ASS. REG. BY: POME CS/NC22	004386/Rgy3	6367
The state of the s	GNMENT	
From: Date:	Ven No: 3NB 68785	Yr Regn: 2021, SEP
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
	Make: MORCODES BONZ GUES	20 Amble 1332
To Inspect Vehicle No: SNB 65755		VC: Insured / Std / NI / NA
at Workshop m/s fc may wante	1-17 1/0	T/Radio: Insured / Std / NI / NA
of 8, kmi muci pr 4 Hoy-03		Madio, insured / Otd / Mr / NA
Insured: [MC	Eng/No:	1022800
Policy No.	C/No: WIN2476872W	10882717
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	•
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Bu	
(Client's Record)	Brake:	irnt or
Make of Veh:	Modi: Nil / 8/Rim / STD A/Rim or	- 19
(Filter Candillan)		7R19
(Policy Condition)	R:	
Remark: The veh had commenced its / N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MI	C I OHTSU I FIR) SUMI I
<u> </u>	TOYO/YOKO or	
Bal. or Market Value: 218 K	Front	Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal, mm	R/Balmm
GIA / PR Seen: Consistent?: Yes or No	L/Bal mm	L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 03 05 22	D.O.I. 1005/22
Lum Sum: % 3 Val.: Yes or No	Survey held at FC 0	na '
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S	IS I UIC I Rooftop or
Vehicle: IN / OUT Date: Person Contacted:		
Date / Time Action / Instruction	The U/C / Chassis frame / Body S	tructure affected due to collision.
RGPAIR LIMIT- 127K		
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- I was a second of the second		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
i) : Final Report		- particolar marphiodizano
Date/Time, File Return to?	Resurvey No. of Trip:	Survey Fee:
		Transportation:
Add Fe	- Contract of the Contract of)S + RSSI
Repart Format :	: Interview (\$) Photos
Lump Sum / LB.J. C:	: Tech. Invs (\$) Others
,	1. Mechani	.1

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



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.
ist Ite	m .		
1	FRONT DOOR (LH)	\$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) 5 CL	\$85.60	
1	FRONT DOOR PROTECTOR CHROME MOULDING LH	\$215.60	
1	FRONT DOOR PROTECTOR LOWER STRIP LH	\$86.90	
1	REAR DOOR LH	\$2,875.00	
1	REAR DOOR HINGE UPPER LH	\$136.20	
1	REAR DOOR HINGE LOWER LH 67	\$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 CHAIR	\$1,245.20	
1	REAR BUMPER RETAINER LH	\$113.40	
1	REAR FENDER LH THAT	\$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

M WENT 2-01.



ESTIMATED REPAIR COST DETAILS

				ACC22050002
1	REMOVE AND REFIT DOOR WINDOW GLASS TO FACILITATE REPAIR	\$120.00	X	
1	REAR LOWER ARM LH 🗡	\$125.60		Colored
1	REAR UPPER ARM LH	\$258.40		, Care
1	CENTRE DOOR PILLAR L/H 🗶	\$1,897.40		Ils goolou68
	Sub Total	\$24,947.80		17
	Discount 5% on Parts	(\$1,247.39)		7days
Specia	al Nett	\$23,700.41		. 10
1	.1	4000 ool		45
1	REAR SPORT RIM - LH' SC	\$800.00	7.	
10		\$1,200.00) pose	11/05/22 8/5/0
10		\$90.00		
	Sub Total	\$90.00 \$2,180.00		Kes after
Labour	**E Misc TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTION REPAIR PARTS, INCLUSIVE OF REPLACEMENT PARTS	\$1,400.00	8w	Reguirel
	TO PUTTY AND RESPRAY PAINTING ON ALL ACCIDENT DAMAGE PARTS AND OTHER ACCIDENT	\$1,900.00	800	ing
	DISCONNECT AND CHECK ELCTRICAL WIRING, HARNESS, WIRE SOCKET	\$80.00	bo	
	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	SU	*
	TO REALIGN REAR EXHAUST SYSTEM	\$10060	~	
	TO PERFORM WATER SEEPAGE TEST AFTER REPAIR	\$100.00 \$80.00	7.0	
	TO CHECK, RESET & DIAGNOS ENGINE MANAGEMENT WARNING LIGHT	\$80.00	X	
	Sub Total	\$4,140.00	~	
		The second second		

Sub Total GST 0% Total

\$30,020 K Auto Consultants hence notify the Repairer of the following:

• To resurvey before/after spray painting \$30,020.49 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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer Signature: Date:



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

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

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SNB6575S Vehicle Registration Number

INSURED/POLICYHOLDER

has the driver been are packed by unknown person(s) No Is company? 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 Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company **AXA Insurance Pte Ltd** Type of Coverage Comprehensive Fleet Policy No **Policy Number** GA582382

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SINBESTES AFTER THE ACCIDENT, THE 5 PASSENGERS ON MY VEHICLE WENT TO VISIT THE DOCYOR OUE Name of Driver COMPLANTS OF NECK PAIN AND AR **BRIDDING WANT MAHT**FICATE BY THE BOOKEDR NRIC No

S8317636I

No - Claiming third party

Private car

Auto

1332

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Date Of Birth	20/06/1983	
Occupation	Indoor	
Date Of Driving Pass	11/11/2003 18 YEARS AND 6 MONTHS	
Driving experience		
Gender	Male (Phone) +65-97890552	
Mobile Number	+65-97890552	
Alt. Phone Number	dominion_e@yahoo.co.uk	
Email Address	28 JALAN LEMPENG #24-06	
Address	28 JALAN LEWIT LING #21 00	HUTW
Address complement	128807 minute and value and of the classes of the major will group as mean of	
Postcode	The property of the second of	
Is the driver the policyholder?	And which there are the second of property of the second the form of the second of the	1.40
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	No anning out the street common ones, and amortises the suit of action on a child	1 47
Vehicle Registration Number of Other Vehicle Owned by Driver	The second will be sone at let in the respect to the side of the second	odi.
Vehicle Registration Humber of Other Vehicle Control of the Contro	the little translation in an element of the same in the case of the particle by the interest of the	
Insurance Company of Other Vehicle Owned by Driver	e diponium ter ib a copia, meno historica con menu, sem der e ibn ast bangaria	SET SUVER
GENERAL INFORMATION OF THE ACCIDENT		en order
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Type of Accident Weather Conditions	Side Swipe had been stated as a second to	op. J
Road Surface 570072 mens 18 1.0 hnshall 891		to. TE
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OTHER INFORMATION	THE PARTY OF THE P	Ment in the
Was any foreign vehicle involved in the accident?	No	Ža-
Number of vehicles involved in the accident	2 confidence of the confidence	
Was anybody injured in the Accident?	Yes	
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes	
Has the driver been approached by unknown person(s)	5	
soliciting/offering accident claims assistance?	No Vinseria	
PAGENCED : ENGERS :		
0.567+0.00	3 00 0	CIPIN
Name	THAM YANG XIN ELINA	14-11
Gender 92506272 -204 (4.0.015)	Female of and San	
PASSENGER 2		
Name	SIM JIA HUI ANNABELLYN	
Gender	Female	
PASSENGER 3		Mar
Name		ing his
Name Gender	MOE HLA HLA WIN	5 6
ESU GLANT	ি Female াট কাল্টা ৮ ইন্মেট চুবার এ বর্ম্ম sibirlər । ১৮০২ কা ভ্রম্পুণ্ড ১ জ	0.5-2
PASSENGER 4	ב. מהוהודית בחלפה יפער בינית היהערפונים מכווביי ווגר ופקיתור ומ	
Name yarra hita gatawi C - C	MYaranda Till == 100	1
Gender 150 Blows		W. S. W.
74.76	A Male	7.3
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	ing hardrogan erred pan	ulie;
SVICE SY, no.	of the factor of	11
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.

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?

Yes Yes

NOT AVAILABLE. WITH TP WORKSHOP

No

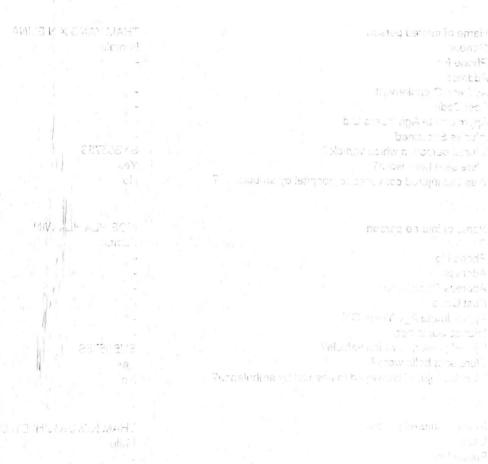
DETAILS OF OTHER VEHICLE PROPERTY 1

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 THAM YANG XIN ELINA Name of injured person Gender 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? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SNB6575S Yes No
INJURED 4	ye is the first the profession of the construction of the
Name of injured person Gender Phone No	JIA HUI Jersand Jan Jord bard, an in- wing in- medical to the female repaired and the female repaired
Address Complement Post Code	
Approximate Age Years Old	
Injuries Sustained Injured person in which vehicle? Were seat belts worn?	L- L SNB6575S L Yes L SNB6575S L Yes L SNB6575S L Yes L SNB6575S
Was this injured conveyed to hospital by ambulance?	. No
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SKETCH PLAN

IMPORTANT NOTICE

-). Please report correctly the details of the accident to speed up the claims process.
- 2 This Formmost be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as nossible. 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.
- § 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 accessed.

5. Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") maybe permitted to collect, use, discisse 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' two yers/low times, 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 ms;
- (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 vehicls(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Aurposes.

okcyholder's Signature / Date & ime	Driver's Signature (If driver is not the policyholder) / Date 8 Time	Witnessed by Reporting Centre Personnel
ketch Plan		

escribe Circu	ımstances o	of the Acciden	H .			/ //	and the state of t	
Or the 3	rd May 11	38 hrs , my	vehicle w	as traveller	g in a	straight	line into	Hollang
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Declaration

I'We declare the foregoing particulars are true in every respect

Policyhokier's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date . 8 Time

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	6361
Vehicle Na.:	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:	
Actual ARF Paid:	\$47,193.00
PARF Eligibility:	Yes Yes
PARF Eligibility Expiry Date:	02 Sep 2031
PARF Rebate Amount:	\$35,394.00
Interded cost Repair (2018)	
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

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

Overview Fina	ancial Accessories Sin	milar Research	Photos Map
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 ②	2020
Road Tax	\$586 / ÿr	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	ŠUV	10 (10 m)	