

(08/11 /13) wef

ASS. REC. BY: / Tanjil

REF:

CS / CT72300624 / Tuys

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.

N/S	O/S

Bal. or Market Value: 155K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS W

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SME 2890Yr Regn: 2014 FebType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E250 c.c. 1991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 143026 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120362A 89 5823Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/45 R17R: 2 -BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 21/6/23Survey held at B. hostDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Vehicle number: SME289D

Make & Model: Mercedes Benz E250

Chassis number: WDD2120362A895523

No.	Description of spare parts	Qty	Amount S\$
1	Rear bumper	1	\$ 1658.00 1,658.00
2	Rear bumper clips	1set	\$ 80.00 80.00
3	Rear bumper RH side retainer	1	\$ X 67.00
4	Rear bumper LH side retainer	1	\$ X 67.00
5	Rear bumper RH side corner reverse sensor	1	\$ X 259.00
6	Rear bumper RH side reverse sensor	1	\$ X 259.00
7	Rear bumper reverse sensor rubber seal	6	\$ X 78.00
8	Rear bumper reverse sensor holders	6	\$ X 117.00
9	Rear bumper RH side chrome moulding	1	\$ X 189.00
10	Rear bumper LH side chrome moulding	1	\$ X 189.00
11	RH taillamp assy	1	\$ X 909.00
12	RH taillamp lower bracket	1	\$ X 56.00
13	RH taillamp panel	1	\$ X 203.00
14	RH taillamp lock clips	1	\$ X 50.00
15	Rear RH sport rim	1	\$ del 1,651.00
16	Rear RH wheel bearing	1	\$ X 353.00
17	Rear RH lower arm	1	\$ X 632.00
18	Rear RH shock absorber	1	\$ X 487.00
19	Rear RH knuckle arm	1	\$ X 776.00
20	Rear RH control arm	1	\$ X 473.00
21	Rear RH upper arm (outer)	1	\$ X 280.00
22	Rear RH upper arm (inner)	1	\$ X 280.00
23	Rear windscreen glass with rubber seal	1	\$ X 1,431.00
24	Rear RH fender	1	\$ Ry 1,843.00
25	Rear RH fender splash shield	1	\$ X 234.00
26	Rear RH fender splash shield clips	1set	\$ X 80.00
	Rear RH door pt		
	Fit RH door Ry		

\$ 12,701.00

Parts less 10% \$ 1,270.10

Total: \$ 11,430.90

No.	Special Nett Items	Qty	Amount S\$
1	Brake fluid	1	\$ X 90.00
2	Rear RH tyre	1	\$ X 580.00
3	Rear windscreen glass sealant	1	\$ X 80.00
4	Rear windscreen glass inner seal	1	\$ X 60.00

Total: \$ 810.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 600 1,500.00
2	Spray painting on affected areas and panels	\$ 800 1,200.00
3	Check wiring and lighting system on affected areas	\$ X 80.00
4	Apply rust coating chemical on affected areas and panels	\$ 30 80.00
5	Remove and replace rear windscreen glass to assist repair	\$ X 220.00
6	Remove and reinstall roof lining, seats and capert to assist repair	\$ X 480.00
7	Remove and replace rear undercarriage parts to assist repair	\$ X 550.00
8	Remove and replace rear bumper reverse sensors to assist repair	\$ 30 100.00
9	Remove and reinstall rear inner garnish and trim to assist repair	\$ X 350.00
10	Reset and diagnose control unit and fault codes after repair	\$ X 450.00
Total:		\$ 3,510.00

Agreed Amount: _____ (Part by Part / Lump sum)

Working days: _____

Spare Parts: \$ 11,430.90
Special Nett: \$ 810.00
Labour: \$ 3,510.00

Total Amount: \$ 15,750.90

Tanpin 9749 5749
'wp' 21/6/23 @ 3:15pm
1/5 Resurvey after repair
Tanpin @ handover
4 days

- To check consistency of accident
- To check part prices

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: _____

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 420F

Vehicle Details

Vehicle No.: SME289D
Vehicle to be Exported: Yes
Intended Deregistration Date: 26 May 2023
Vehicle Make: MERCEDES BENZ
Vehicle Model: E 250 SEDAN (R17)
Primary Colour: Blue
Manufacturing Year: 2013
Engine No.: 27492030110099
Chassis No.: WDD2120362A895523
Maximum Power Output: 155.0 kW (207 bhp)
Open Market Value: \$47,224.00
Original Registration Date: 27 Feb 2014
First Registration Date: 27 Feb 2014
Transfer Count: 2
Actual ARF Paid: \$53,114.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 26 Feb 2024
PARF Rebate Amount: \$26,557.00

Intended COE Rebate Details

COE Expiry Date: 26 Feb 2024
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$78,604.00
COE Rebate Amount: \$5,895.00
Total Rebate Amount: \$32,452.00

The information contained herein is correct as at 26 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	25/05/2023 14:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/05/2023 23:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MALAYSIA CUSTOM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME289D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG WEE CHONG ALDRIC
NRIC No	SXXXX420F
Email Address	ALDRICANG@GMAIL.COM
Mobile Phone No	(Phone) +65-90283011
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1600

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP005249

DRIVER

Name of Driver	ANG WEE CHONG ALDRIC
NRIC No	SXXXX420F
Date Of Birth	21/04/1987
Occupation	Indoor

Date Of Driving Pass	31/03/2006
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90283011
Alt. Phone Number	-
Email Address	ALDRICANG@GMAIL.COM
Address	BLK 20 SIMEI ST 1 #01-01
Address complement	-
Postcode	S529944
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 - Major/Minor Rd
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)	4
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	-

PASSENGER 1

Name	SEE LAY HUI
Gender	Female

PASSENGER 2

Name	ANG MING YI AVERY
Gender	Female

PASSENGER 3

Name	ANG YU YI AVA
Gender	Female

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

PLEASE REFER ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SJJ2220Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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

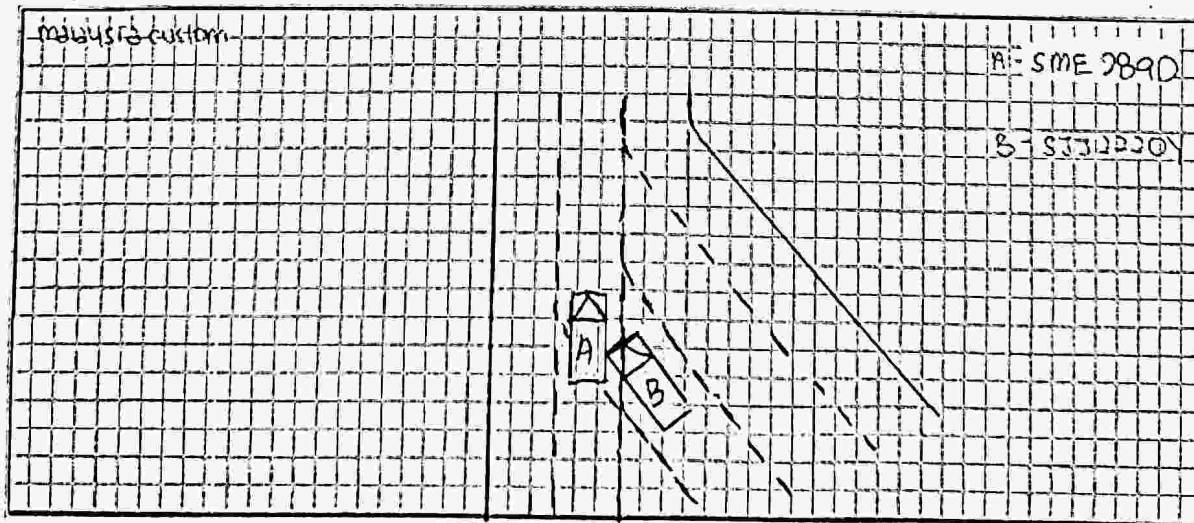
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

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

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED TIME AND DATE, MY VEHICLE A (SME 289D) WAS
 STATIONARY WHILE WAITING FOR THE FRONT VEHICLE TO MOVE OFF. AS
 THERE WERE MANY VEHICLES DURING THAT PERIOD, THE VEHICLES
 WERE ALL INCHING FORWARD. AS THE FRONT VEHICLE STARTED TO
 MOVE OFF, I PROCEED INCHING FORWARD AS WELL AND STOP.
 SUDDENLY, I FELT AN IMPACT FROM MY REAR RIGHT DOOR. AFTER
 A WHILE I SWITCH ON THE HAZZARD LIGHTS AND CHECKED ON MY
 VEHICLE AND REALIZED VEHICLE B (SJS JJ20Y) HAD COLLIDED
 ON TO MY VEHICLE.

Declaration

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

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