A 5	SSIGNMENT		
From: Date:	Veh No: SDD228S . Yr Regn: 2015 / May		
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: Meredes Berz C200 c.c 1991		
at Worlshop m/s	Colour Sives A/C: Insured / Std / NI / NA		
of	Sp.Reading 16/622 T/Radio: Insured / Std / NI / NA		
nsured	Eng/No:		
Policy No.	C/No: WDD2050422R062954		
Claims No.	Gen. Cond Good Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake:   Jammed / Leaked / Burnt or		
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or		
· · · · · · · · · · · · · · · · · · ·	Tyre Size: F: 225/45 R18		
(Policy Condition)	R: 225/45R18		
Remark The veh had commenced its N/S O/S	BOT DON'T EXNOVATION FOR LIZATINIC TORTSO PIR TSUNIT		
repair at the time of inspection.	TOYO/YOKO or		
Bal. or Market Value:	Front Rear		
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 09 mm		
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm		
days Res.: Yes or Nom Sum: % 3 Val.: Yes or No	D.O.A. D.O.I. 19/09/22		
*	. Odivoy field de		
CA / REV / REP. / 24 HRS  Vehicle: IN / O	Des. of Damages : Frt / Rear / O/S (N/S) / U/C / Rooftop or		
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision		
Date / Time   Action / Instruction			
CP AXA.			
MV: 93K			
PV: 45K			
Nett: 481c			
ate/Time, File Pass to? : Preli. Report	Days Of Repair:		
: Final Report	Resurvey No. of Trip: Survey Fee:		
ate/Time, File Return to?	Transportation:		
	Limited and the second		
Add F	ee: :Site Insp (\$ )s+Rssi		

SS2X22990007 / SME MOTOR PTE LTD ENTRY DATE & TIME: 09/09/2022 16:19 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (09/09/2022 16:19 (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

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of minoring of miscanded and 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

09/09/2022 16:19 (SGT)

08/09/2022 23:15 (SGT)

Thomson Rd, Singapore TWDS BALESTIER

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SDD228S

## INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

POH CHEE BENG

S1642309B

POHCB@LIVE.COM

(Phone) +65-81008133

### VEHICLE PARTICULARS

Manufacturer

Model

Variant

Mercedes C200

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

Private use

No - Claiming third party

Private car

Auto

2000

#### INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited 5122200298-01

## DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

POH SHAO XUAN T00093571 28/02/2000 Indoor

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt, Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If 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 Weather Conditions Road Surface

Collision - Major/Minor Rd Clear

Dry

25/12/2019

Male

329111

No

No

Child

2 YEARS AND 9 MONTHS

31 JALAN RAMA RAMA #22-02

(Phone) +65-82888283

POHCB@LIVE.COM

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?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No 2

Yes

No Yes

No

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Was notice of intended Prosecution given?

No No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THOMSON ROAD TOWARDS BALESTIER ROAD DIRECTION ON THE RIGHT MOST LANE OF 3 LANES. AS I WAS TRAVELLING, ONE M/TAXI (SH9149D) SUDDENLY CAME OUT FROM CHANCERY LANE CUTTING ACROSS THOMSON ROAD AND ENCROACHED INTO MY PATH AND THUS COLLIDED ONTO THE LEFT SIDE OF MY VEHICLE, I WOULD LIKE TO STATE THAT I SOUNDED MY HORN.HOWEVER, HE STILL CAME OUT AND COLLIDED WITH US. AS THE RESULT OF THE ACCIDENT, I SUSTAINED PAIN ON MY NECK AND HEADACHE. I THEN CONSULTED THE DOCTOR AT WHAMPOA CLINIC AND WAS GIVEN 2 DAYS OF MC. AS INFORMED BY THE PASSENGER OF TAXI (SH9149D), HE INFORMED THAT THE TAXI WAS IN A RUSH AND WANTED TO MAKE AN U-TURN TO THE OPPOSITE SIDE OF THE ROAD.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

SH9149D



 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 VEHICLE B

 No. Of Passenger (Including Driver)

# INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person POH SHAO XUAN Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SDD228S Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful insrepresentation or witcholding 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. The report will be forwarded by the insurers of the G/A 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 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)

Lunderstand, 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 law yers/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 vehicle(s) involved in this accident and the insurers' law yers/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 law yers/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 & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SDD 2285
B: SH 9149D

Describe	Circumstances of	the Accident
----------	------------------	--------------

I was travelling Ahong Thomson ROAD TOWARDS BALESTIER DIRECTION
ON THE RIGHT MOST NAME OF B LAWES, AS I WAS TRAVELLING, ONE MITAKI
SH 91490 SUDDENLY CHINE OUT FROM CHANCERY LANG CUTTING ACROSS - EN
ACAD AND ENCROPCINED INTO MY PATH AND THUS COLLIDED ONTO THE CEFT
SLOG OF MY VEMICLE. I WOULD LIKE TO STATE THAT I SOUNDED MY HOEN
HOWEVER, HE STILL CAME OUT AND COLLIDED WITH US. AS THE RESULT OF
THE ACCIDENT, I SUSTAINSED PAIN ON MY NECK AND INDACHE, I THEN
DNSHITED THE DOCTOR AT WHAMPOA CLINIC AND WAS GIVEN & DAYS OF MC.
AS INFORMED BY THE PASSENGE OF TAKE SHIPED, HE INFORMED THAT
THE TAXI WAS IN A RUSH AND WANTED TO MAKE A U-TURN TO THE OPPOSING
SIDE OF THE PORTS.
and of Me. bons.

# Declaration

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

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

## > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicl	e Owner	Particul	ars

Owner ID Type: Singapore NRIC

Owner ID: 309B Vehicle Details

Vehicle No.: SDD228S

Vehicle to be Exported:

No

Intended Deregistration Date: 09 Sep 2022

Vehicle Make: MERCEDES BENZ

Vehicle Model: C200 AMG LINE (R18 LED)

Primary Colour: Silver

 Manufacturing Year:
 2015

 Engine No.:
 27492030357152

 Chassis No.:
 WDD2050422R062954

Maximum Power Output: 135.0 kW (181 bhp)
Open Market Value: \$44,265.00

Original Registration Date: 25 May 2015
First Registration Date: 25 May 2015

Transfer Count: 2

Actual ARF Paid: \$43,971.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 24 May 2025

PARF Rebate Amount: \$26,382.00

Intended COE Rebate Details

COE Expiry Date: 24 May 2025

COE Category: B - Car above 1600cc or 97kW (130bhp)

 COE Period(Years):
 10

 QP Paid:
 \$68,668.00

 COE Rebate Amount:
 \$18,588.00

Total Rebate Amount: \$44,970.00

The information contained herein is correct as at 09 Sep 2022

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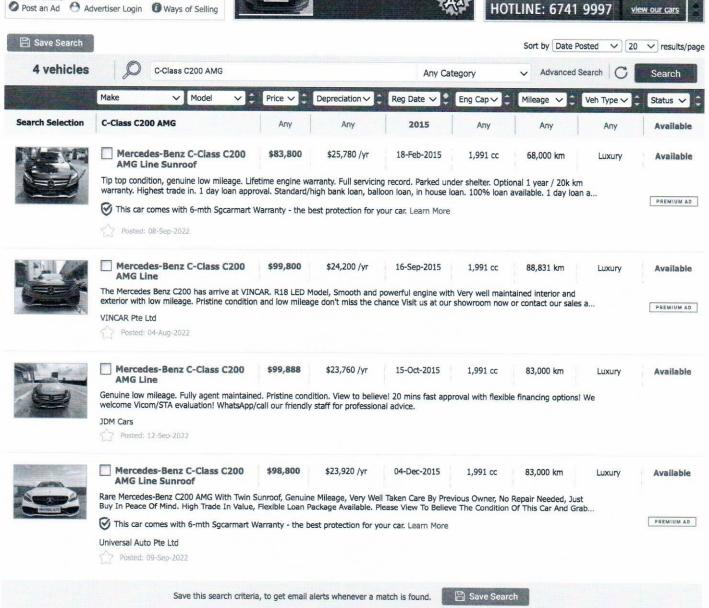




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