

ASS. REC. BY:

REF: C121 CS/CTI22006976/Kqy3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. SNM22D204973/C01

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

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:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: NII / S/Rim / STD / R/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

25/07/22 @ 9.37am revert to Pauline Tham via Merimen.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S + RS. SI

) Fines

) Others

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

ASS. REC. BY:

From:

Estimated Cost

OD/TP/WS/

To Inspect Vehi

at Workshop m

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Policy No.

Claims No.

Insured:

Client's Recd

of Veh:

Policy Condi

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SL0M22710001 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: 18/07/2022 15:12 (SGT)
SUBMITTED BY: Jenny Lim
VERSION: 1 (18/07/2022 15:12 (SGT))

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	18/07/2022 15:12 (SGT)
Reported by	Both
Date of Accident	15/07/2022 23:00 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	towards PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6717T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E-Car Solutions Enterprise
Company Reg No	5XXXX838A
Email Address	sean.chongck@hotmail.com
Mobile Phone No	(Phone) +65-81632233
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B200
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00088922201

DRIVER

Name of Driver	Chong Choon Kiat
NRIC No	SXXXX907D
Date Of Birth	20/09/1983
Occupation	Indoor

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

6. 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.

[Signature]
E-CAR SOLUTIONS
ENTERPRISE
18/7/2022

Policyholder's Signature / Date & Time

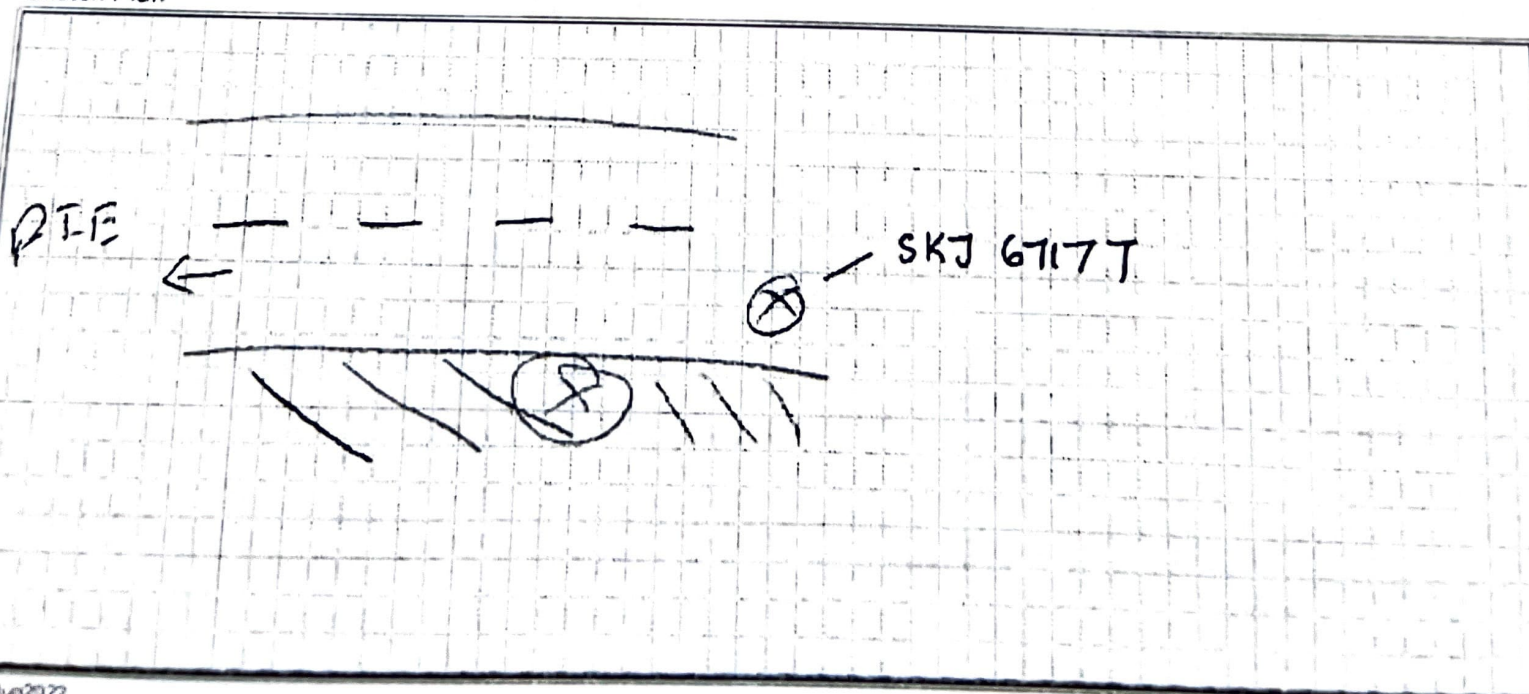
[Signature]
18/7/2022

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

[Signature]
Lim Lai Foong

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Date Of Driving Pass	16/09/2011
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81632233
Alt. Phone Number	-
Email Address	sean.chongck@hotmail.com
Address	Blk 181 Bishan Street 13 #09-255
Address complement	-
Postcode	570181
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sole Proprietor
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	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

was driving along Tuas Road towards PIE. I heard a sound but I see from my mirror there was nothing. I continued to drive and then the car started to lose power. I drive to the side and see bottom of my engine had component hanging down. I arranged for tow truck to come to pick up the car.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Is there any video captured by Car Camera?	No

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 838A

Vehicle Details

Vehicle No.: SKJ6717T

Vehicle to be Exported: Yes

Intended Deregistration Date: 18 Jul 2022

Vehicle Make: MERCEDES BENZ

Vehicle Model: B 200 AT ABS AIRBAGS HID 2WD
5DR(CHROME)

Primary Colour: Black

Manufacturing Year: 2012

Engine No.: 27091030110841

Chassis No.: WDD2462432J134854

Maximum Power Output: 115.0 kW (154 bhp)

Open Market Value: \$25,523.00

Original Registration Date: 30 Apr 2013

First Registration Date: 30 Apr 2013

Transfer Count: 1

Actual ARF Paid: \$17,733.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Apr 2023

PARF Rebate Amount: \$8,866.00

Intended COE Rebate Details

COE Expiry Date: 29 Apr 2023

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

QP Paid: \$62,497.00

COE Rebate Amount: \$4,878.00

Total Rebate Amount: \$13,744.00

The information contained herein is correct as at 18 Jul 2022

OK