

ASS. REC. BY:

REF: PCZ/22010284/KV

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Tropical

of _____

Insured: SBJ 21M

Policy No. _____

Claims No. D22003248MFPC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

11an

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$95k

IDAC Accident Rpt: _____ 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: SKX 9929E Yr Regn: 01, 16

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

Make: Mer C200 c.c. 1991

Colour: N.P White A/C: Insured / Std / NI / NA

Sp. Reading: 39762 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 20 504 22R 112556

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rlm / STD / Rlm or _____

Tyre Size: F: 225/50R17

R: _____

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 12/10/22 D.O.I. 9/11/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>17/11/21</u>	<u>Rep @ 2650h Colw (red 2908.70, 52%)</u>

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

1) 22/12/22-typist

Report Format: TP

Lump Sum +/-B.± (\$ 2650)

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:

Transportation	_____ \$ + RS. _____ \$
Fees	_____ \$
Others	_____ \$
TOTAL	_____ \$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	355F
Vehicle Details	
Vehicle No.:	SKX9929E
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Oct 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C200 SPORT PREMIUM AUTO
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	27492030465011
Chassis No.:	WDD2050422R112556
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$45,336.00
Original Registration Date:	05 Jan 2016
First Registration Date:	05 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$50,471.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jan 2026
PARF Rebate Amount:	\$32,806.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jan 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,001.00
COE Rebate Amount:	\$17,712.00
Total Rebate Amount:	\$50,518.00

The information contained herein is correct as at 15 Oct 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	13/10/2022 09:29 (SGT)
Reported by	Driver
Date of Accident	12/10/2022 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EVANS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9929E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NGIAM TONG TAU
NRIC No	S1090355F
Email Address	ngiamtongtau@gmail.com
Mobile Phone No	(Phone) +65-90100612
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5076965140-06

DRIVER

Name of Driver	NINA LU SOO HIA
NRIC No	S0279570A
Date Of Birth	04/06/1946
Occupation	Indoor

Date Of Driving Pass	04/02/1975
Driving experience	47 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98206182
Alt. Phone Number	-
Email Address	NINANGIAM@GMAIL.COM
Address	69 NAMLY DRIVE
Address complement	-
Postcode	267478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 to Rear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 12102022 AT 1305HRS I WAS TRAVELLING ALONG CLUNY ROAD TOWARDS EVANS ROAD. UPON REACHING EVANS ROAD, THERE WAS 2 VEHICLE INFRONT OF ME. THE FIRST VEHICLE MADE A LEFT TURN INTO CARPARK OF RAFFLES BUILDING FOODCOURT. THUS THE VEHICLE INFRONT OF ME STOPPED. I ALSO SLOWED DOWN AND STOPPED. THATS WHEN A VEHICLE BEARING LICENSE PLATE SBJ21M COLLIDED INTO THE REAR OF MY CAR. NO ONE WAS INJURED.

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	SBJ21M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	M SUBRAMANIAM
NRIC No	S1682016D
Contact Number	(Phone) +65-98574125
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstance of the Accident

REFER TO GEARS REPORT FOR ACCIDENT STATEMENT

Declaration

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


13102022
0930hrs
Policyholder's Signature / Date & Time


13102022
0930hrs
Driver's Signature (if driver is not the policyholder) / Date & Time


SUMAN SUKUMAR
S990968
Witnessed by Registrar / Center Personnel
(Name as in NRIC / ID Card)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 acceptance 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 (a 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 making of queries, evidence, 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 the external courier of evidence/proof packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) a 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

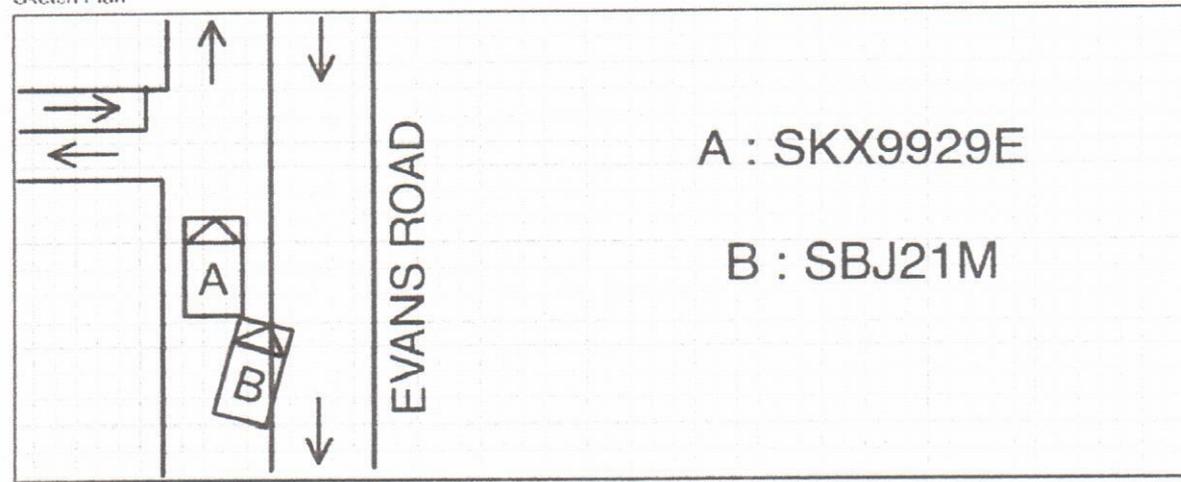
(c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

13/10/2022
0930HRS
Policyholder's Signature/ Date & Time

[Signature]
13/10/2022
0930HRS
Driver's Signature (For vehicle the policyholder) Date & Time

[Signature]
13/10/2022
0930HRS
SUMAN SUKUMAR
S990968
Witnessed by Reporting Centre Personnel (Name as in NR-CID card)

Sketch Plan



Tropical Tech Automobile Services

BLK 5032 ANG MO KIO AVENUE 3 #01-303 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484 4978

E-mail : tsac303@singnet.com.sg

M / s : **MS First Capital Insurance Ltd**
6, Raffles Quay, #21-00,
Singapore 048580

Attn : **Motor Claims Department**
Tel : 65073848
Fax : 65073849

Not authorized
11 hrs @ 265/hr
Murray After Paint
3 days

Estimate bill : TT 36 / 22 / TP / WT

Registration No : SKX9929E

Make / model : MB C200 (205)

Mileage :

Date : 15 / 10 / 2022

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO: SBJ21M AND SKX9929E ALONG EVANS ROAD ON 12 OCTOBER 2022 AT ABOUT 1305HRS.

1pc	Rear tail lamp (RH)	585	\$	CM	998.00	✓
1pc	Rear tail lamp lower bracket (RH)		\$	CM	135.00	✓
1pc	Rear bumper		\$	Bu	1,699.00	✓
1pc	Rear bumper parktronic sensor (RH, Outer)		\$	Short	270.00	✓
1pc	Rear bumper towing cover		\$	su	95.00	X
1pc	Rear bumper lip		\$	su	351.00	X
1pc	Rear bumper side retainer (RH)		\$	BIT	95.00	✓
	Sub total :		\$		3,643.00	
	Less 10% discount :		\$		364.30	
	A total amount :		\$		3,278.70	

Remove and transfer rear bumper necessary attachment spart part items.

Remove and refit rear tail lamp (RH), rear tail lamp lower bracket (RH), rear bumper, rear bumper parktronic sensor (RH, Outer), rear bumper towig cover, rear bumper lip, rear bumper side retainer (RH).

Panel / beating rear RH fender, heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Aligment jack.

Diagnostic and reset rear bumper parktronic sensor fault error by HHT

To check and refit rear tail lamp wiring harness.

Under coating on rear damaged portion.

Putty / primer application, spray painting rear RH fender, rear bumper, rear bumper parktronic sensor (RH, Outer), rear bumper towing cover (Pearl White).

Grand final amount :

300
900.00
100.00
80.00
200.00
1,000.00
5,558.70

Tropical Tech Automobile Services



(Authorised Signature)
William Tan

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: