ASS. REC. BY: Kenneth

REF: INC/2200847 61/Kny3

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 7 Lion Hdg Thrat

of _____

Insured: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SCJ 7886B Yr Regn: 01, 96

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mc 200E c.c 1996

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 301827 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDB124021 2B104124

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: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	27/8/22	D.O.I.	31/8/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
1	EM not ready
1/9	Lift @ 1850 Called (Red, 6606.40, 78%)

Date/Time, File Pass to?

1) 12/9/22

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS _____ St

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ 1850)

NTUC

SS2S228T0002 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 29/08/2022 14:45 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (29/08/2022 14:45 (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 Actual 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	29/08/2022 14:45 (SGT)
Reported by	Both
Date of Accident	27/08/2022 11:40 (SGT)
Exact Location of Accident	20 Jln Keria, Singapore 588545
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ7886B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZHENGYI
NRIC No	SXXXX015E
Email Address	sam.zy.tzn@gmail.com
Mobile Phone No	(Phone) +65-97904530
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	200e
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	1996

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5108327649-03

DRIVER

Name of Driver	TAN ZHENGYI
NRIC No	SXXXX015E
Date Of Birth	29/05/1985
Occupation	Indoor

Date Of Driving Pass	24/03/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97904530
Alt. Phone Number	-
Email Address	sam.zy.tzn@gmail.com
Address	20 JALAN KERIA
Address complement	-
Postcode	588545
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	Collided into Parked Vehicle
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)	0
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

PLEASE SEE ATTACHED SKETCH PLANS.

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	GBJ2609E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALVIN LIM YONG XUAN
NRIC No	SXXXX822H

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.
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.

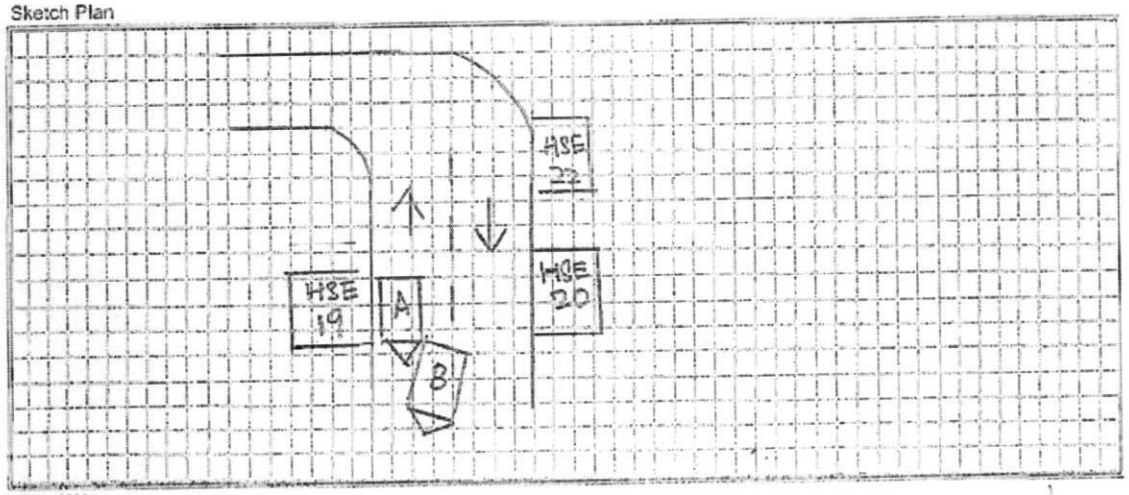
(collectively the "Purposes")

(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.

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)
29.8.22		

Sketch Plan



vJun2022

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	015E
Vehicle Details	
Vehicle No.:	SCJ7886B
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Aug 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	200E AUTO
Primary Colour:	White
Manufacturing Year:	1989
Engine No.:	10296322011090
Chassis No.:	WDB1240212B104124
Maximum Power Output:	-
Open Market Value:	$41,697.00
Original Registration Date:	17 Jan 1990
First Registration Date:	17 Jan 1990
Transfer Count:	7
Actual ARF Paid:	$72,970.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	$33,018.00
COE Rebate Amount:	$21,745.00
Total Rebate Amount:	**$21,745.00**

The information contained herein is correct as at 30 Aug 2022

OK

Kq Repair Estimate

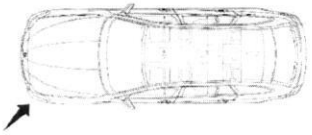
Not Authorized
LI Sup & 1850/=
Release After Paint
3days

Thiam Heng Huat Pte Ltd

176 Sin Ming Drive #05-14 Sin Ming Autocare Singapore 575721
Mobile: (65) 8263 6295 Email: thiamhenghuat@gmail.com

Make/Model: MERCEDES BENZ E CLASS W124
Engine/Chassis No.:
Date of accident:
Damaged area: N/S Front

Date: 31/08/2022
Claim Type: TP
VRN: SCJ7886B



List items

S/N	Parts description	QTY	UNIT PRICE	AMOUNT
1	Front bumper reinforcement R	1	$ 877.00	$ 877.00
2	Front bumper impact absorber In	1	$ 489.00	$ 489.00
3	Headlamp n/s In	1	$ 965.00	$ 965.00
4	Headlamp lower bracket n/s R	1	$ 109.00	$ 109.00
5	Front bumper outer 306 CM	1	$ 969.00	$ 969.00
6	Front bumper inner 1215 CM	1	$ 1,396.00	$ 1,396.00
7	Front bumper side retainer N/S R+L	2	$ 64.00	$ 128.00
8	Front fender n/s R	1	$ 874.00	$ 874.00
9	Front signal lamp n/s In	1	$ 689.00	$ 689.00
			Subtotal	$ 6,496.00
			List discount	10.00%
			Total	$ 5,846.40

Special nett items

No.	Parts description	QTY	UNIT PRICE	AMOUNT
1	Front bumper clips Rn	12	$ 7.50	$ 90.00
2	Front fender inner shield clips n/s Rn	8	$ 7.50	$ 60.00
3	Front bumper lower splash cowling clips Rn	8	$ 7.50	$ 60.00
4	Sundries Rn	1	$ 50.00	$ 50.00
			Total	$ 260.00

Labour

No.	Description	Work unit	Amount
1	To dismantle / renew accident damaged portions. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	6	$ 1,200.00

30d

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To dis damaged part(s) during resurvey
- Parts ubject to confirmation
- Thirc s on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be urveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Repair Estimate

2	To disconnect front wire harness of electrical components to facilitate repairs, reconnect and check functions including focusing headlamps.	0.25	$	50.00
3	To rust proof all affected portions after repair.	0.5	$	100.00
4	Supply spray paint material and necessary items to respray affected area / panel.	5	$	1,000.00
		Total labour	**$**	**2,350.00**

Estimate Grand Total	**$**	**8,456.40**