

ASS. REC. BY:

REF:

A15/23005095/KV

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/IV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBG 8563D

Policy No.

Claims No. 2023 32008255FR

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:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STS 8560D

Yr Regn:

09, 09

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

Truck / Trailer or

Make:

Mer B180

c.c.

1696

Colour

White

AC:

Insured / Std / NI / NA

Sp. Reading

131134

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 245 2322 1508593

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

225/45R17

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

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

10/5/23

D.O.I.

18/5/2023

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got B1, Super long MC.

19/5 L1Rm &amp; 2600. Cash 20/5/23 (red 2937.75, 53%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 22/5/23-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

F. 1.25

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: Merimen

Lump Sum H.B.T: (\$ 2600)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	681Z

### Vehicle Details

Vehicle No.:	SJS8560D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 May 2023
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	B180
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	26694030672614
Chassis No.:	WDD2452322J508593
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$27,354.00
Original Registration Date:	11 Sep 2009
First Registration Date:	11 Sep 2009
Transfer Count:	4
Actual ARF Paid:	\$27,354.00

### Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	10 Sep 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$37,941.00
COE Rebate Amount:	\$23,818.00
<b>Total Rebate Amount:</b>	<b>\$23,818.00</b>

The information contained herein is correct as at 12 May 2023

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	12/05/2023 18:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/05/2023 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE EXIT SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8560D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAYA SARI LIM @ ROSMINAH BTE ABDULLAH
NRIC No	S1573681Z
Email Address	MAYA.MAKELIFEBETTER@GMAIL.COM
Mobile Phone No	(Phone) +65-94767836
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	1595

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132432293

#### DRIVER

Name of Driver	MAYA SARI LIM @ ROSMINAH BTE ABDULLAH
NRIC No	S1573681Z
Date Of Birth	17/06/1963
Occupation	Indoor

Date Of Driving Pass .....	15/12/2000
Driving experience .....	22 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-94767836
Alt. Phone Number .....	-
Email Address .....	MAYA.MAKELIFEBETTER@GMAIL.COM
Address .....	APT BLK 180C MARSILING ROAD
Address complement .....	#30-2236
Postcode .....	733180
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 - Head to Rear
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? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	GBG8563D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1


Name of injured person	MAYA SARI LIM @ ROSMINAH BTE ABDULLAH
Gender	Female
Phone No	(Phone) +65-94767836
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJS8560D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstance of the Accident

Refer to Police Report No: T/20230512/2070

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-53/50/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

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

**SKETCH PLAN**

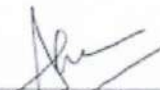
**IMPORTANT NOTICE**


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:

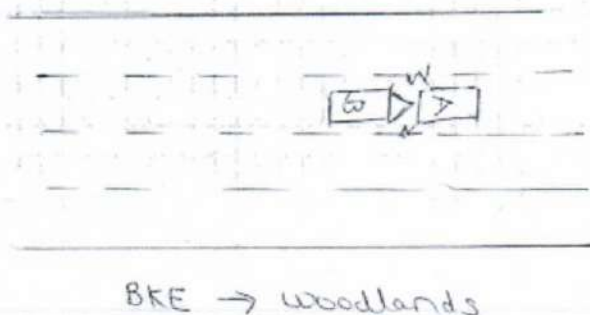
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-53/50/62 Sin Ming Ind Est  
Singapore 575543  
Tel: 6453 1235 Fax: 6453 7944  
Witnessed by Rep. of City Auto Pte Ltd  
(Name as in NRIC/ID card)

**Sketch Plan**



A) SJS 8560D

B) GGG 8563D

BKE → woodlands















**SINGAPORE  
POLICE FORCE**



T/20230512/2070

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20230512/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/05/2023 16:21		Vide Report No.:		Station Diary No.: 81
<b>Informant's Particulars</b>				
Name of Informant: MAYA SARI LIM		Address: APT BLK 180C MARSILING ROAD #30-2236 SINGAPORE 733180		
ID Type / ID No.: NRIC NO / S1573681Z		Contact No.: Home/Office: Mobile: 94767836		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 59	Date of Birth: 17/06/1963	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: MEDICAL THERAPIST		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2023 17:15	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBG8563D	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Gold	Slightly Damaged	0
SJS8560D	Car	MERCEDES BENZ	B180	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230512/2070

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20230512/2070

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS8560D	NTUC Income Insurance Co-Operative Limited	5132432293	07/12/2022	06/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG SHI CAI		ID No.	NIL
Related Vehicle	GBG8563D (Lorry)		Contact No.	92329155
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	MAYA SARI LIM		ID No.	S1573681Z
Related Vehicle	SJS8560D (Car)		Contact No.	94767836
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/05/2023		Date Discharge	12/05/2023
No. of Days granted Medical Leave		43	Degree of Injury	Serious

**Brief Details.**

On 10/05/2023 at about 1715hrs, I was driving along the second lane from the left of BKE towards Woodlands Ave 2. Suddenly, I felt an impact from the rear and realized that the lorry (GBG8563D) behind me had collided onto my vehicle (SJS8560D). Both of us then alighted from our vehicles and we managed to exchange contact details before leaving the area.

Subsequently, I felt numbness on the left side of my body and giddiness. As such, I proceeded to see a doctor at Khoo Teck Puat Hospital and was given 43 days MC.





**SINGAPORE  
POLICE FORCE**



T/20230512/2070

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20230512/2070

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 2 Koh Yong Meng, Alvin

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/05/2023 16:21

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168

# AUTHORIZE WORKSHOP PTE LTD

160, Sin Ming Drive, #03-19, Sin Ming Autocity, Singapore 575722

Tel: 64560226 Fax: 64584500

Registration No: 201603203R

	ESTIMATE
Mr <b>Maya Sari Lim @ Rosminah Bte Abdullah</b> Blk 180C Marsiling Road, #30-2236 Singapore 733180	Date : 15th May 2023
Attn:	Veh No : <b>SJS 8560D</b> Make/Model : <b>Mercedes B180</b> Chassis No : <b>WDD2452322J508593</b> Date of Acc : 10.05.23 TP Veh No : <b>GBG 8563D</b>

S/No	Qty	Description	Unit Price	Amount
<b>Materials</b>				
1	1 pc	Rear Bumper <i>Bulim 1178.80</i>		
2	1 pc	Rear Bumper Scuff Plate <i>At 180.40</i>		
3	2 pcs	Rear Bumper Side Moulding L/R <i>rec e 146x2</i>		
4	2 pcs	Rear Bumper Reflector L/R <i>Sn X</i>		
5	1 pc	Rear Bumper Lower Garnish <i>Sn X 250.70</i>		
6	2 pcs	Rear Bumper Side Holder L/R <i>Sn X</i>		
7	2 pcs	Rear Bumper Adhesive Foil L/R <i>Sn X</i>		
8	1 pc	Rear Lamp RH <i>Sn X 525</i>		
9	1 pc	Rear Fender Inner Liner RH <i>Sn X</i>		
10	1 pc	Rear End Panel <i>R X 1204</i>		
11	2 pcs	PDC Sensor <i>Shen 250.50</i>		
		<i>Rear Bumper reinforcement At 483.27</i>		
		Less 10% :	\$	-
		Parts Total :	\$	-
<b>Special Nett</b>				
12	1 set	Rear Bumper Clips	S/Nett	
				\$ 55.00
		Special Nett :		
<b>Labour</b>				
1		To remove & rearrange electrical wirings, check lightings	\$	80.00 <i>15h</i>
2		To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.	\$	600.00 <i>350h</i>
3		Putty and respray painting on affected portions.	\$	600.00 <i>400h</i>
4		To remove & renew reverse sensor	\$	150.00 <i>60h</i>
5		Rust proofing on affected portions.	\$	100.00 <i>X</i>
			\$	1,530.00
Total Parts & Labour :				5537.75

for Authorize Workshop Pte Ltd

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding. *3 days*

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:

*NOT Withdraw  
L1 Rep & 2600h  
Repair After Paint*