ASSIGNMENT

ADDA	GIVIALDIVA
From: Date:	Veh No: SLP 10/E Yr Regn: 26/7 704
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxt / Prime Mover /
OD THIWS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SLP JOIE	Make: MBRICEOKS BENT E300 SE C.C. 1950
at Workshop m/s Amospaint PL	Colour GLACK A/C: Insured / Std / NI / NA
of 24 Lawh well to Hot-ob	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured: C1	Eng/No:
Policy No.	C/No: WOO 2130132A 242682
Claims No.	Gen. Cond: Good / Part / Poor / Burnt
Sum Insured: Excess:	Steering: Inforder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII 1 SIRIM 1 STD A/Rim or
	Tyre Size: F: 215 35 ZR1 9
(Policy Condition)	R:
Remark The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO1YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
	D.O.A. 20122 D.O.I. 00/222
Est Repairs: days Res.: Yes or No	D.O.A. 05/222 D.O.I. 07/222
Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	Survey held at houseway
Lum Sum: % 3 Val.: Yes or No	02/19
Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Survey held at hunos PRINT
Lem Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS	Survey held at hunos PRINT
Lern Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Survey held at
Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction	Survey held at
Lern Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Survey held at hunos PRIM  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.
Lern Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Survey held at hunos PRIM  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.
Lern Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Survey held at hunos PRIM  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.
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Lern Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Survey held at hunos PRIM  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.
Lern Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Survey held at hunos PRIM  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.
Lerm Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction  REPAUAT / LLAT  Date / Time Action / Instruction	Survey held at
Lerm Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time	Survey held at
Lerm Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time	Survey held at Des. of Damages: Frit / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Resurvey No. of Trip: Survey Fee:
Lerm Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction  REPAUAT - 162K  Date/Time, File Pass to?  1) : Preli. Report  1) Date/Time, File Return to?  2)	Survey held at Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.  Days Of Repair:  Resurvey No. of Trip: Survey Fee:  Transportation:
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time	Survey held at
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction  REPAULIT / (L) K  Date/Time, File Pass to?  1) Prell. Report  1) Date/Time, File Return to?  2) Add Fee  Report Format:	Survey held at
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time	Survey held at



UEN No.: 201729594D

AUTOSPRINT PTE LTD 24 Leng Kee Road #07-02B/C/D Leng Kee AutoPoint Singapore 159096 Tel: 6911 8338 Fax: 6251 7438 Email: enquiry@autosprint.com.sg

# **QUOTATION**

To: Chris Tong

SLR101E, Mercedes Benz,

Our Ref: Q221203 Date :07 Dec 2022

Attn : Chris Tong (86666998)

Dear Sir / Madam,

**RE: Quotation for** 

We are pleased to submit the following quotation for your kind consideration.

Bomarks T/Party Claims SI R101F against GBI9867E

	Description	Qty UOM	U/P (S\$)	Amt (S\$)
	Ad hoc			
	Rear Boot Cover 4	1.00	2,000.00	2,000.00
	Rear Boot Rubber	1.00	240.00	240.00
	Rear Boot Moulding Co-1	1.00	160.00	160.00
	Rear Boot Inner Lock	1.00	280.00	280.00
	Rear Boot Cover Star Emblem	1.00	56.00	56.00
	Rear Boot Cover E300 Emblem	1.00	112.00	112.00
	Rear Boot Inner Hinge Covers	2.00	90.00	180.00
	Rear Boot Surrounding Garnish	1.00	256.00	256.00
	Rear Boot Cover Inner Trim	1.00	560.00	560.00
)	Rear Bumper d	1.00	1,680.00	1,680.00
J L	Rear Bumper Lower 300	1.00	304.00	304.00
2	D. D. Deinforcoment '	1.00	720.00	720.00
	Rear Bumper Reflectors LH-7./RH-Sta	2.00	48.00	96.00
3	Rear Bumper Sensors Ws/	2.00	169.00	338.00
1	Rear Bumper Rivets	1.00	120.00	120.00
5	Rear Tail Lamps Ch	2.00	720.00	1,440.00
5		2.00	80.00	160.00
7	Rear Exhaust Chrome Rims * RH Sur	1 2.00	160.00	320.00
3	Labour Charge to straighten & align rear lower end	v. 1.00	2,200.00	2,200.00
9	panel, reomve & replace the above listed damaged	TWO .		1260
0	parts Labour Charge to reconnect rear lamp wire hardness,	1.00	450.00	450.00
L	coding & reprogramming systems  Labour Charge to remove & reinstall rear boot inner	1.00	120.00	450.00 d 450.00 d 120.00 d
L	trimmings & attachment to facilitate repair works	You		/Pm/ /
2	Labour Charge to putty & respray painting same (5	1.00	2,000.00	2,000.00
	nections)	2.00	248.00	496.00
3	Rear Boot Cover Hinges 97	2.00	16.00	32.00
4	Rear Boot Cover Rubber Stopper	1.00	1,440.00	1,440.00
5	Rear End Lower Panel 7	1.00		N P OF TOTAL



AUTOSPRINT PTE LTD

UEN No : 201729594D

24 Leng Kee Road #07-02B/C/D Leng Kee AutoPoint Singapore 159096 Tel: 6911 8338 Fax: 6251 7438 Email: enquiry@autosprint.com.sg

# **OUOTATION**

To: Chris Tong

SLR101E, Mercedes Benz,

Our Ref: 0221203 Date :07 Dec 2022

Attn : Chris Tong (86666998)

Dear Sir / Madam,

**RE: Quotation for** 

We are pleased to submit the following quotation for your kind consideration.

Remarks :T/Party Claims SLR101E against GBJ9867E

No. Description

Qty UOM

U/P (S\$)

Amt (S\$)

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:

Pare Hp 9000088
6 days
PlP
09/12/22 @1050
Rosey Sefore print
emuil: Masul@IKKanto.com

I have read and agree to the terms and conditions stated in the reverse side of this quotation and authorise AUTOSPRINT Pte Ltd to carry out the above work described. Additional quotation (if any) on subsequent repair found during inspection and diagnostics may be provided.

Subtotal: **GST 7.0%:**  15.760.00 1,103.20 16,863.20

**Total Amount:** 

SC1E22C60004 / Cham's CustomCraft ENTRY DATE & TIME: 06/12/2022 18:15 (SGT) SUBMITTED BY: Chua Sock Cheng VERSION: 1 (06/12/2022 18:15 (SGT))

# 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 witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/12/2022 18:15 (SGT) Both 05/12/2022 15:40 (SGT) Singapore

**WOODLANDS AVE 12** Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLR101E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No **TONG YONG** S8677741Z CHRISTONGYONG@GMAIL.COM (Phone) +65-86666998

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category

**Transmission** CC

No - Claiming third party Private car

Auto 1950

Mercedes

**E200D SE** 

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Direct Asia Insurance (Singapore) Pte Ltd MT/00792982

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

**TONG YONG** S8677741Z 04/08/1986 Indoor



**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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

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

PASSENGER 1

Name

Gender

PASSENGER 2

Name

Gender

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETH PLAN

ATTACHMENT(S)

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

No Yes

26/04/2011

Male

Yes

No

Chain Collision

Raining

Wet

No

No

Yes

3

No

MFI YI XIN

**LASHMAN** 

Male

Male

No

No

3

11 YEARS AND 8 MONTHS

CHRISTONGYONG@GMAIL.COM

**BLK 541 WOODLANDS DRIVE 16 #12-59** 

(Phone) +65-86666998

**COLLECT FROM OWNER** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category

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)

**GBJ9867E** 

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NA / Unknown XU XUPING

(Phone) +65-82228167

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#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

ST ACCOUNT FROM SCIET

GBK5633J

.

-

NA / Unknown

PANNEER MURUGANANTHAN

(Phone) +65-83164250

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### SKETCH PLAN

# IMPORTANT NOTICE

SLRIUIE 5/10/22 15-40

- 1. Rease 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 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
- 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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Centre

Personnel

woolliers Am 12

criba Ciracona	JY K 101 E
cribe Circumstances of the Accident	5/10/2012
from the factor of the party of the party of	ese Infection pro Hat the
the my cell of the class its	A rellande Alles 3 clinion
Proper Andrews to the Asset of	As a mabile GRI Proft
Bill and my as NE hole	
by can was not at reguring con	ter for phode taking
ll.	
16	
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## Declaration

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Who declare the foregoing particulars are true in every respect.

Pricyholder's Synature / Date &

Driver's Signature (if driver is not the policyholder) ! Date 1 Time:

Wilnessed by Reporting Centre Personnel

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	741Z
Vehicle Details	
Vehicle No.	SLR101E
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Dec 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200D SE
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	65492080107461
Chassis No.:	WDD2130132A242082
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$43.382.00
Original Registration Date:	12 Oct 2017
First Registration Date:	12 Oct 2017
Transfer Count:	
Actual ARF Paid:	\$37,735.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2027
PARF Rebate Amount:	\$26,414.00
Intended COE Rebate Details	
COE Expiry Date:	11 Oct 2027
COE Category:	El-Open - all except motorcycle
COE Period(Years):	10
QP Paid: COE Rebate Amount:	\$48,005.00 \$23,202.00

# Mercedes-Benz GLE-Class GLE300d AMG Line 4MATIC Premium Plus 7-Seater

Overview Final	ıncial Accessories Sim	nilar Research	Photos Map	
Price	\$398,800			choice
Depreciation Q	\$35,560 /vr View models with similar depre	Reg Date	20-Jul-2022 (9yrs 7mths 8days COE left)	
Mileage	<b>1,300 km</b>	Manufactured ⑦	2021	
Road Tax 🕖	\$1,734 /yr	Transmission	Auto	
Dereg Value ()	\$171,258 as of today (change)	Fuel Type	Diesel (Euro 5 Engine and Above)	Car comes with 6-mth Sgcarn
XOE ②	\$110,524	omv (7)	<b>\$78,957</b>	© ch8ict Ch8ict
ngine Cap	<b>1,950 cc</b>	ARF ⊘	\$114,123	Q cABice
Curb Weight (7)	<b>2,165</b> kg	Power	180.0 kW (241 bhp)	
ype of Vehicle	SÜV	No. of Owners (?)		LOS LOS