

ASS. REC. BY:

REF:

EG2/22012293/kg43

C

Kenneth

## 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.

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:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SNW 3397K Yr Regn: 11, 20

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

Truck / Trailer or

Make:

Mn CLA 180 c.c 1332

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

43682

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIK1183842N 134816

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

4 mm

L/Bal.

4 mm

D.O.A.

3/12/22

Survey held at

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

N/S 151 &amp; U/C

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

Rear

R/Bal.

5 mm

L/Bal.

5 mm

D.O.A.

9/12/2022

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

7

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format :

MER-TP

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

9867



24 Hours Towing Services

# Efficient Towing Services

402B Fernvale Lane #22-229 Singapore 792402

Ah Di Mobile: 8588 8877

Email : efficienttowing.sg@gmail.com

Business Reg. No.: 53349344K

bizSAFE<sub>3</sub>

NO. 117980

Date :

5/12/22

## CASH SALE / JOB ORDER

Messrs: Cheng Hoe

车牌 SRW 3397E 车型 Merz

Vehicle No. SRW 3397E Model No: Merz

时间 (日/夜) 联络号码

Time (day/night): Contact No:

由 Synergy Kapi Bukit

Location: Synergy Kapi Bukit

到 Cheng Hoe Yuhun 01-374

To: Cheng Hoe Yuhun 01-374

银额 100/- 其他

Cash \$ 100/- Others:

经手人 Jan

Authorised By: Driver Name: Jan

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☒ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

注意: 本公司对所拖之车辆, 在進行中如有任何损失或破坏, 一概由车主自行负责。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

E. & O. E.



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

330G

### Vehicle Details

Vehicle No.:

SMW3397K

Vehicle to be Exported:

No

Intended Deregistration Date:

05 Dec 2022

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

CLA180 COUPE PROGRESSIVE

Primary Colour:

Grey

Manufacturing Year:

2020

Engine No.:

28291480397087

Chassis No.:

W1K1183842N134816

Maximum Power Output:

96.0 kW (128 bhp)

Open Market Value:

\$33,180.00

Original Registration Date:

16 Nov 2020

First Registration Date:

16 Nov 2020

Transfer Count:

1

Actual ARF Paid:

\$38,452.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

15 Nov 2030

PARF Rebate Amount:

\$28,839.00

### Intended COE Rebate Details

COE Expiry Date:

15 Nov 2030

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$38,504.00

COE Rebate Amount:

\$30,589.00

**Total Rebate Amount:**

**\$59,428.00**

The information contained herein is correct as at 05 Dec 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 ..... 05/12/2022 19:05 (SGT)  
 Reported by ..... Both  
 Date of Accident ..... 03/12/2022 13:20 (SGT)  
 Exact Location of Accident ..... Singapore  
 Additional Location Information ..... YISHUN AVE 2  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW3397K

## INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... LEE SHIH HUI, RACHEL (LI SIHUI)  
 NRIC No ..... SXXXX330G  
 Email Address ..... rachellsh168@outlook.com  
 Mobile Phone No ..... (Phone) +65-94826321  
 Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
 Model ..... CLA180 COUPE PROGRESSIVE  
 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 ..... 1332

## INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
 Policy Number / Cover Note Number ..... DMPCSNA00243502201

## DRIVER

Name of Driver ..... LEE SHIH HUI, RACHEL (LI SIHUI)  
 NRIC No ..... SXXXX330G  
 Date Of Birth ..... 16/08/1991  
 Occupation ..... Indoor





Date Of Driving Pass	21/07/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94826321
Alt. Phone Number	-
Email Address	rachellsh168@outlook.com
Address	BLK 269A YISHUN ST 22 #11-517
Address complement	-
Postcode	761269
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

I was travelling straight along the right lane of Yishun Ave 2 YP6157L cut into my lane abruptly & hit front left portion of my car. I felt unwell & will consult doctor.

#### 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	YP6157L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YANG YULU

Passport No/FIN	GXXXX648K
Contact Number	(Phone) +65-80524688
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LEE SHIH HUI, RACHEL (LI SIHUI)
Gender	Female
Phone No	(Phone) +65-94826321
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER SKETCH
Injured person in which vehicle?	SMW3397K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

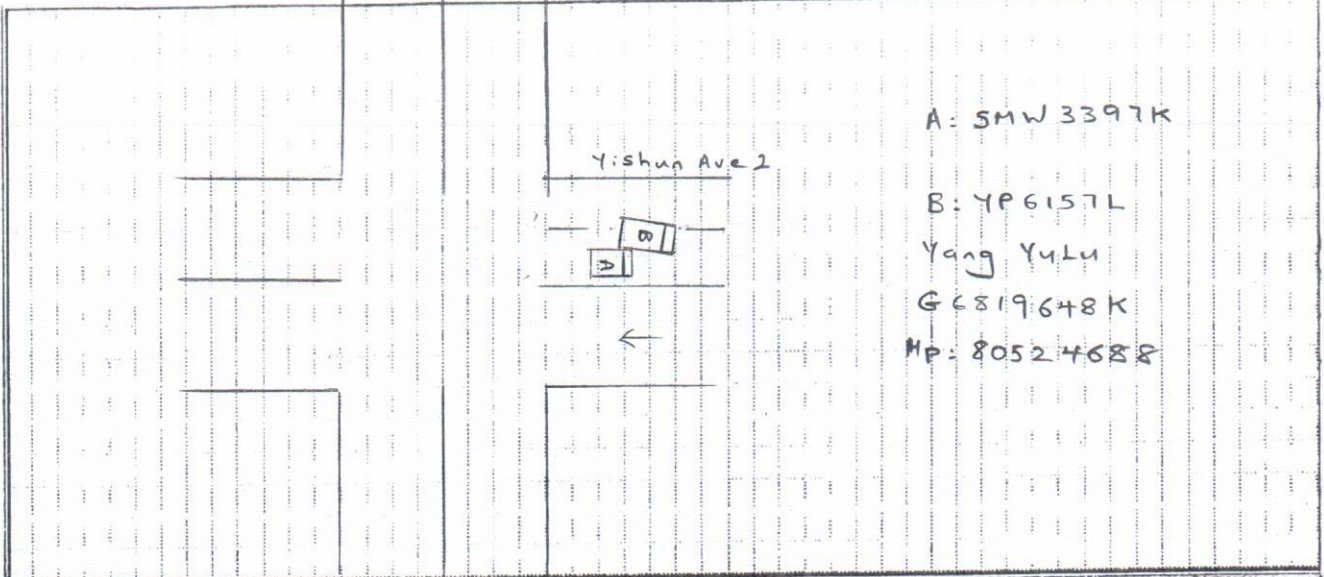


Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( / ) Claim Third party ( ) Reporting Only  
( ) Claim OD/ TP at other workshop ( )

Sketch Plan



DOA: 3/12/22 1:20pm

I was travelling straight along the right lane of Yishun Ave 2  
YP6157L cut into my lane abruptly & hit front left portion  
of my car. I felt unwell & will consult doctor.

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

(YS) mg 5/12/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



VEH NO: SMW 3397K

INSURER: China Taiping

DATE OF ACC: 3/12/22 1.20pm

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;

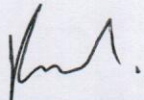
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

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

(Ys) ong 5/12/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

<p>PLEASE TURN OVER</p>
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