ASS. REC. BY:	3000836//enp3
//	
From: Date:  Estimated Cost:  OD ITP/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.	Veh No: SNC 66562 Yr Regn: 03   20 Type: MtCaP/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailler or  Make: Mc GIA 180 c.c 1332  Colour M. Gray A/C: Insured / Std / NI / NA  Sp.Reading 5366 T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: WDC 1569 422 T 655087  Gen. Cond: Good/ Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inopder / Jammed / Leaked / Burnt or  Modl: NII / S/RIm / STD A/Rim or  Tyre Size: F:  R: 235 / SOR 18  BS / DUN / EXNOVA / GY / FS / LIZA / M/C/OHTSU / PIR / SUMI /  TOYO / YOKO or
Bal. or Market Value: 6 // 6/C  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: 3 days Res.: Yes or No  Lum Sum: /-8/ % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted:  Date / Time Action / Instruction	Eron!  R/Bal.  R/Bal.  Mm  R/Bal.  D.O.A.  IMM  D.O.A.  IMM  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  A/S  The U/C / Chassis frame / Body Structure affected due to collision.
27/2 \$ 1962. Co Control (Red. \$	
1412 8 1962. co Cenhi (Red. \$	4165, 68%)
Outo/Fine, File Return to?	survey No. of Trip:   Survey Fee:
Add Fee:	: Site Insp (\$ )S-RSSI : Interview (\$ ) First  Tech Invs (\$ ) Others  Weekend (\$ )
, and the second	A second

SC1C231J0001 / Cartimes Autolution Pte Ltd ENTRY DATE & TIME: 19/01/2023 16:26 (SGT) SUBMITTED BY: Pang Ren Guo VERSION: 1 (19/01/2023 16:26 (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

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 19/01/2023 16:26 (SGT) Reported by Date of Accident 19/01/2023 13:55 (SGT) **Exact Location of Accident** Singapore HOUGANG AVE 8 AND UPPER SERANGOON RD JUNCTION Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNC6656L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DICK KWEK JIN FANG NRIC No SXXXX923B **Email Address** claims@cartimes.com.sg Mobile Phone No (Phone) +65-87322728

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model Gla180 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

No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1332

INSURANCE COMPANY

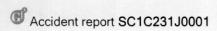
Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V15755/VPE/R01

DRIVER

Name of Driver HENG LILY NRIC No SXXXX101J Date Of Birth 05/02/1964 Occupation Indoor

Date Of Driving Pass 05/04/1994 Driving experience 28 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-87322728 Alt. Phone Number **Email Address** claims@cartimes.com.sg Address 18 EWE BOON ROAD #03-04 SINGAPORE Address complement Postcode 259326 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Side Swipe Weather Conditions Raining Road Surface Wet 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) 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 TO SKETCH PLAN 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	SG6315R
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Bus
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

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Formmust 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 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)

l 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 & Driver's Signa

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

Witnessed by Reporting Centre

Sketch Plan

Houseng and 8 1 upper Serangoon Ro Jonation

VEHICLE A: SNC 6656L

WEHLLE B: JG 635 R

	On 19/1/2023, 1355 hows, I (SNC	6656L) was at the junction
between Houge	tances of the Accident  On 19/1/2023, 1355 hours, I (SNC  g Ave 8 and Upper Semngoun Rd waiting  e vehicle B (Sh63/SR) furn left and I	g to turn right when the light
was green, +	e vehicle B (596315R) furn left and I	nit my vehicle left portion. No
injuy oaur.		
		<b>第四个图像的图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像</b>
		The state of the s
claration		
e declare the foregoir	particulars are true in every respect.	
	A CONTRACT OF THE PARTY OF THE	STION 2
Julie	0/	
June		7 7. 6.
cyholder's Signaldre	Date & Driver's Signature (If driver is not the policyhold:	er) / Date Witnessed by Reporting Centre
	& Time	Personnel Personnel

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	923B
Vehicle No.:	SNC6656L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Feb 2023
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLA180 URBAN EDITION AUTO
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	27091031905332
Chassis No.:	WDC1569422J655097
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$25,738.00
Original Registration Date:	09 Mar 2020
First Registration Date:	09 Mar 2020
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$28,034.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Mar 2030
PARF Rebate Amount: Intended COE Rebate Details	\$21,025.00
COE Expiry Date:	08 Mar 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,699.00
COE Rebate Amount:	\$23,056.00
Total Rebate Amount:	\$44,081.00

The information contained herein is correct as at 18 Feb 2023



160 Sin Ming Drive AutoCity #02-04 Singapore 575722 Tel: 6471 5111 Email: claims@cartimes.com.sg

**VEHICLE NO: SNC6656L** 

**MODEL: MERCS GLA180** 

CHASSIS NO: WDC1569422J655097

DESCRIPTION				RER'S TE(S\$)	
PARTS (LIST ITEMS)					
SIDE MIRROR ASSY LHS			\$ 4	R 720.0	0 .
SIDE MIRROR COVER LHS				3//260.0	0 -
SIDE MIRROR GLASS LHS		Cn	2 \$	250.0	0 -
FRONT DOOR LHS				1,890.0	0
FRONT DOOR WINDOW CHROME TRIM LHS		Fu	n \$	250.0	0
FRONT FENDER LHS		1	7 \$	960.0	0 )
FRONT DOOR RUBBER SEAL LHS		ß	<b>~</b> \$	200.0	0
			\$	4,530.0	0
		10%	\$	453.0	_
			\$	4,077.0	)
SPECIAL NETT ITEMS					
	Total		\$	<sup>30</sup> ε=	
	TOTAL PA	ARTS	\$	4,077.0	0

Not Nothern Rearney 134 pains 3 day, 1862. Ou

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:

S/N	DESCRIPTION		REPAIRER'S ESTIMATE (S\$)		
	LABOUR				
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$	800.00	25.	
			300 2	261	
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$	800.00		
3	To remove and re-fix wiring and check all electrical		100.00	20	
	components at damaged areas for proper functions				
4	To provide anti-rust treatment on affected areas		nn 100.00	X	
5	Dignostic Check		100.00	600	
6	Transfer door parts	\$	nn 150.00	X	
	Labour Total :	\$	2,050.00		
	TOTAL (PARTS & LABOUR):	\$	6,127.00		