

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 30001929237

Claims No. 273172

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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

GIA report photo Pg 11/16 can see front grille cracked  
 coe nhl 12-09-2032 as at \$106164 (19-10-2022)  
 After repair mv \$145k.

30/11/22 1/5 @ 950 (red \$ 650.50, 40%) informed MR Goh

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 1/12/22-typist

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format : Merimen

Lump Sum / I.B.I. (\$ 950

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	187F
Vehicle Details	
Vehicle No.:	SGY8220P
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Oct 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 200
Primary Colour:	Grey
Manufacturing Year:	2012
Engine No.:	27186030467369
Chassis No.:	WDD2120482A618331
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$50,734.00
Original Registration Date:	13 Sep 2012
First Registration Date:	13 Sep 2012
Transfer Count:	1
Actual ARF Paid:	\$50,734.00 25367
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	.
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	12 Sep 2032
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$107,249.00
COE Rebate Amount:	\$106,164.00
Total Rebate Amount:	\$106,164.00

The information contained herein is correct as at 19 Oct 2022

OK





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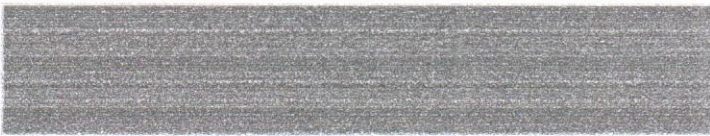
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services available.  
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**KA-HUP**

VALUE FOR MONEY  
VALUE FOR TIME  
A PEACE OF MIND

**HOTLINE: 6741 9997** [view our cars](#)

Sort by  20 results/page

3 vehicles



e200

Any Category

Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	e200		Any	Any	2012	Any	Any	Any	Available



**Mercedes-Benz E-Class E200  
Cabriolet (COE till 03/2032)**

\$153,000

\$16,180 /yr

03-May-2012

1,796 cc

117,942 km

Sports

Available

Fully serviced and recently replaced, new convertible hydraulics cylinders with original Mercedes parts.

Posted: 12-Oct-2022

DIRECT OWNER



**Mercedes-Benz E-Class E200  
CGI**

\$36,000

N.A

30-Nov-2012

1,796 cc

87,000 km

Luxury

Available

Genuine low mileage, 2 owners luxury sedan, amazing condition for short term or long term usage tyres and rims purchased 1.5 months...

Posted: 11-Oct-2022

DIRECT OWNER



**Mercedes-Benz E-Class E200**

\$41,900

N.A

19-Nov-2012

1,796 cc

121,000 km

Luxury

Available

Low mileage of 120km. Elegant gunmetal with black leather interior. Cycle and carriage unit. Shelter parking only. Paintwork in excellent...

This car comes with 6-mth Sgcarmart Warranty - the best protection for your car. [Learn More](#)

Shuang Hup Credit

Posted: 09-Sep-2022

PREMIUM AD

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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20 results/page

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## 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 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. 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	21/04/2022 16:51 (SGT)
Date of Accident	20/04/2022 22:05 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY8220P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW CHEN FUNG
NRIC No	S7378187F
Email Address	JACLYN@TWHELECT.COM
Mobile Phone No	(Phone) +65-81383328
Alternative Phone No	(Home) +65-81383328

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1796

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00174812100
Cover Note Number	-

#### DRIVER

Name of Driver	LOW CHEN FUNG
NRIC No	S7378187F



Date Of Birth	05/03/1973
Occupation	Indoor
Date Of Driving Pass	08/12/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81383328
Alt. Phone Number	(Home) +65-81383328
Email Address	JACLYN@TWHELECT.COM
Address	BLK 809 YISHUN RING ROAD
Address complement	#07-4223
Postcode	760809
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	Collision - Head on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	GOH CHONG ZHENG
Gender	Male

#### 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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH4883B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-



**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 willful 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.

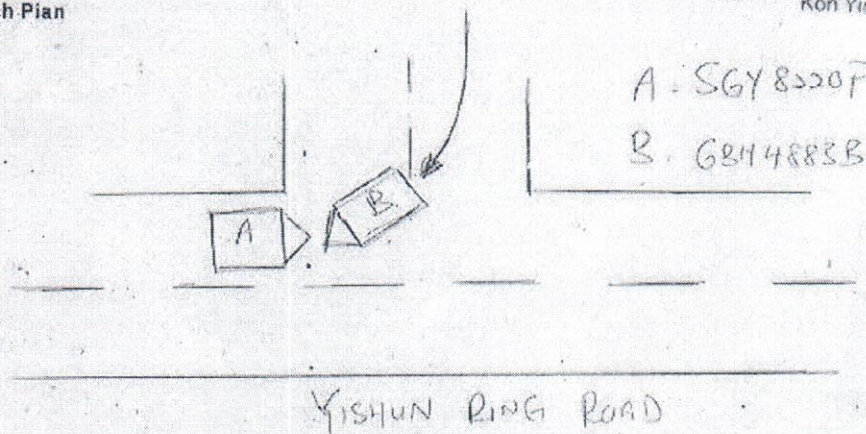
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature / If driver is not the policyholder / Date & Time

Witnessed by Reporting Centre Personnel

Kon Yik Sia





## Describe Circumstances of the Accident

## MOVING ALONG YISHUN RING ROAD

Suddenly, vehicle B hit onto my vehicle while he is turning right.

1 Owner : Low Chen Fung

NAME - 97378187J

Vehicle no: 867 820 P

Will be sending my above stated damaged vehicle to San Diego motor MCLD for my vehicle damaged reports and insurance claims.

666 had charity, informed me on new GAO rules. I accepted all

habilitation and discharged Goldwell Engineering Pt 14.1.

### 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      Kon Yin Siew





# SIN HWEE MOTOR PTD LTD

BLK 3023A UBI RD 1 #01-59  
SINGAPORE 408717  
UEN: 201327079M

## Estimate

Date	Estimate #
19/10/2022	1020

Name / Address
LOW CHEN FUNG

VEHICLE NO	MODEL
SGY 8220 P	M/BENZ E

Description	Qty	Rate	Total
front CENTER GRILLE <i>Cne</i>		1,080.00	1,080.00
NUMBER PLATE GARNISH <i>1-1</i>		165.00	165.00
SUBTOTAL			1,245.00
LESS -10%		-124.50	-124.50
NUMBER PLATE AND HOLDER <i>sent n/c</i>		80.00	80.00
SPRAY PAINT FRONT BUMPER <i>8 replaced parts</i>	<i>300</i>	400.00	400.00
<p><i>Not Authorized</i> <i>LKK motor</i> <i>2/5 # 9501</i> <i>2 days</i> <i>the phd AMH 19/10</i></p>			
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p>			

**Total**

\$1,600.50

1227.9