

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: XE 1443M
 Policy No. _____
 Claims No. D22001862MFVS
 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: _____
 IDAC Accident Report: _____ 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: SDS 760S Yr Regn: 28/12/10
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mercedes-Benz E250 c.c. 1796
 Colour: Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 202174 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WDD220479A332067
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/50R17
 R: 1
 BS / DUN / EXNOVA / GV / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 18 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 17/6/22 D.O.I. 28/6/22
 Survey held at Wah Hong
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front RH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MR-105K</u>
<u>1/7/22</u>	<u>Steve informed final fig \$510 (Red 2671.10, 83%)</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Date/Time, File Return to?

1) _____
 2) 1/7/22-typist

Report Format: TP

Lump Sum / L.B.F. (\$ 510)

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

Survey Fee:

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	274F
Vehicle Details	
Vehicle No.:	SDS760S
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Jun 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 250CGI
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	27186030144936
Chassis No.:	WDD2120472A332067
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$59,522.00
Original Registration Date:	28 Dec 2010
First Registration Date:	28 Dec 2010
Transfer Count:	3
Actual ARF Paid:	\$59,522.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Dec 2030
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$40,714.00
COE Rebate Amount:	\$34,563.00
Total Rebate Amount:	\$34,563.00

The information contained herein is correct as at 17 Jun 2022

OK



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SDS760S MERC BENZ E250CGI

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
	<u>PARTS (LIST ITEMS)</u>			
1	Front bumper x R		1652.00	
1	Front bumper lower cover X		291.00	
1	Engine lower cover		686.00	
		Part Items	2629.00	
		Total:	-10% -262.90	
			2366.10	
	<u>SPECIAL NETT ITEMS</u>			
1	Front bumper clips x		35.00	
1	Front bumper lower cover clips x		35.00	
1	Engine lower cover clips x		35.00	
		SN Items Total:	105.00	
		Total Parts	2471.10	



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S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	300.00	200
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	300.00	200
3	To remove and repair/refit wiring system at accident damaged area and check for all electrical proper function	30.00 ✓	
4	To carried out wheel alignment	80.00 ✓	
Labour Total :		630.00	
TOTAL (PARTS & LABOUR):		3101.10	

Steer CLKK
28/6/22, 11-30ch

W R
P/P
by M ay
2 d/s

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 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	17/06/2022 16:01 (SGT)
Date of Accident	17/06/2022 11:56 (SGT)
Exact Location of Accident	Near 154 Braddell Rd, Singapore 359937
Additional Location Information	ALONG BRADDELL RD (NEAR COMFORT DELGRO)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS760S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO PEIYAN
NRIC No	SXXXX274F
Email Address	PEIYANHO@GMAIL.COM
Mobile Phone No	(Phone) +65-87189330
Alternative Phone No	+65-87189330

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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10991272
Cover Note Number	-

DRIVER

Name of Driver	HO PEIYAN
NRIC No	SXXXX274F

Date Of Birth	22/06/1988
Occupation	Indoor
Date Of Driving Pass	26/01/2008
Driving experience	14 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87189330
Alt. Phone Number	+65-87189330
Email Address	PEIYANHO@GMAIL.COM
Address	156 MARIAM WAY
Address complement	#08-06
Postcode	507082
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	Hit by fallen tree / Other objects
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

REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

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	XE1443M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

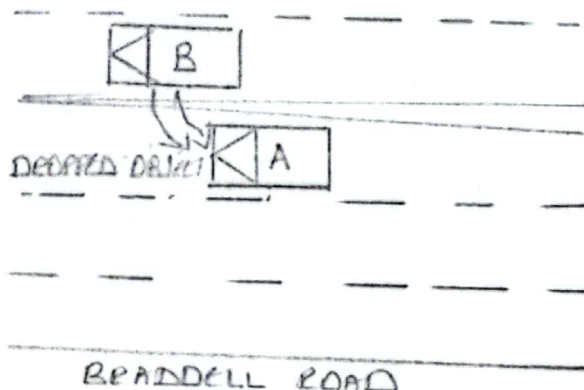
SKETCH PLAN**IMPORTANT NOTICE**

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.
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5. Any false reporting may be referred to the Police for investigation.
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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.

21/11/21
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A : SDS 7603

VEH B : XE 1443M

Describe Circumstances of the Accident

on 12th June 2022 at about 15:00 hrs. I was driving my vehicle SPS 1603 along Rye Water Road towards
 Pit (was) suddenly a vehicle SC1941M road (opposite) fell off the truck and we collided with my
 car and undercarriage

Declaration

We declare the foregoing particulars are true in every respect.

27
 Policyholder's Signature / Date &
 Time

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


 Witnessed by Reporting Centre
 Personnel