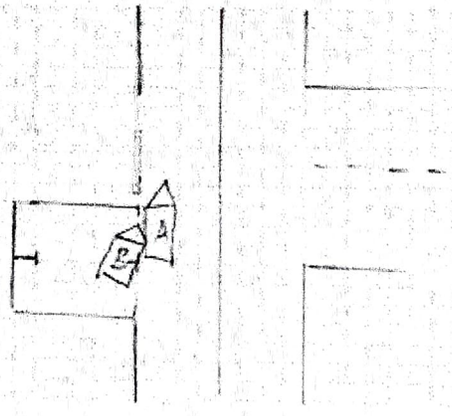
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

On the 3rd May 1138hrs, my vehicle was travelling in a straight line into Holland Drive estate. At/BLK 188 Holland Drive covered patio, vehicle SMA 9164S Toyota 1915 turned abruptly right out of waiting lot (without checking his blindspots and side mirrors) thereby ramming into the RR side of my vehicle SJB 1573S. After the accident, the 5 passengers on my vehicle (myself, my wife, 2 kids and helper) went to visit the doctor due to complaints of neck pain and are given medical certificate by the doctor.

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	636I
Vehicle No.:	SNB6575S
Vehicle to be Exported:	No
Intended Deregistration Date:	12 May 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLB200 AMG LINE PREMIUM 7SEATER
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	28291480454810
Chassis No.:	W1N2476872W083555
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	$39,423.00
Original Registration Date:	03 Sep 2021
First Registration Date:	03 Sep 2021
Transfer Count:	0
Actual ARF Paid:	$47,193.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Sep 2031
PARF Rebate Amount:	$35,394.00
COE Expiry Date:	02 Sep 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$56,001.00
COE Rebate Amount:	$52,118.00
Total Rebate Amount:	$87,512.00

The information contained herein is correct as at 12 May 2022

OK

Mercedes-Benz GLB-Class GLB200 AMG Line Premium 7-Seater

Price	**$206,800**		
Depreciation	$20,590 /yr View models with similar depre	**Reg Date**	20-Apr-2021 (8yrs 11mths 7days COE left)
Mileage	15,000 km (14.1k /yr)	**Manufactured**	2020
Road Tax	$586 /yr	**Transmission**	Auto
Dereg Value	$75,113 as of today (change)	**OMV**	$38,113
COE	$47,506	**ARF**	$45,359
Engine Cap	1,332 cc	**Power**	120.0 kW (160 bhp)
Curb Weight	1,610 kg	**No. of Owners**	2
Type of Vehicle	SUV