

**ASSIGNMENT**

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

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

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

To Inspect Vehicle No: SDQ 8822E

at Workshop m/s CYCLE & CARRIAGE

of 198, PANDAN LOOP

Insured: SMR

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

Bal. or Market Value: 285K

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

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

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS \_\_\_\_\_

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SDQ 8822E Yr Regn: 2018 / NOV

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

Truck / Trailer or \_\_\_\_\_

Make: MERCEDES BENZ S320L c.c. 2996

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 53936 T/Radio: Insured / Std / NI / NA

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

C/No: WDD2221622A422768

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: 245/40ZR20

R: \_\_\_\_\_

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

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

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

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 09/10/22 D.O.I. 31/10/22

Survey held at CYCLE & CARRIAGE

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 \_\_\_\_\_

REPAIR LIMIT - 163K

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: \_\_\_\_\_

1)

: Final Report

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

Date/Time, File Return to?

Survey Fee: \_\_\_\_\_

2)

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

Transportation: \_\_\_\_\_

: Interview (\$ \_\_\_\_\_)

Photos \_\_\_\_\_

: Tech. Invs (\$ \_\_\_\_\_)

Others \_\_\_\_\_

Report Format : \_\_\_\_\_




Mercedes-Benz

Cycle & Carriage Industries Pte Limited  
Authorised Dealer  
Company No. 196400367W  
GST Reg No. MR-8500111-X

ESTIMATE FOR SDQ8822E

MS FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIM DEPARTMENT  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580  
65073848

Vehicle & Document Information

WIP No 60151  
Reg No/Reg Date SDQ8822E / 13/11/2018  
Date In/Mileage / 0  
Chassis No WDD2221622A422768  
Engine No 27682430899422  
Make/Model MB/MB S 320 SEDAN LONG  
Colour/Trim 028 890 Cavansite B/ 048 814 Nappa Nut B

Account No	Terms	Date/Time Printed	CSE	Operator
WF001862	Credit	10/10/2022/ 13:10	AQ	305 / Alan Quek Ai Lun

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
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M BPNSUN

POLICY NO/ACC DATE : 1800183787 // 09-10-2022  
DRIVE IN-10-10-2022 // TP CAR NO:SHF2070 (FIRST CAPITAL INSURANCE)  
DATE IN/DATE SURVEY:  
BY/AUTHORIZED ON :

A BPILAB

USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO STANDARD SETTINGS.NETT

A BPILAB

REMOVE & REPLACE REAR BUMPER & REMOVE REAR SUPPORT ASSY COMPONENTS & REFINISH.

A BPIRES

RESPRAY REAR BUMPER

M REAR BUMPER

M LH/R BUMPER GARNISH

M RH/R BUMPER GARNISH

M REAR BUMPER BOTTOM PANEL

M CT/R BUMPER BOTTOM PANEL GARNISH

M RH/R BUMPER BOTTOM PANEL GARNISH

M CT/R BASIC MOUNTING FOR BUMPER

M LH/R BASIC MOUNTING FOR BUMPER

M RH/R BASIC MOUNTING FOR BUMPER

M CT/R PARKING SENSOR

M CT/R PARKING SENSOR SEAL

M REAR CROSS MEMBER

**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:

480.00

960 1440.00

800 1000.00

0.07

1.00	2271.23	00.00	2271.23
1.00	137.59	00.00	137.59
1.00	137.59	00.00	137.59
1.00	610.00	00.00	610.00
1.00	138.38	00.00	138.38
1.00	178.62	00.00	178.62
1.00	155.06	00.00	155.06
1.00	102.22	00.00	102.22
1.00	102.60	00.00	102.60
4.00	195.43	00.00	781.72
4.00	7.10	00.00	28.40
1.00	1352.69	00.00	1352.69

Alan Quek  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4377 HP: 9186 5112 Fax: 6872 1272  
Email: alan.quek@cyclecarriage.com.sg

Alan  
Hy 900 1068 w/ prejudice  
3 days  
31/10/22 @ 1350  
Rear before paint

Confirmed & accepted by

Authorized signatory and company stamp

Nett 8,916.10  
7% GST on 8916.10 624.13

Total Payable 9,540.23

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

# 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 ..... 10/10/2022 13:46 (SGT)  
Reported by ..... Both  
Date of Accident ..... 09/10/2022 13:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDQ8822E  
  
INSURED/POLICYHOLDER  
  
Is company? ..... No  
Name Of Registered Owner ..... LO HOCK PENG @ DANIEL H P LO  
NRIC No ..... SXXXX163C  
Email Address ..... DANIEL.LO@FIRSTTECH.COM.SG  
Mobile Phone No ..... (Phone) +65-90118822  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... S320i  
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 ..... 2996

### INSURANCE COMPANY

Name of Insurance Company .....  
Policy Number / Cover Note Number ..... AIG Asia Pacific Insurance Pte. Ltd.  
1800133737-03

### DRIVER

Name of Driver .....  
NRIC No ..... LO HOCK PENG @ DANIEL H P LO  
Date Of Birth ..... SXXXX163C  
Occupation ..... 23/12/1960  
Indoor

Were accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....  
Reasons for not uploading a video of the accident .....

Yes  
Yes  
KINDLY REFER TO CSE AQ.

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SHF207U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	MR YU.WING SENG
NRIC No .....	SXXXX734G
Contact Number .....	(Phone) +65-84981313
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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 .....

06/02/1980  
42 YEARS AND 8 MONTHS  
Male  
(Phone) +65-90118822  
-  
DANIEL.LO@FIRSTTECH.COM.SG  
2 SINARAN DRIVE #32-05  
-  
307467  
Yes  
-  
No  
-  
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Head to Rear  
Clear  
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? .....  
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  
No  
-  
Yes  
4  
No  
-  
-  
-  
-

PASSENGER 1

Name .....  
Gender .....

UNKNOWN  
Male

PASSENGER 2

Name .....  
Gender .....

UNKNOWN  
Female

PASSENGER 3

Name .....  
Gender .....

UNKNOWN  
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

No  
No  
-

CIRCUMSTANCES OF ACCIDENT

TRAFFIC WAS HEAVY, I SLOW DOWN COMING TO A COMPLETE STOP STATIONARY.  
ALL OF A SUDDEN 'B' VEHICLE COLLIDED MY REAR.  
NO ONE WAS INJURE AND WE EXCHANGE DETAIL.

ATTACHMENT(S)

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

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

Witnessed by Reporting Centre Personnel

Alan Quah

**Sketch Plan**

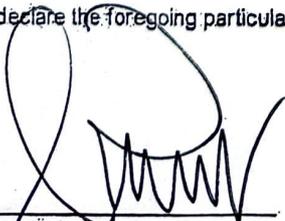
(A) SDQ 8822E	
(B) SHF 2074	

Describe Circumstances of the Accident

- ① Traffic was heavy, I slow down coming to a complete stop stationary.
- ② All of a sudden 'B' vehicle collided my rear.
- ③ No one was injure and we exchange detail.

Declaration

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  
Alan Quah

➤ **Back to OneMotoring**

## **Enquire PARF/COE Rebate for Registered Vehicle**

**Owner ID Type:** Singapore NRIC  
**Owner ID:** 163C

**Vehicle No.:** SDQ8822E  
**Vehicle to be Exported:** No  
**Intended Deregistration Date:** 01 Nov 2022  
**Vehicle Make:** MERCEDES BENZ  
**Vehicle Model:** S320L (R19 LED)  
**Primary Colour:** Blue  
**Manufacturing Year:** 2018  
**Engine No.:** 27682430899422  
**Chassis No.:** WDD2221622A422768  
**Maximum Power Output:** 200.0 kW (268 bhp)  
**Open Market Value:** \$91,812.00  
**Original Registration Date:** 13 Nov 2018  
**First Registration Date:** 13 Nov 2018  
**Transfer Count:** 0  
**Actual ARF Paid:** \$137,262.00

**PARF Eligibility:** Yes  
**PARF Eligibility Expiry Date:** 12 Nov 2028  
**PARF Rebate Amount:** \$102,946.00

**COE Expiry Date:** 12 Nov 2028  
**COE Category:** B - Car above 1600cc or 97kW (130bhp)  
**COE Period(Years):** 10  
**QP Paid:** \$31,301.00  
**COE Rebate Amount:** \$18,876.00  
**Total Rebate Amount:** \$121,822.00

The information contained herein is correct as at 01 Nov 2022

OK

# Mercedes-Benz S-Class S320L

[Overview](#)

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[Accessories](#)

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[Map](#)

## Republic Auto



A member of the Jardine Cycle & Carriage Group

Price	<b>\$279,800</b>		
Depreciation	\$35,580 /yr <a href="#">View models with similar depre</a>	Reg Date	26-Sep-2018 (5yrs 10mths 24days COE left)
Mileage	35,900 km (8.8k /yr)	Manufactured	2018
Road Tax	\$2,382 /yr	Transmission	Auto
Dereg Value	\$123,522 as of today (change)	OMV	\$93,058
COE	\$32,001	ARF	\$139,505
Engine Cap	2,996 cc	Power	200.0 kW (268 bhp)
Curb Weight	1,940 kg	No. of Owners	1