

(08/11/13) wef

ASS. REC. BY:

REF:

CS3/ASM22005950/Rty3

728B

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SK2 21724

at Workshop m/s ASSURE AUTO ASSIST

of 14, AMK ST 63 PAK 4

Insured:

ASM

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.

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N/S | O/S |
| <input type="checkbox"/> | <input type="checkbox"/> |

Bal. or Market Value:

111K

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SK2 21724

Yr Regn:

2016 / Jan

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

MAGNETA HON E250 81R

1991

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

186633

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2120362B24408

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:

245/40R18

R:

7.5

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.

21/06/22

D.O.I.

23/06/22

Survey held at

ASSURE AUTO

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

N/S RT

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

Date / Time

Action / Instruction

REPAIR LIMIT - 47K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) (3-4 days)

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, SI

) Photos

) 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 22/06/2022 16:07 (SGT)
Date of Accident 21/06/2022 22:00 (SGT)
Exact Location of Accident Ang Mo Kio Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ2172G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Khoo Yong Yang Joseph
NRIC No S8828728B
Email Address joseph@biztechgroup.com.sg
Mobile Phone No (Phone) +65-91121046
Alternative Phone No +65-91121046

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00140112203
Cover Note Number -

DRIVER

Name of Driver Khoo Yong Yang Joseph
NRIC No S8828728B

| | |
|--|----------------------------------|
| Date Of Birth | 10/08/1988 |
| Occupation | Indoor |
| Date Of Driving Pass | 26/04/2008 |
| Driving experience | 14 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91121046 |
| Alt. Phone Number | +65-91121046 |
| Email Address | joseph@biztechgroup.com.sg |
| Address | Blk 161 Yishun Street 11 #07-194 |
| Address complement | - |
| Postcode | 760161 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

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 | SHC8483B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | Chan Han Leong |
| Contact Number | (Phone) +65-91005529 |
| Address | - |
| Address complement | - |

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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.

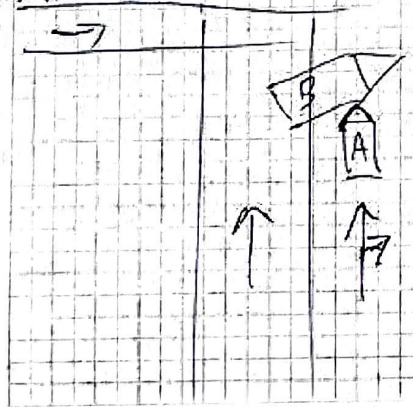
Justin 12:51pm
22/6/22
Policyholder's Signature / Date & Time

Justin 22/6/22 12:51pm
Driver's Signature (If driver is not the policyholder) / Date & Time

Angie Soh
Witnessed by Reporting Centre Personnel
Angie Soh

Sketch Plan

AMK AVES



A - SK221724 (MY)
B - SHL8483B (TAXI)

Describe Circumstances of the Accident


Date : 21 / 6 / 2022

Time : 10 pm

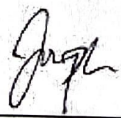
Along Ang Mo Kio Avenue 5. I was in a lane going straight & the lane was also ~~the~~ able to turn right. The taxi vehicle number SKC 8483B was on my left side & his lane was only able to go straight. He suddenly turned & in front of me & I hit ~~him~~ his vehicle. My vehicle number is SK22172G.

Declaration

We declare the foregoing particulars are true in every respect.

12:51 pm
22/6/22


Policyholder's Signature / Date & Time

12:51 pm
22/6/22


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



Witnessed by Reporting Centre Personnel

Angie Soh

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 7288 |
| Vehicle No.: | SKZ2172G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 27 Jun 2022 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | E250 SEDAN EDITION E (R18 LED SR) |
| Primary Colour: | Silver |
| Manufacturing Year: | 2015 |
| Engine No.: | 27492030466133 |
| Chassis No.: | WDD2120362B240108 |
| Maximum Power Output: | 155.0kW (207 bhp) |
| Open Market Value: | \$52,959.00 |
| Original Registration Date: | 14 Jan 2016 |
| First Registration Date: | 14 Jan 2016 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$67,327.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 13 Jan 2026 |
| PARF Rebate Amount: | \$43,762.00 |
| COE Expiry Date: | 13 Jan 2026 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$54,920.00 |
| COE Rebate Amount: | \$19,472.00 |
| Total Rebate Amount: | \$63,234.00 |

The information contained herein is correct as at 27 Jun 2022

OK

Mercedes-Benz E-Class E250 Edition E Sunroof

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

\$112,800

Depreciation

\$21,590 /yr

[View models with similar depre](#)

Reg Date

25-Feb-2016

(3yrs 7mths 28days COE left)

Mileage

132,000 km (20.8k /yr)

Manufactured

2015

Road Tax

\$1,202 /yr

Transmission

Auto

Dereg Value

\$63,895 as of today ([change](#))

OMV

\$52,959

COE

\$54,920

ARF

\$67,327

Engine Cap

1,991 cc

Power

155.0 kW (207 bhp)

Curb Weight

1,680 kg

No. of Owners

1

Type of Vehicle

[Luxury Sedan](#)