

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

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
X	

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SM29986E Yr Regn: 27/6/15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volvo S60 c.c. 1560Colour: Grey A/C: Insured / Std / Nil / NASp. Reading 115461 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: YV1FS84AKP7365948Gen. Cond: Good (Fair) / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/60R16R: 175/60R16

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 16/9/22 Sng Ah Tee D.O.I. 6/10/22

Survey held at \_\_\_\_\_

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

Rear LH

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

Date / Time Action / Instruction

MIR-147k

Finalised LS \$2350, 3 days (Red \$3436.40, 59%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 31) \_\_\_\_\_  
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: MER-ODLump Sum 147k 2350Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

**Sng Ah Tee Motor & Panel Service Pte Ltd** (Co.Reg.No 200810440N)

Blk 3 Pioneer Road North, #01-18

Singapore 628457

Tel: 6268 6183 Fax: 6268 1429 Email: sngahtee@singnet.com.sg; darren@sngahtee.com; janice@sngahtee.com

INSURER: **ERGO Insurance Pte. Ltd. (HQ)****PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	DMPG22007998	Date of Loss:	16/09/2022
Vehicle Reg. No.:	SMZ9986E	Driveable?	
Driver Age/Info:	47 / FEMALE	Party At Fault:	UNKNOWN
TP Injury Involved?	YES	Third Party Involved?	YES
Insured/Claimant:	CHUA BEE HONG JANE (CAI MEIFENG JANE)	Contact No:	+6598898990
Driver:	CHUA BEE HONG JANE (CAI MEIFENG JANE)		
Make/Model:	VOLVO S60, 1.6 D2 (A)	Vehicle Reg. Date:	27/06/2015
Vehicle Colour:	GREY		
Engine No:	D4162T3269191	Chassis No:	YV1FS84ABF2365948
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Description of Accident/Loss	REFER TO SKETCH PLAN		
Present Location:	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD (PIONEER)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	4,646.40
Miscellaneous Items	0.00
Labour	1,140.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>5,786.40</b>
<b>+ GST 7.00% (S\$)</b>	<b>405.05</b>
<b>Nett Amount (S\$)</b>	<b>6,191.45</b>

**This claim is handled by: JOYCE TAN LAI CHIN**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

# REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Oct 2022)  
 Parts: 143 VOLVO S60 1.6 D2 (A) (Catalogue: Merimen Singapore 1.0)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: Sng Ah Tee Motor & Panel Service Pte Ltd/SMZ9986E/03/10/2022 09:15  
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page  
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*RR BUMPER / CR4	0.00	0.00	*2,016.00 F
2	1		*FRT BUMPER RETAINER LH	0.00	0.00	*22.00 F
3	1		*REAR BUMPER UPPER SIDE BRACKET LH	0.00	0.00	*31.00 F
4	1		*RR BUMPER CTR BRACKET	0.00	0.00	*124.00 F
5	1		*RR BUMPER LOWER SPOILER	0.00	0.00	*129.00 F
6	1		*RR BUMPER REINFORCEMENT	0.00	0.00	*592.00 F
7	10		*REAR BUMPER CLIPS	0.00	0.00	*50.00 F
8	2		*REAR PARKING AID SENSOR	0.00	0.00	*260.00 F
9	1		*REAR EXHAUST PIPE	0.00	0.00	*1,000.00 F
Sub Total (\$\$)						4,224.00
+ Margin on L,N Items 10.00% (\$\$)						422.40
Total Parts (\$\$)						4,646.40

F=Franchise part.

Sng Ah Tee Motor & Panel Service Pte Ltd/SMZ9986E/03/10/2022 09:15. Not valid without Reference section.  
 Generated using Merimen e-Claims IEAS



Estimates on Miscellaneous Items  
There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TO KNOCK, WELD, REMOVE & REPLACE ABOVE PARTS	New	250 400.00
2	TO PUTTY & RESRAY PAINTING ON AFFECTED AREAS	New	200 380.00
3	TO REMOVE & REFIT EXHAUST PIPE	New	X 150.00
4	TO CHECK WIRING	New	30.00
5	TO DIAGNOSE AND RESET FAULT CODE	New	100 180.00
Gross Labour Cost (S\$)			1,140.00

Sng Ah Tee Motor & Panel Service Pte Ltd/SMZ9986E/03/10/2022 09:15. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Store (LKK)  
6/10/22, 10.45 AL  
OD- L1 N  
Exc - ?  
P L/S  
by P1 y

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

037A

### Vehicle Details

Vehicle No.:

5MZ9986E

Vehicle to be Exported:

No

Intended Deregistration Date:

29 Oct 2022

Vehicle Make:

VOLVO

Vehicle Model:

S60 D2

Primary Colour:

Grey

Manufacturing Year:

2015

Engine No.:

D4162T3269191

Chassis No.:

YV1FS84ABF2365948

Maximum Power Output:

84.0 kW (112 bhp)

Open Market Value:

\$26,106.00

Original Registration Date:

27 Jun 2015

First Registration Date:

27 Jun 2015

Transfer Count:

1

Actual ARF Paid:

\$13,549.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

26 Jun 2025

PARF Rebate Amount:

\$8,129.00

### Intended COE Rebate Details

COE Expiry Date:

26 Jun 2025

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$66,590.00

COE Rebate Amount:

\$17,719.00

Total Rebate Amount:

\$25,848.00

The information contained herein is correct as at 29 Sep 2022

OK

## 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 ..... 17/09/2022 12:50 (SGT)  
Reported by ..... Both  
Date of Accident ..... 16/09/2022 18:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS CHANGI  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMZ9986E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA BEE HONG JANE(CAI MEIFENG JANE)  
NRIC No ..... SXXXX037A  
Email Address ..... SEASCHUA@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98898990  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... S60 D2  
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 ..... 1560

#### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPG22007998

#### DRIVER

Name of Driver ..... CHUA BEE HONG JANE(CAI MEIFENG JANE)  
NRIC No ..... SXXXX037A  
Date Of Birth ..... 15/08/1975  
Occupation ..... Indoor



Date Of Driving Pass 05/04/2002  
 Driving experience 20 YEARS AND 5 MONTHS  
 Gender Female  
 Mobile Number (Phone) +65-98898990  
 Alt. Phone Number -  
 Email Address SEASCHUA@GMAIL.COM  
 Address 2 WESTWOOD DRIVE  
 Address complement -  
 Postcode 648820  
 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 Motorcyclist  
 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? Yes  
 Was any injured conveyed to hospital by ambulance? 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? Yes  
 Police Station Name Nanyang Neighbourhood Police Centre  
 Police Station Phone No (Phone) +65-18007929999  
 Alt. Police Station Phone No (Fax) +65-67912972  
 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20220916/2103

#### 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 UNKNOWN  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -

Vehicle Colour	*
Vehicle Category	Motorcycle
Name of Driver	*
Contact Number	*
Address	*
Address complement	*
Postcode	*
Insurance Company Name	*
Nature Of Damage	*
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	*

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	CHUA BEE HONG JANE(CAI MEIFENG JANE)
Gender	Female
Phone No	(Phone) +65-98898990
Address	2 WESTWOOD DRIVE
Address Complement	-
Post Code	648820
Approximate Age Years Old	47
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SMZ9986E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

#### INJURED 2

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT WRIST BLEEDING, LEG AND CHEEK ABRASIONS
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



# 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 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. The 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.

### 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

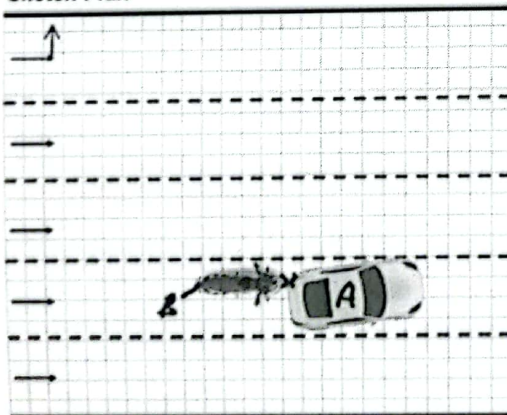
Driver's Signature (if driver is not the policyholder) / Date & Time

16/09/22 1210HRS

Witnessed by Reporting Centre Personnel

FRO ZIKRUL

### Sketch Plan



PIE TOWARDS CHANGI

A-SMZ9986E  
B-UNKNOWN

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20220916/2103

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

16/09/22 1210HRS

Witnessed by Reporting Centre  
Personnel

FRO ZIKRUL





# SINGAPORE POLICE FORCE



T/20220916/2103

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3  
Report No. T/20220916/2103

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2022 23:26		Vide Report No.: G/20220916/0157		Station Diary No.: 140	
<b>Informant's Particulars</b>					
Name of Informant: CHUA BEE HONG JANE			Address: 2 WESTWOOD DRIVE SINGAPORE 648820		
ID Type / ID No.: NRIC NO / S7525037A			Contact No.: Home/Office:		Mobile: 98898990
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 15/08/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ASSOCIATE TRAINER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/09/2022 18:30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Oily		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMZ9986E	Car	VOLVO	S60 D2	Grey	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ9986E	SHC INSURANCE PTE. LTD.	DMPG22007998	27/06/2022	26/06/2023





**SINGAPORE  
POLICE FORCE**



T/20220916/2103

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20220916/2103

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUA BEE HONG JANE	ID No.	S7525037A
Related Vehicle	NIL	Contact No.	98898990
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/09/2022 at about 1830hrs, while I was driving my car (registration plate: SMZ9986E) along PIE before Jln Anak Bukit Flyover first lane, I made a lane change to second lane. Out of sudden, I felt an impact on my rear. I stopped my car and saw a motorcyclist on the ground. Ambulance and Traffic Police later arrived and the rider was subsequently conveyed to hospital. I am not injured.

I was advised to lodge a Traffic Accident report reference G/20220916/0157. I had already handed over my incar camera SD card to the Traffic Police officer. I do not have the details of the other party including the registration plate number.



**SINGAPORE  
POLICE FORCE**



T/20220916/2103

3 of 3

Report No. T/20220916/2103

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J/  
SGT 2 MUHAMMAD MUJAHID  
BIN SAMSUDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/09/2022 23:26

Officer In Charge Of Case:  
TP / GIT /  
SI CHONG GUAN FATT  
Contact No.: 65472077

Classification Of Case:

NP168