(VOITANO)	
ASS. REC. BY:	122004644 Dny
	ASSIGNMENT
From: Date:	Vehillor GBA 3194A VIRANT JULIE 2007
Estimated Cost:	YERRON JUNE 2007
OD/TP/WS/TPRES/OD RES/EVA/INV/MY	Type: M:Car / M.Cycle / Bus / Van/ Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	Wales
at Workshop m/s	- 148
of	THE PARTY OF THE P
Insured:	Sp. Reading T/Radio: Insured / Std / NJ / NA
Policy No.	Eng/No: 64698051330166
Claims No.	C/No: WDF63960323321750
Sum insured: Excess:	Gen. Cond. Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder/Jammed/Leaked/Burnt or Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modi: Nil / Sirim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 215 65 R16
Remark: The yeh had commenced its N/S O	
repair at the time of inspection.	f 1 white revenue
Bal. of Market Value:	Front Rear
IDAC Accident Roort: Consistent? : Yes of No	R/Bat mm R/Bat mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. S mm, L/Bal. S mm
Est Repairs: 10 days Res.: Yes or No	DOA 12 06 2022 DOI: 19 05 2022
Lum Sum: % 3 Val.: Yes or No	Survey held at JWG AMK
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OI	
Date/Time   Action / Instruction	The UIC / Chassis frame / Body Structure affected due to collision.
Budget Direct SKX 35511	A
MV 3510	
MV 351G LTA 22.4K	
HL 12.6K	
110/2022 from 215 9,000 it	
(Red, 320	70.99, [78%]
rate/Time, File Pass to? Prell. Report	Days Of Repair: (()
11 10 22 Final Report	
	Resurvey No. of Trip: 2 Survey Fee:
Cate/Firme, File-Return to?	Resurvey No. of Trip: 2 Survey Fee: Transportation:
Add Fe	Transportation:
Add Fe	Transportation:
Date/Firme, File-Return to?	Transportation:  Site Irisp (\$ ) S+RS S

SC09225D0003 / Cheng Hoe Motor Pte Ltd[568047] ENTRY DATE & TIME: 13/05/2022 19:48 (SGT) SUBMITTED BY: LI YAZHU DORLYN VERSION: 1 (13/05/2022 19:48 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

Date of Accident

**Exact Location of Accident** 

Additional Location Information Country/State of Loss

13/05/2022 19:48 (SGT) 12/05/2022 20:50 (SGT)

Singapore

SLE TOWARDS BKE AFTER LENTOR AVE EXIT 3

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBA3194A** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

STEAD ENGINEERING

52829110J

24leonardho@gmail.com

(Phone) +65-82328708

+65-82328708

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Mercedes

Vito

Private use

No - Claiming third party Commercial vehicle

Manual 2148

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

ThirdParty

No

5101110495-03

01/06/2021 - 31/05/2022

DRIVER

Name of Driver

NRIC No

SOH BENG HONG S1588753B



21/04/1963 Date Of Birth Outdoor Occupation Date Of Driving Pass 04/04/1984 38 YEARS AND 1 MONTH Driving experience Gender Male (Phone) +65-82328708 Mobile Number Alt. Phone Number sohbenghong@yahoo.com.sg Email Address BLK 869 WOODLANDS ST 83 #07-349 Address Address complement Postcode 730869 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** 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 Chain Collision Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

SOH YING KIAT Name Gender Female

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

REFER TO STATEMENT

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

SKX3551A Vehicle Registration Number 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)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP1163T
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)	1

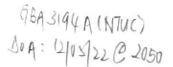
### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender 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?	
INJURED 2	
Name of injured person Gender 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?	

#### SKETCH PLAN

#### IMPORTANT NOTICE



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

l understand, acknow ledge, 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 shall be collectively referred to as the "insurers"), the insurers' law yers/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 ma;
- (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' law yers/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 G/A 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 Purposes.

Policyholder's Signature / Date & Driver's Signa

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

Witnessed by Reporting Centre

Sketch Plan

SLE towards BKE After Lenter Are Exit 3

after lenter Ave Exit 3

vehicle B- SKX3551 A Vehicle B- SMX3551 A Vehicle C- SMP1165T

[ - | a | ] +

on the stated date and time, 1, vehicle A (GBA31944) was stationary at the stated location on the lane 3 due to my vehicle loreak down. Out of sudden, 1 felt a huge impact from my rear partian. Second later, 1 felt another impact from my rear partian of my vehicle: 1 then alighted and realised that 1 was involved in a chain collision consisting of three vehicle. I am the first vehicle, vehicle B (SKX3551A) is the second vehicle, and vehicle (Implib37) is the third vehicle. My daughter and 1 felt unwell after the accident and we will go to consult the acctor later.  1 will repairing my vehicle at JWG international Pte Vtd.	Describe Circumstances of the Accident
impact from my rear portion. Second later, I felt another impact from my rear portion of my vehicle. I then alighted and realised that I was involved in a chain collision consisting of three vehicle. I am the first vehicle, vehicle B (SKX3551A) is the second vehicle, and vehicle ((SMP1163T)) is the third vehicle. My daughter and I felt unwell after the accident and we will go to consult the accident later.	on the stated date and time, 1, rehide A (GBA3194A) was stationary at the
impact from my rear portion. Second later, I felt another impact from my rear portion of my vehicle. I then alighted and realised that I was involved in a chain collision consisting of three vehicle. I am the first vehicle, vehicle B (SKX3551A) is the second vehicle, and vehicle ((SMP1163T)) is the third vehicle. My daughter and I felt unwell after the accident and we will go to consult the accident later.	Stated location as the laws 2 local to the state of the local to the l
vehicle. I then alighted and realised that I was involved in a chain collision consisting of three vehicle. I am the first vehicle, vehicle B (SKX3551A) is the second vehicle, and vehicle ((SMP1163T)) is the third vehicle. My daughter and I felt unwell after the accident and we will go to consult the doctor later.	
vehicle. I then alighted and realised that I was involved in a chain collision consisting of three vehicle. I am the first vehicle, vehicle B (SKX3551A) is the second vehicle, and vehicle ((SMP1163T)) is the third vehicle. My daughter and I felt unwell after the accident and we will go to consult the doctor later.	impact from my rear portion. Second later, I felt another impact from my rear portion of my
of three vehicle. I am the first vehicle, vehicle B (SKX3551A) is the second vehicle, and vehicle (SMP1163T) is the third vehicle. My daughter and I felt unwell after the accident and we will go to consult the accident later.	
vehicle ((smp11637) is the third vehicle. My daughter and I felt unwell after the accident and we will go to consult the acctor later.	V
accident and we will go to consult the doctor later.	of three vehicle. I am the first vehicle, vehicle B (SKX3551A) is the second vehicle, and
accident and we will go to consult the doctor later.	vehicle ((IMPII63T) is the third vehicle Mil devalter and I fell at the
will repairing my vehicle at JWG International Pte Wd.	accident and we will go to consult the doctor later.
will repairing my vehicle at JWG International Pte Wd.	
	I will repaining my vehicle at JWG international ite Ud.

#### 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 (AWK)

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Business
Owner ID:	110J
Vehicle Details	
Vehicle No.:	GBA3194A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 May 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO 111L M
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	64698051330166
Chassis No.:	WDF63960323321750
Maximum Power Output:	IK.
Open Market Value:	\$37,881.00
Original Registration Date:	01 Jun 2007
First Registration Date:	01 Jun 2007
Transfer Count:	1
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$44,526.00
COE Rebate Amount:	\$22,478.00
Total Rebate Amount:	\$22,478.00

The information contained herein is correct as at 13 May 2022

ОК

MV 35K LTA J2.4K HL 12.6K

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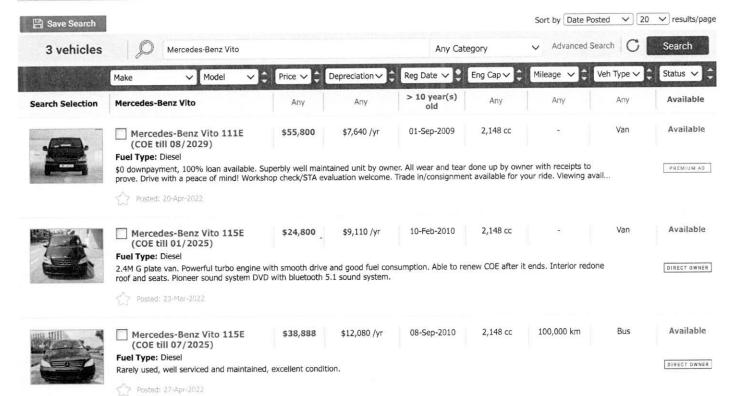


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# JWG INTERNATIONAL PTE. LTD.

10, ANG MO KIO IND PARK 2A, #03-08 AMK AUTOPOINT, SINGAPORE 568047

H/P: 8299 6103 | FAX: 6909 9592 E-Mail: jwg.claims@yahoo.com

A&G To:

Motor Claims Dept Att:

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

ACCIDENT INVOLVING SKX3551A [YOUR INSURED] & GBA3194A [OUR CLIENT] hoe Company ON 12/05/2022.

Acknowledged by Repairer Signature:

# ESTIMATED REPAIR COSTS FOR GBAS194A

<b>QTY</b>	<u>PARTS</u>	<u>A</u> ]	MOUNT	y
1PC	TAILGATE PAL 1913.00	\$	2,980.10	
1PC	TAILGATE WINDSCREEN MOULDING Has 197.00	\$	3 <del>49</del> :00	
1PC	TAILGATE LOGO Mc	\$	141.00	1
1PC	TAILGATE VITO EMBLEM NO 96.80	\$	150.00	
1PC	TAILGATE C&C EMBLEM HF	\$	120.00	
1PC	TAILGATE CENTER MOULDING	\$	485.00	×
2PCS	TAILGATE NO. PLATE LAMP LH / RH @ \$201.90 EACH	\$	403.80	X
1PC	TAILGATE SWITCH HH	\$	371.00	*
1PC	TAILGATE OUTER PULL HANDLE Den 302.50	\$	514:22	
1PC	TAILGATE LOCK De-	\$	428.00	
1PC	TAILGATE LOCK CATCH 18t 96.80	\$	268.40	<u></u>
1PC	TAILGATE WEATHER STRIP august 205.00	\$	401.00	1
1PC	TAILGATE INNER TRIM BOARD Worker 238.00	\$	984.00	
2PCS	TAILGATE ABSORBER LH / RH @ \$819.00 EACH	\$	1,638.00	X
2PCS	TAILGATE HINGE LH / RH @ \$385.00 EACH	\$	770.00	7
2PCS	TAIL LAMP LH / RH @ \$1,092.00 EACH O S booker HS Now 622.40	\$	2,184.00	X 62200
2PCS	TAILLAMP TOP LH / RH @ \$556.60	\$	1,113.20	
2PCS	TAIL LAMP LOWER BRACKET LH / RH @ \$319.00 EACH	\$	638.00	× 196.00
2PCS	TAIL LAMP LOWER GARNISH LH / RH @ \$485.00 EACH D S distribut	\$	970.00	
1PC	REAR BUMPER Derby	\$	1,598.00	1-850.W
1PC	REAR BUMPER LH &	\$	1,235.00	×
1PC	REAR BUMPER RH Deall 354.00	\$	1,235.00	
1PC	REAR BUMPER INNER BRACKET booken domed 202.90	\$	385.00	133.80
2PCS	REAR BUMPER SIDE RETAINER LH / RH @ \$198.00 EACH 0 5 15 15 15 15 15 15 15 15 15 15 15 15 1	4\$	396.00	133.80
2PCS	REAR BUMPER REFLECTOR LH / RH @ \$249.00 EACH OS borlow HIS MH	\$	498.00	4
1PC	REAR END PANEL OUTER Duly 542.00	\$	1,789.00	
1PC	REAR END PANEL INNER David 581.00	\$	1,891.00	
1PC	REAR END PANEL TOP GARNISH	\$	485.00	×
1PC	REAR FLOOR PANEL EXTENSION	\$	3,874.00	×
1PC	REAR FLOOR PANEL TOP BOARD Svc	\$	1,765.50	X

1PC	REAR FLOOR PANEL TOP GARNISH	\$ 815.30
1PC	REAR FENDER RH Duch	\$ 3,352.30
1PC	TAILGATE WIPER MOTOR →	\$ 996.30
2PCS	REAR END PANEL INNER SIDE PANEL LH /RH @ \$899.60 EACH	\$ 1,799.20

9726.70

PARTS LESS 10%: \$ 3,702.33

PARTS SUM: \$ 37,023.32

PARTS TOTAL: \$ 33,320.99

8754.03

#### LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY TAILGATE WINDSCREEN SEALANT HAG	\$ 80.00 401-
*	TO SUPPLY TAILGATE WINDSCREEN DAMPING SEAL	\$ 30.00 ⊀
*	TO SUPPLY TAILGATE 70KM STICKER WWW	\$ 100.00 15/
*	TO SUPPLY 13PAX STICKER Luc	\$ 100.00 15/-
*	TO SUPPLY TAILGATE INNER TRIM BOARD CLIPS New	\$ 50.00 15/-
*	TO SUPPLY TAIL LAMP CLIPS	\$ 50.00 ×
*	TO SUPPLY REAR BUMPER CLIPS HAS	\$ 50.00 15 ~
*	TO SUPPLY REAR BUMPER CLIPS FUE  TO SUPPLY REAR BUMPER SIDE GARNISH CLIPS FUE  345.00	\$ 50.00-10/-
*	TO SUPPLY REAR END PANEL SEALANT -LC	\$ 80.00 40 1-
*	TO SUPPLY REAR FLOOR PANEL EXTENSION SEALANT	\$ 80.00 ×
*	TO SUPPLY REAR NO. PLATE & GARNISH 154   borles	\$ 100.00 45 -
*	TO SUPPLY 1 SET REVERSE SENSOR Deve	\$ 300.00 150 -
*	TO REMOVE ALL INTERIOR UPHOLSTERLY ITEMS TO FACILIATE REPAIRS	\$ 300.00 801-
*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 2,400.00 12-0
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	\$ 2,400.00 8001-
*	TO TUFF COAT DAMAGED AREAS	\$ 200.00 40  -
*	TO RNR REAR WINDSCREEN TO FACILITATE REPAIRS	\$ 500.00 120  -
*	TO RNR TAILGATE MECHANISM TO FACILITATE REPAIRS	\$ 200.00 60  -
*	TO RNR REAR BUMPER SENSOR TO FACILITATE REPAIRS	\$ 180.00 40  -
*	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 200.00 301-
*	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	\$ 300.00 HL

LABOUR & S/N TOTAL: \$ 7,750.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): \$ 41,070.99

19/05/202 e 1100 hs

MA Autul
2/Srun & days. Check put grius
Tan Dekk And Check MV

11,669.03 45 9,000 -