45	SSIGNMENT
From: Date:	Veh No: Sm Z10229 Yr Regn: 2015, April
Estimated Cost:	Type: M:Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Merceder Berz. Ewo c.c 1991
at Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA
of	Sp.Reading 82966 T/Radio: Insured / Std / NI / NA
nsured	Eng/No:
Policy No.	C/No: WDD212034213140892.
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering/Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim) / STD A/Rim or
	Tyre Size: F: 245,40 R18
(Policy Condition)	R: 245 40 R18
Remark: The veh had commenced its N/S 0/8	BS / DUN / EXNOVA GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
al. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
SIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 12/09/22
um Sum: % 3 Val.: Yes or No	Survey held at D. Graffiti
CA / REV / REP. / 24 HRS	Des. of Damages : Frt (Rear) O/S / N/S / U/C / Rooftop or
Vehicle: IN / O late: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
1P Soupo PRS.	
MV: 74K	·
PV:50.4/C	
Nett: 23.6K.	•
te/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
te/Time, File Return to?	Transportation:
Add F	
	: Interview (\$) Photos
eport Formet :	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

01/09/2022 16:50 (SGT)

31/08/2022 13:08 (SGT)

Upper Changi Rd E, Singapore

TWDS CHAI CHEE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ1022P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No Alternative Phone No No

GWEE CHWEE KIM LOEWIENSTIEN

SXXXX289C

LOEWIEN@GMAIL.COM (Phone) +65-90021119

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

Mercedes

E200

Private use

No - Claiming third party

Private car

Auto 2000

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

ECICS Limited MPC22A00027200

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

GWEE CHWEE KIM LOEWIENSTIEN

SXXXX289C 18/12/1960

Indoor



Date Of Driving Pass 16/04/1980

Driving experience 42 YEARS AND 4 MONTHS

Gender

Mobile Number (Phone) +65-90021119

Alt. Phone Number

Email Address LOEWIEN@GMAIL.COM

Address BLK 126 KOON SENG ROAD #05-07

Address complement -

Postcode 427059
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -

No, Relationship of the Driver with the insured

Does Driver Own Other Vehicles?

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 Collision - Head to Rear

Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE DATE AND TIME, I WAS TRAVELLING ALONG UPPER CHANGI ROAD IN THE DIRECTION OF GEYLANG ROAD BEFORE THE JUNCTION OF CHAI CHEE STREET. A LORRY SUDDENLY SWERVE INTO MY LANE AND I BRAKE. UNFORTUNATELY, A MOTORBIKE BEARING PLATE NUMBER (FBR507L) HIT THE REAR OF MY CAR.

ATTACHMENT(S)

Vehicle Colour

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBR507L
Vehicle Manufacturer -

Vehicle Model
Vehicle Variant

Vehicle Category Motorcycle

Page 2 of 6

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ė.
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to applies 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 (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, involces, 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 vehiclo(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.

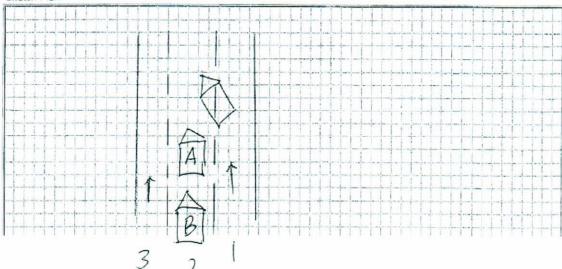
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

(Name as in NR/C/ID card)

Sketch Plan



scribe Circum	Istance of the Accident
Un t	he above date and time, I was travelling along
pour (Man: Road in the direction of Couloms
ype. c	Changi Road in the direction of Geylang
road	before the junction of Chai Chee st,
4 100	ry suddenly swerve into my lane and
0	to sometime seconds they are to to!
1 pil	ake unfortunately a motor bike bearing
olate	number FBR 507 L hit the rear of my
1.1.	The soft will the tent of the
car.	

Declaration

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

Onver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	289C
Vehicle Details	
Vehicle No.:	SMZ1022P
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Sep 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200 SEDAN (R18)
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	27492030367714
Chassis No.:	WDD2120342B140892
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$45,353.00
Original Registration Date:	28 Apr 2015
First Registration Date:	28 Apr 2015
Transfer Count:	1
Actual ARF Paid:	\$50,495.00
Intended PARF Rebate Details	THE PARTY OF THE P
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Apr 2025
PARF Rebate Amount:	\$30,297.00
Intended COE Rebate Details	
COE Expiry Date: COE Category:	27 Apr 2025
	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$76,612.00
COE Rebate Amount:	\$20,089.00
Total Rebate Amount:	\$50,386.00

The information contained herein is correct as at 13 Sep 2022

Products Insurance

Articles

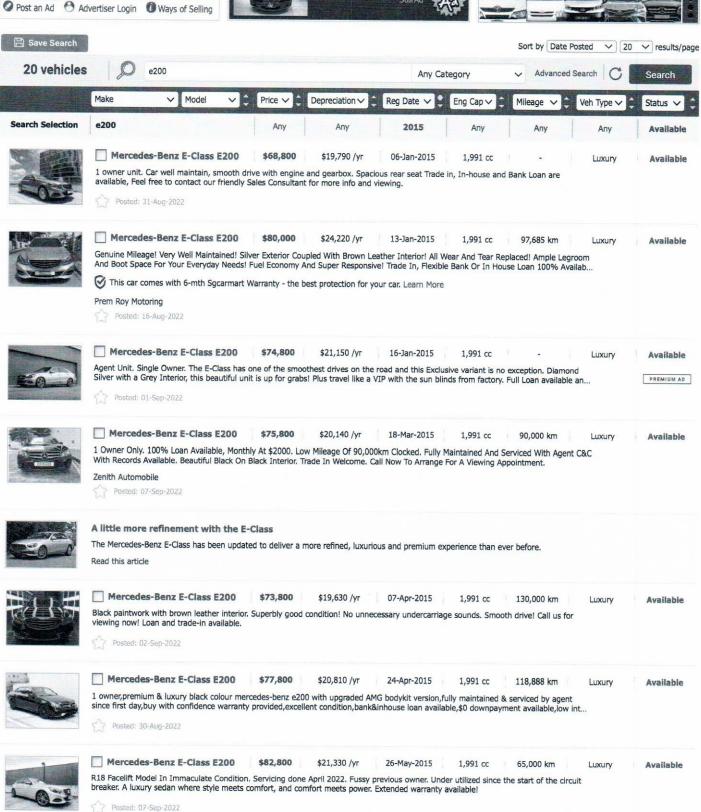
Forum

Resources











Mercedes-Benz E-Class E200

Zenith Automobile

\$79,800

\$20,170 /yr

28-May-2015

1,991 cc

106,000 km

Luxury

Available

Full Loan Available At Monthly S\$2,000 Instalment, 1 Owner Only! Low Mileage Clocked. Beautiful Signature Blue Paintwork With Classic Beige Interior. Trade In Welcome. Call Us Now To Arrange For A Viewing Appointment.