

ASS. REC. BY: P. [Signature]

REF: CS/LIP 22012269/RVY3

2804

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: XE 5968P
 at Workshop m/s SEMB WASTE
 of 17 TUNIS AVE 12
 Insured: SLC 8490H LIP
 Policy No. _____
 Claims No. AVS22/3096
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: XE 5968P Yr Regn: 2020 NOV
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or WASTE TRUCK
 Make: MERCEDES BENZ / ROLF 2630 6X4.c 7698
 Colour: GREY A/C: Insured / Std / NI / NA
 Sp. Reading: 136862 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WIT 9640 42046310U
 Gen. Cond: Good / Fail / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: NIP / S/Rim / STD A/Rim or

(Policy Condition) 3-3:30pm
 Remark: The veh had commenced its repair at the time of inspection.

<u>N/S</u>	<u>O/S</u>

Tyre Size: F: 315/80R22.5
 R: _____
BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or FIREMAX

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 8/8 mm
 D.O.A. 02/11/22 D.O.I. 08/12/22
 Survey held at SEMB WASTE
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S FR
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
8/6/23	Final fig \$4686.80 (Red 240, 4%)

Date/Time, File Pass to? : Preli. Report : Final Report
 1) Date/Time, File Return to? _____
 2) 8/6/23-typist
 Report Format : TP
 Lump Sum / I.B.I: (\$ 4686.80)
 Days Of Repair: 2
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____

Vehicle Registration Details

<i>Vehicle No.</i> XE5968P	<i>Make/ Model</i> MERCEDES BENZ/AROCs 2630 6X4 3900 (AUTO,ABS)	<i>Vehicle Scheme</i> -
<i>Current Propellant</i> Diesel	<i>Chassis No.</i> W1T96401420463100	<i>Vehicle Type</i> Goods (Open) Garbage/Sanitary Wagon

Owner's Details

Owner Name:

SEMBWASTE PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

199507280G

Registered Address

30 HILL STREET #05-04 SINGAPORE 179360

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

20 Nov 2020

Original Registration Date:

20 Nov 2020

Registration Date:

20 Nov 2020

No. of Transfers:

0

IU Label No.:

2010597374

Vehicle Specifications

Engine No.:

936912C0210734

Chassis No.:

W1T96401420463100

Year of Manufacture:

2020

Primary Colour:

White

Secondary Colour:

-

Passenger Capacity:

2

Engine Capacity / Power Rating :

7698 cc / -

Maximum Power Output:

-

Max Unladen Weight:

15040 kg

Maximum Laden V/eight:

28000 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$96,295.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$4,815.00

Vehicle Lifespan Expiry Date:

19 Nov 2040

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$33,778.00

COE No.:

2020110105000523E

COE Expiry Date:

19 Nov 2030

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota
Premium :

\$33,778.00 / -

Actual QP Paid

\$33,778.00

QP (Regn Cat):

\$33,778.00

PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

No

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

-

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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 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	03/11/2022 18:38 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 21:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEIL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5968P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEMBWASTE PTE LTD
Company Reg No	199507280G
Email Address	ENVIRONMENT_PR@SEBMCORP.COM
Mobile Phone No	(Phone) +65-82680661
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	ACROS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	12960

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117487274-02

DRIVER

Name of Driver	BALAN S/O RETHINASAMY
NRIC No	S2687764D
Date Of Birth	23/11/1957
Occupation	Outdoor

Date Of Driving Pass	30/11/1983
Driving experience	39 YEARS
Gender	Male
Mobile Number	(Phone) +65-91143103
Alt. Phone Number	-
Email Address	MOHAMED.RANI@SEMBCORP.COM
Address	BLK 710 #03-102 YISHUN AVENUE 5
Address complement	-
Postcode	760710
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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 02112022 AT 2110HRS I WAS TRAVELLING ALONG NEIL ROAD DRIVING COMPANY VEHICLE XE5968P. THERE WERE 4 LANES, I WAS ON RIGHT MIDDLE LANE GOING STRAIGHT SLOWLY. A CAR ON MY LEFT CHANGED INTO MY LANE AND SIDE SWIPPED MY VEHICLE. THE CAR PLATE IS SLC8490H. NO ONE WAS INJURED. WE HAVE VIDEO FOOTAGE TO PROVE INCIDENT..

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV SEMBWASTE MR CHUA TOI SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC8490H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	LIM FATT CHEONG
NRIC No	S7863309C
Contact Number	(Phone) +65-84980478
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

Date Of Driving Pass 30/11/1983
Driving experience 39 YEARS
Gender Male
Mobile Number (Phone) +65-91143103

SKETCH PLAN

Describe Circumstance of the Accident

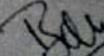
REFER TO GEARS FOR ACCIDENT STATEMENT.

Declaration

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

 3/11/22
1845425

Policyholder's Signature / Date & Time



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

3/11/22
1845425



Witnessed by Reporting Centre Personnel
(Name as in NRIC card)

Simon S
5990918

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 reputate 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.

6. 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 be 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 information to all insurer(s) 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 be 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.

 3/11/22
1845HRS

Policyholder's Signature / Date & Time

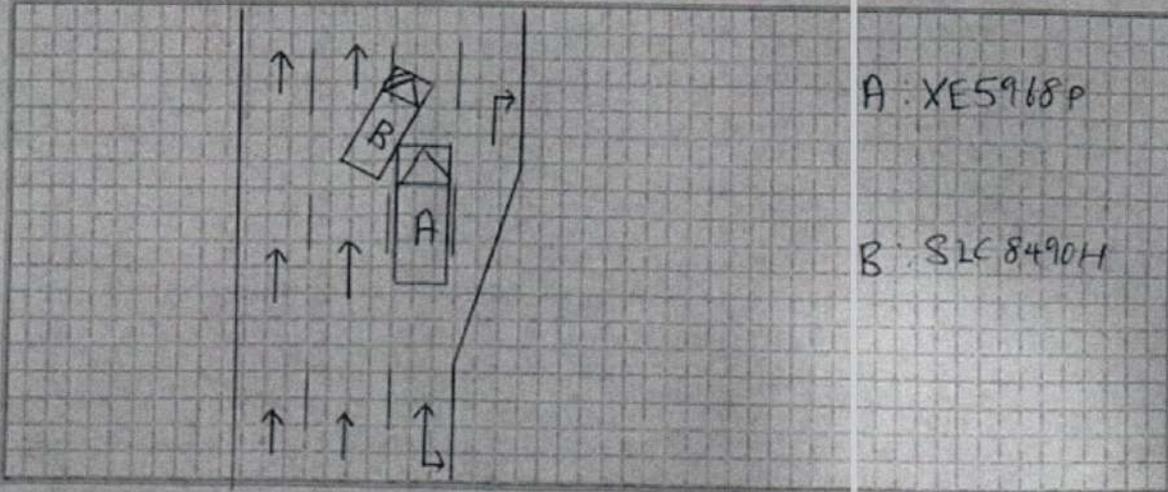
 3/11/22
1845HRS

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

 Simon S
S99096P

Witnessed by Reporting Centre Personnel (Name as in FIC/ID card)

Sketch Plan



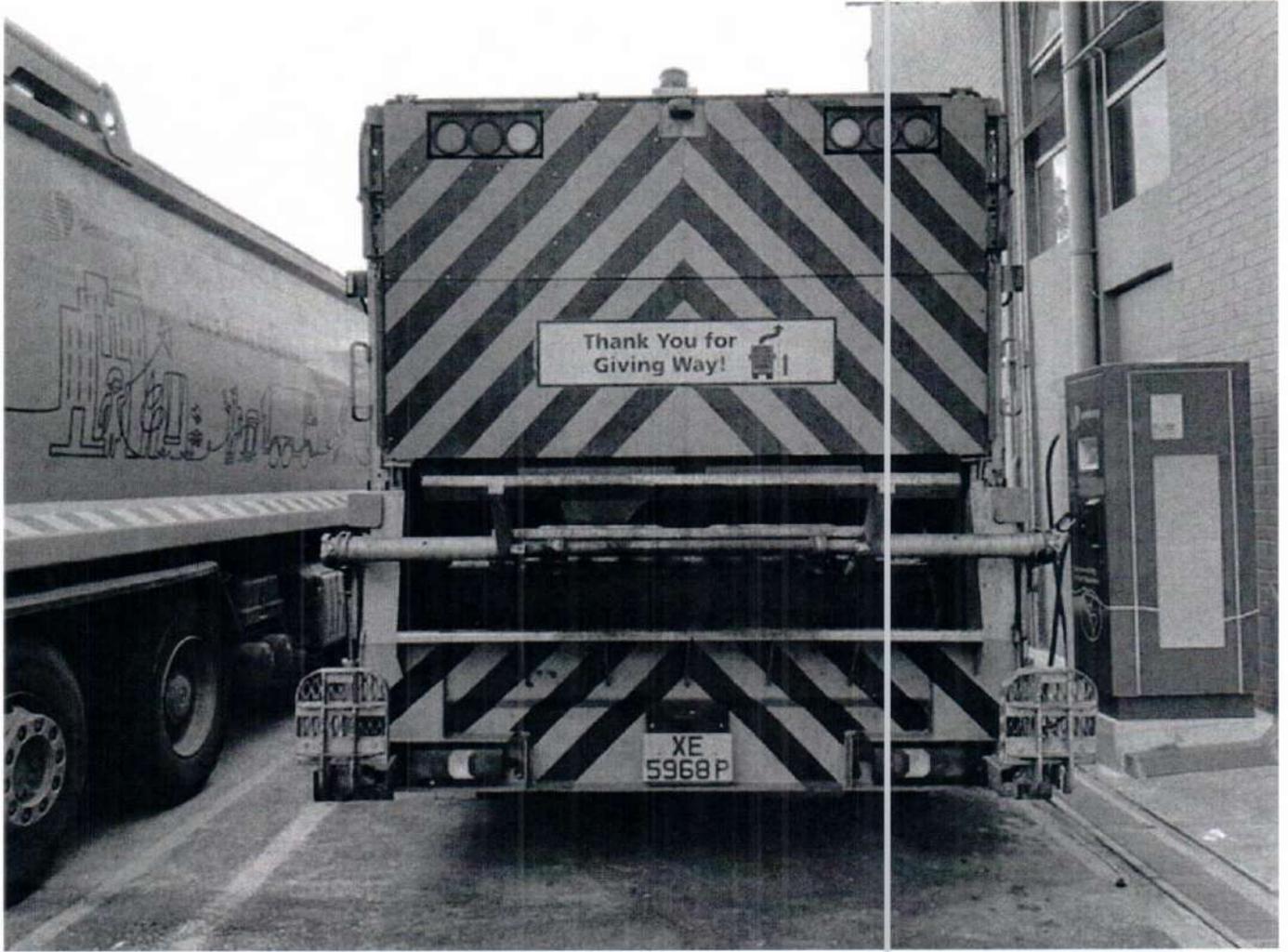




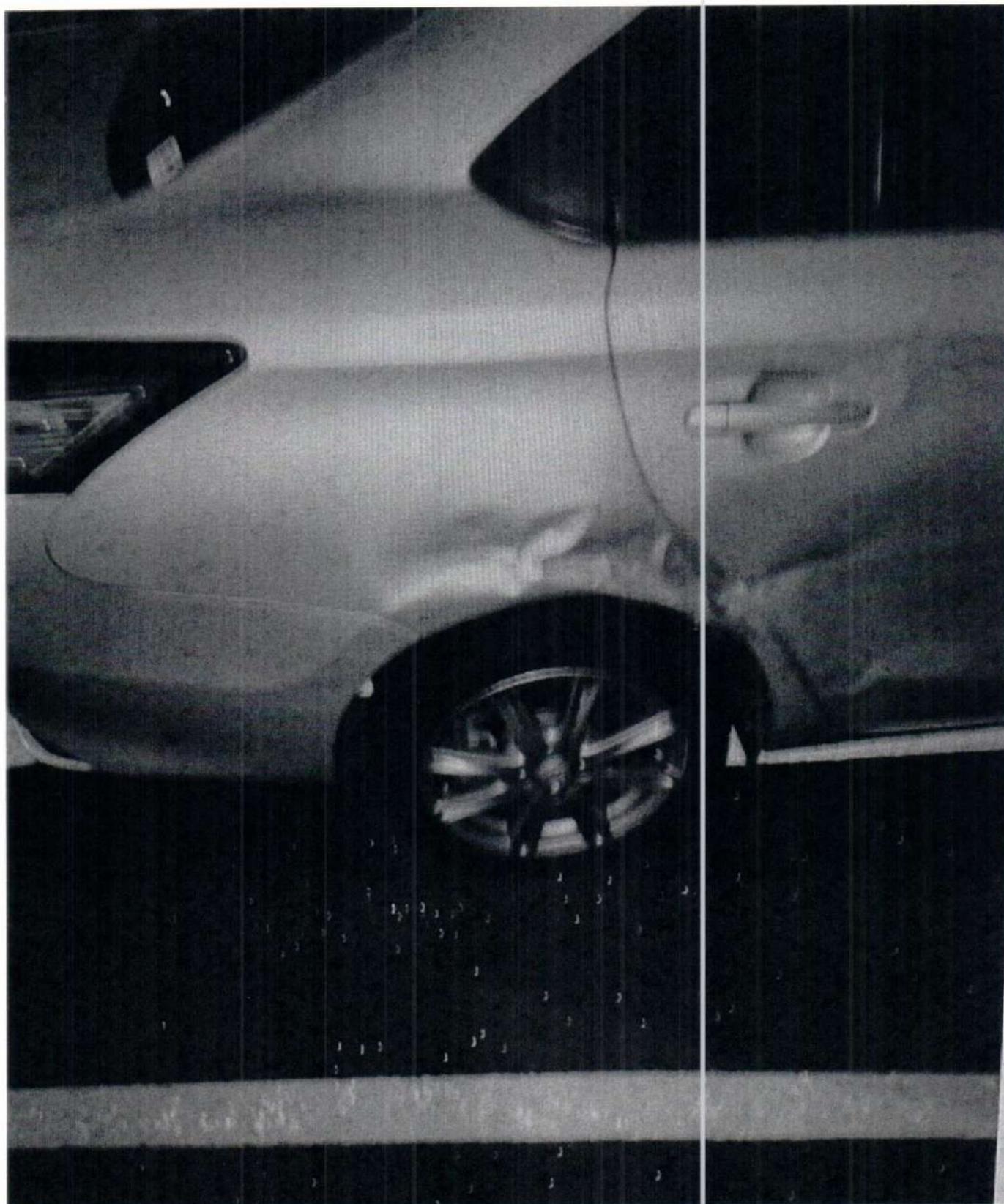




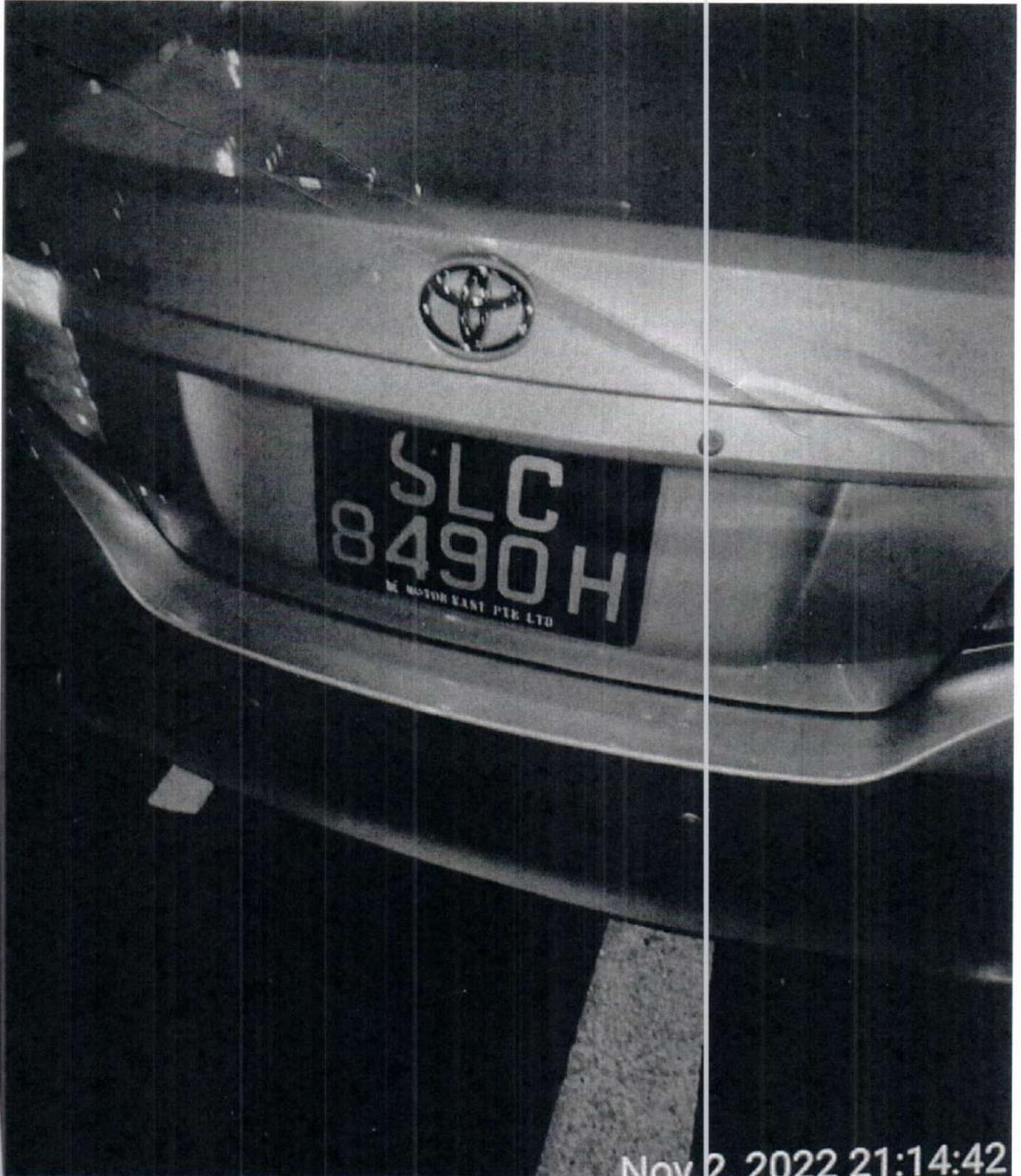














Our Ref. JC/SW ACC/233/22

7 December 2022

SembWaste Pte Ltd
CORP REGN NO 199507280G
30 Hill Street #05-04
Singapore 179360
Tel (65) 6723 3113
Fax (65) 6822 3254
www.sembcorp.com

Liberty Insurance Pte Ltd
51 Club Street
#03-00 Liberty House
Singapore 069428

By Email
workshopestimate@libertyinsurance.com.sg

Attention: Motor Claims Department

Dear Sirs

ACCIDENT INVOLVING VEHICLE NO. XE5968P AND SLC8490H ON 2 DECEMBER 2022

Refer to the above subject.

We, SembWaste Pte Ltd, the owner of the vehicle number XE5968P which was involved in an accident with the vehicle number SLC8490H. We understand that you are the insurer of vehicle number SLC8490H at the material time of accident.

We are in view that the accident was caused by the negligence of the driver of vehicle number SLC8490H.

We enclose copies of the following documents for your attention:

- Cycle & Carriage Industries Pte Ltd – Quotation dated 18.11.22 for the repair of our vehicle XE5968P at S\$4,684.70 inclusive of GST;
- Singapore Accident Statement of our vehicle XE5968P;
- Vehicle Registration Details of our vehicle XE5968P;
- Photos of pre-repair of our vehicle XE5968P; and
- LTA search of your insured vehicle no. SLC8490H.

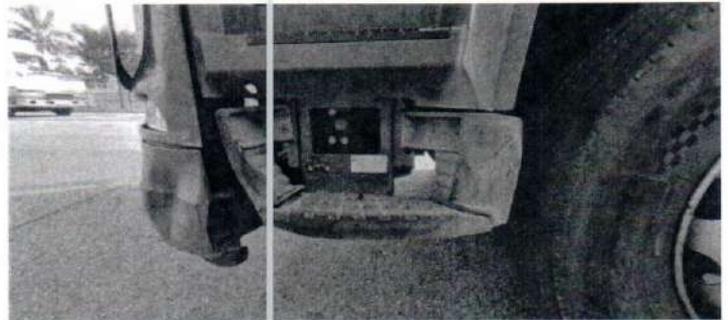
Please contact our Mr Pea Kok Tong at 91864593 to make the necessary arrangement to conduct a pre-repair survey of our damaged vehicle which is located at SembWaste Pte Ltd, 17 Tuas Avenue 12 Singapore 639037 within three (3) days from the date of this letter, failing which we shall proceed with the repairs and all cost of repairs shall be borne by you, being the insurer of vehicle no. SLC8490H.

Yours faithfully

Joanne Chew
Senior Executive
Legal & Compliance

Encls.

ACCIDENT INVOLVING XE5968P AND SLC8490H ON 02.11.22





Mercedes-Benz

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

PRO-FORMA INVOICE

THIS IS NOT AN OFFICIAL TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
SembWaste Pte Ltd 30 Hill Street #05-04 Singapore 179360 Contact No 67233200A/C	Cust No/Name /Sembwaste Pte Ltd Reg No/Reg Date XE5968P / 20/11/2020 Date In/Mileage / 124545 Chassis No W1T964014204631007 Engine No 936912CC210734 Make/Model MBCV/Arccs 2630 6X4 3900 Colour/Trim 914 Arctic White / NA NOT APPLICABLE

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
WS000458	Credit	06/06/2023/ 17:16	PC	610 / Philip Cheong	59297

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
A 00940101 TO REPAIR FRONT LEFT ACCIDENT ARE		35.00	1560.00
X END CAP	1.00	45.86 30.00	32.10 (A)
X STEP PLATE	1.00	901.77 30.00	631.24
X FRONT FOG LAMP	1.00	575.11 30.00	402.58
X COVER FRAME	1.00	245.91 30.00	172.14 (A)
X BUMPER, FRONT	1.00	806.84 30.00	564.79
X BRACKET	1.00	207.27 30.00	145.09
X FACING	1.00	81.08 30.00	56.76
X FRONT SPOILER	1.00	357.87 30.00	250.51
X FACING	1.00	56.61 30.00	39.63
X LAMP UNIT	1.00	188.52 30.00	831.96

Pro Forma

Guarantee Your Warranty, Maintain with Cycle & Carriage!

Parts	3,126.80		Nett	4,686.80
Labour	1,560.00	8% GST on	4686.80	374.94
Standard Menu	0.00			
Specialist Job	0.00			
Diagnostics Job	0.00		Total Payable	5,061.74
Sundry/Others	0.00			
Total(w/o GST)	4,686.80			

This is not an official tax invoice. This is a computer generated document, no signature is required.

Pandan Gardens MBCV Customer Service Center
209 Pandan Gardens
Singapore 609339
Tel: 6771 4389
Fax: 6775 6310
www.mercedes-benz.com.sg