

(08/11/11) wef
ASS. REC. BY: AKM

REF:

CS/ALS 22 008398/RVY3

C
8482

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMX 9092

at Workshop m/s VIN'S AUTO

of 160, SIN MICH OL 408-09

Insured: AMS

Policy No. SP2001895872-01

Claims No. 202222006409SL

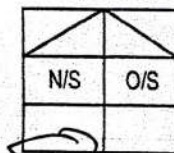
Sum Insured: _____ Excess: FBA 600

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 272K

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR LIMIT - 137K

9/12/22 Final fig \$2537 confirmed by email (Red 908, 26%)

Veh No: SMX 9092 Yr Regn: 2022 / MAY

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

Truck / Trailer or

Make: MERCEDES BENZ GLC 300 c.c. 1991

Colour: GREEN A/C: Insured / Std / NI / NA

Sp. Reading: 6462 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIN 2539842 V248759

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: 235/55R19

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 23/08/22

Survey held at

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 30/08/22

Des. of Damages: FRONT / REAR / N/S / U/C / Roof or

REAR N/S

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

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1)

Date/Time, File Return to?

2) 9/12/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation: _____

_____ S + RS, _____ SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format : Merimen

Lump Sum / I.B.I: (\$2537)

Vin's

Vin's Motor Pte Ltd
160 Sin Ming Drive
#03-03 Sin Ming Autocity
Singapore 575722
Tel : 6453 2121 Fax : 6459 9795
GST Registration No. 199906067G

Estimated Cost of Repair

Attention To : Allianz Insurance Singapore Pte Ltd
79 Robinson Road
#09-01
Singapore 068897

Claim Details
Case Ref. No. : OD/082022/5594
Date : 25-08-2022
Accident Date : 23-08-2022

Vehicle Details

Make & Model : Mercedes Benz GLC300 AMG
LINE 4MATIC AUTO
Chassis No : W1N2539842V248759
Registration No : SMX909Z

S/N	Description	Qty	Amount (\$)
1	LH TAILLAMP <i>cm</i>	1.00	\$380.00
2	LH TAILGATE REFLECTOR <i>sc</i>	1.00	\$380.00
3	REAR BUMPER <i>de</i>	1.00	\$550.00
4	REAR BUMPER LH REFLECTOR <i>sc</i>	1.00	\$30.00
5	REAR BUMPER CENTRE PAD <i>sc</i>	1.00	\$480.00
6	REAR BUMPER LH SIDE RETAINER ?	1.00	\$110.00
7	REAR BUMPER LH PARKING SENSOR <i>sc</i>	1.00	\$120.00
			\$2,050.00
Margin: 10%			\$205.00
			\$2,255.00
8	TO REPAIR DAMAGES	1.00	\$380.00 <i>250</i>
9	TO SPRAY PAINTING	1.00	\$480.00 <i>250</i>

Subtotal w/o GST: \$3,115.00

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:

Rasm
Hp 9001 0068
3 days
P/P
30/08/22 P1410
EXCESS: TBA

Revert
Resuy before paint

Issued by Iswan

This is a computer-generated document. No signature is required.

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 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 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	24/08/2022 16:54 (SGT)
Reported by	Both
Date of Accident	23/08/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	2 TUAS LINK 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX909Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EC SOLUTIONS & ENGINEERING PTE. LTD
Company Reg No	2XXXXX848R
Email Address	ericjoel@ecsolutions.com.sg
Mobile Phone No	(Phone) +65-93837112
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC300 AMG LINE 4MATIC AUTO
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	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001895872-01

DRIVER

Name of Driver	ERIC JOEL LOH FOOK KHEONG
NRIC No	SXXXX174J
Date Of Birth	10/11/1970
Occupation	Indoor

Date Of Driving Pass	26/06/1990
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93837112
Alt. Phone Number	-
Email Address	ericjoel@ecsolutions.com.sg
Address	45A EDGEFIELD PLAINS #04-05
Address complement	-
Postcode	828711
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COMPANY 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

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
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
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

SAME AS SKETCH

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WD2909Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	ROBIN
Work Permit No	0XXXX9632

Contact Number
Address (Phone) +65-86871773
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

29 | ... | Hinge RH | ...

IMPORTANT NOTICE

SKETCH PLAN

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.

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.

 23/8/2022

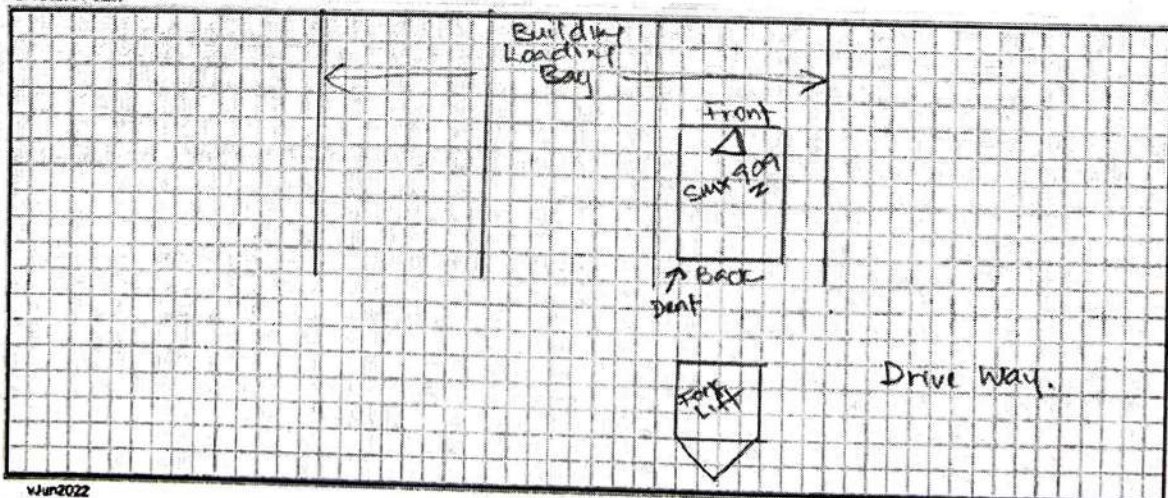
Policyholder's Signature / Date & Time

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




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

Sketch Plan



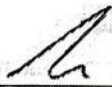
vJun2022

Describe Circumstance of the Accident

1. Was parked stationary at Level 3 - 2 Tias Link 3 building loading bay.
 - forklift was working and when it reverse it knock into my rear bumper and ~~the~~ tail light on the left side
 - The worker company was notify
 - confirm worker ~~here~~ is a work permit holder.

Declaration

I/We declare the foregoing particulars are true in every respect.

 23/8/2022

Policyholder's Signature / Date & Time

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





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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Company

Vehicle Details

848R

Vehicle No.:

SMX909Z

Vehicle to be Exported:

No

Intended Deregistration Date:

26 Aug 2022

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

GLC300 AMG LINE 4MATIC AUTO

Primary Colour:

Grey

Manufacturing Year:

2020

Engine No.:

26492080062272

Chassis No.:

W1N2539842V248759

Maximum Power Output:

200.0 kW (268 bhp)

Open Market Value:

\$47,985.00

Original Registration Date:

26 May 2022

First Registration Date:

26 May 2022

Transfer Count:

0

Actual ARF Paid:

\$59,179.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

25 May 2032

PARF Rebate Amount:

\$44,384.00

Intended COE Rebate Details

COE Expiry Date:

25 May 2032

COE Category:

B - Car-Details at OneMotoring

COE Period(Years):

10

QP Paid:

\$92,090.00

COE Rebate Amount:

\$89,741.00

Total Rebate Amount:

\$134,125.00

The information contained herein is correct as at 24 Aug 2022

OK

Mercedes-Benz GLC-Class GLC300 4MATIC

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$248,800		
Depreciation ⓘ	\$24,980 /yr View models with similar depre	Reg Date	21-May-2021 (8yrs 8mths 19days COE left)
Mileage	17,000 km (13.3k /yr)	Manufactured ⓘ	2020
Road Tax ⓘ	\$1,202 /yr	Transmission	Auto
Dereg Value ⓘ	\$99,654 as of today (change)	OMV ⓘ	\$49,786
COE ⓘ	\$61,190	ARF ⓘ	\$61,701
Engine Cap	1,991 cc	Power	190.0 kW (254 bhp)
Curb Weight ⓘ	1,775 kg	No. of Owners ⓘ	1
Type of Vehicle	SUV		

Features