

ASS. REC. BY:

REF:

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

Bal. or Market Value: _____

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: SBW915 Yr Regn: 2019 / Oct.

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

Truck / Trailer or

Make: Mercedes Benz CLS 350 c.c. 1991

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

Sp. Reading: 36361 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2573502A050455

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/35R19

R: 275/35R19

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 08/11/22

Survey held at J-Mact

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
	<u>TP AXA.</u>
	<u>MV : 267K</u>
	<u>PV : 125.4K.</u>
	<u>Nett: 141.6K</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Techn. Inve (\$ _____)

3 + RS. SI

Photos

Others

Report Format: _____

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	04/11/2022 17:54 (SGT)
Reported by	Both
Date of Accident	04/11/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LENG KEE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW91S
-----------------------------	--------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHEE HENG BRANDON
NRIC No	S7242457C
Email Address	brandontanch@yahoo.com
Mobile Phone No	(Phone) +65-96866011
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	CLS350 COUPE (R19 LED SR)
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	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000570833-01

DRIVER

Name of Driver	TAN CHEE HENG BRANDON
NRIC No	S7242457C
Date Of Birth	12/11/1972
Occupation	Indoor

Date Of Driving Pass	17/02/1993
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96866011
Alt. Phone Number	-
Email Address	brandontanch@yahoo.com
Address	203 SERANGOON CENTRAL #11-74 (S) 550203
Address complement	-
Postcode	-
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	Chain 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

REFER WITH ATTACHED.

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	SHD6741P
Vehicle Manufacturer	-
Vehicle Model	-
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	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNF7340A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	0

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6741P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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 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 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 (Name as in NRIC/ID card)

4/11/2022 @ 17:30hr

DOA: 4/11/22
 A: SBN 915
 B: SHD 6741P
 C: SNF 7340A

Describe Circumstance of the Accident

Both Veh A & Veh C was parked stationary inside the parking lot. Suddenly veh B hit onto the rear ch of veh C & due to the strong impact, veh C moved forward & hit the rear of my car.

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 (Name as in NRIC/ID card)

4/11/2022 17:30 hr


**SINGAPORE
POLICE FORCE**


T/20221104/2099

1 of 4

Report No. T/20221104/2099

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2022 20:02	Vide Report No.: D/20221104/0051	Station Diary No.: 127
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: BRANDON TAN CHEE HENG			Address: APT BLK 203 SERANGOON CENTRAL #11-74 SINGAPORE 550203		
ID Type / ID No.: NRIC NO / S7242457C			Contact No.: Home/Office: Mobile: 96866011		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 12/11/1972	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: KEY ACCOUNT MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/11/2022 14:40	Type of Location:
Location: LENG KEE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBW91S	Car					0
SHD6741P	Car					0
SNF7340A	Car					0



**SINGAPORE
POLICE FORCE**



T/20221104/2099

2 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20221104/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	BRANDON TAN CHEE HENG	ID No.	S7242457C
Related Vehicle	SBW91S (Car)	Contact No.	96866011
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA CHE PHENG	ID No.	S1315255A
Related Vehicle	SHD6741P (Car)	Contact No.	98255261
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	SHEN XIAO HUA	ID No.	S2635820E
Related Vehicle	SNF7340A (Car)	Contact No.	96192686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 4/11/2022 at about 10.30am, I parked my car (SBW91S) at the parking lot along Leng Kee Road. I then went off. At about 2.40pm, I received messages from my friends that my car have been involved in an accident. I rushed over to the location where I parked my car. I saw that a taxi (SHD6741P) had hit onto a car (SNF7340A) that was parked behind my car and that car had hit onto my car.

Traffic Police and Ambulance was at the incident to assist. I was asked by the Traffic Police officer to lodge a report on this matter.



**SINGAPORE
POLICE FORCE**



T/20221104/2099

3 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20221104/2099

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20221104/2099

4 of 4

Report No. T/20221104/2099

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:

E /

SGT 3 SATHISH KUMAR S/O

TAMBI RAJAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/11/2022 20:02

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SBW91S
 Name (as shown in NRIC): TAN CHEE HENG BRANDON NRIC/ FIN/ Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 203 SERANGOON CENTRAL #11-74 (S) 550203 Singapore ()
 Contact (Tel): _____ Mobile No.: 96866011
 Email Address: _____
 Date of Accident: 04/11/2022 Time of Accident: 1440hrs
 Place of Accident: LENG KEE ROAD
 Insurance Company: Allianz Insurance Singapore Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend add in police report.

TAN CHEE HENG BRANDON

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Singapore NRIC
Owner ID:	457C

Vehicle Details

Vehicle No.:	SBW91S
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Nov 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLS350 COUPE (R19 LED SR)
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	26492030178913
Chassis No.:	WDD2573502A050455
Maximum Power Output:	230.0 kW (308 bhp)
Open Market Value:	\$83,707.00
Original Registration Date:	23 Oct 2019
First Registration Date:	23 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$122,673.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Oct 2029
PARF Rebate Amount:	\$92,004.00
Intended COE Rebate Details	
COE Expiry Date:	22 Oct 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$33,367.00
Total Rebate Amount:	\$125,371.00

The information contained herein is correct as at 09 Nov 2022

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	Mercedes-Benz CLS-Class	CLS350 Coupe Mild Hybrid Sunroof	\$257,000	\$30,640 /yr	28-Mar-2019	1,991 cc	50,603 km	Luxury	Available
Fuel Type: Petrol-Electric Cycle & Carriage unit. Only 1 owner low mileage clocked 50603 km. Immaculate condition! 10 year engine warranty, fully serviced and maintained by Cycle & Carriage. Trade in and loan available. Kindly call for viewing. Posted: 03-Nov-2022									
	Mercedes-Benz CLS-Class	CLS350 Coupe Mild Hybrid Sunroof	\$269,800	\$30,670 /yr	01-Aug-2019	1,991 cc	44,100 km	Luxury	Available
Fuel Type: Petrol-Electric 1 owner, C&C AMG edition, fully agent maintained since day one, 1 year extended warranty by Sgcarmart premium dealer with official warranty certificate, 10 years C&C engine warranty, STA or Vicom evaluation inspection are welcome, bank and in house loan available a... ✓ This car comes with 6-mth Sgcarmart Warranty - the best protection for your car. Learn More CARWAY Posted: 08-Nov-2022									

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