Kenneth	SIGNMENT
From: Date:	Veh No: 5 KW 87172 Yr Regn: 05, 08
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DO A WINS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Mr £ 200 c.c 1796
at Workshop m/s Vin/s	Colour M. Cora A/C: Insured / Std / NI / NA
of	Sp.Reading 179175 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: WOB 2110412B 296599
Glalms No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess: 25c	Steering: Inopder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingreer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/RIm / STP A/Rim or
	Tyre Size: F: 225/55R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM/ /
repair at the time of inspection.	TOYO / YOKO or Falker
Bal. or Market Value: 234/K	Front 0 Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm 'R/Bal. d mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.
Est. Repairs: 04 days Res.: Yes or No.	0 1001
Est. Repairs: Of days Res.: Yes or No	D.O.A. 4/12/24 D.O.I. / 1/2/201
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 4 /12/24 D.O.I. 6 /12/202 Survey held at
CA / REV / REP. / 24 HRS 05/28 Vehicle: IN / OUT	01121401
CA / REV / REP. / 24 HRS O5/H Date: Person Contacted: Vehicle: IN / OUT	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS 05/28 Vehicle: IN / OUT	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS O5/H Date: Person Contacted: Vehicle: IN / OUT	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS O5/H Date: Person Contacted: Vehicle: IN / OUT	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS O5/H Date: Person Contacted: Vehicle: IN / OUT	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS 05/14 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 05/14 Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS 05/14 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 05/14 Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 05/14 Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or /// //
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 05/14 Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	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.
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or /// //
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 05/24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date: Person Contacted: Date / Time Action / Instruction CA / REV / REP. / 24 HRS Vehicle: IN/OUT Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date / Time Action / Instruction CA / REV / REP. / 24 HRS OB / 24 Vehicle: IN/OUT Date / Time Action / Instruction CA / CA	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. ays Of Repair:
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 05/24 Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction The Pass to? Prell. Report Description: Prell. Report	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. ays Of Repair: Desurvey No. of Trip: Survey Fee:
Lum Sum: 20 % 3 Val.: Yes or No CA REV REP. 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	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. ays Of Repair: Burvey No. of Trip: Survey Fee: Transportation
Lum Sum: 20 % 3 Val.: Yes or No	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. ays Of Repair: Burvey No. of Trip: Survey Fee: Transportative Site Insp (\$
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS 05/16 Date: Person Contacted: Date / Time Action / Instruction tto/Time, File Pass to? : Prell. Report : Final Report Ref 20 % 3 Val.: Yes or No Vehicle: IN / OUT Person Contacted: Date / Time Action / Instruction	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. ays Of Repair: Burvey No. of Trip: Survey Fee: Transportation
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS	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. ays Of Repair: Burvey No. of Trip: Survey Fee: Transportative Site Insp (\$) _ S - RS _ Si Interview (\$) _ Frames
CA / REV / REP. / 24 HRS O5 / 28 Date:Person Contacted: Date / Time Action / Instruction To/Time, File Pass to?: Preil. Report D. : Final Report Report C. Add Fee: C. Add Fee: C. Off Format :	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. ays Of Repair: Besurvey No. of Trip: Survey Fee: Transportation: Site insp (\$
CA / REV / REP. / 24 HRS OB / W Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction OTime, File Pass to? Prell. Report : Final Report Add Fee:	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. ays Of Repair: Burvey No. of Trip: Survey Fee: Transportative Site Insp (\$



Estimated Cost of Repair

Attention To

ECICS LIMITED

7 Temasek Boulevard #10-01 Suntec Tower One

Singapore 038987

NOT Northcoin Tel GST 1 LI Lang & After Painy

#03-03 Sin Ming Drive #03-03 Sin Ming Autocity Singapore 575722 Tel: 6453 2121 Fax: 6459 9795 GST Registration No. 199906067G

Vin's Motor Pte Ltd

Claim Details

Case Ref. No.

OD/112024/C0352

Date

04-12-2024 Accident Date : 04-12-2024

Ex & 250/

Munich (UKLE) 6712/24

96910663

Vehicle Details

Make & Model : Chassis No

Mercedes Benz E200K WDB2110412B296599

Registration No :

SKW8717L

N/N	Description	Qty Amount (S\$)
	FRONT BUMPER WITH NOZZLE COVER	1.00 (1) \$1,150.00
	FRONT BUMPER RETAINER LH	1.00
	FRONT BUMPER INNER BRACKET LH	1.00 EM \$100.00
	FRONT BUMPER FOGLAMP LH	1.00 \$240.00
	FRONT BUMPER FOGLAMP COVER LH	1.00
	FRONT BUMPER FOGLAMP CHROME GARNISH LH	1.00 \$90.00
	FRONT BUMPER CHROME STRIP LH	1.00 CM \$100.00 —
	FRONT BUMPER NOZZLE PIPE	1.00 \$90.00 2
	FRONT BUMPER UNDERCOVER	1.00 \$210.00 \$
	HEADLAMP LH	1.00 CM \$2,400.00 -
	HEADLAMP PANEL LH	1.00 1.00 1.00 1.00
	FRONT FENDER LH	1.00 \$680.00 -
	FRONT FENDER "AVANTGARDE" LOGO LH	1.00 1 \$70.00 -
	FRONT FENDER INNERSHIELD LH	1.00 CM \$80.00 -
	FRONT REINFORCEMENT BAR	1.00 \$1,600.00 7
	FRONT REINFORCEMENT BAR SPONGE	1.00 CM \$180.00 ~
		\$7,230.00
		Margin: 10% \$723.00
		\$7,953.00
	TO REPAIR DAMAGES	1.00 \$680.00
	TO SPRAY PAINTING	1.00 \$780.00

Subtotal w/o GST:

\$9,413.00

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

regularidementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

1 of 1

Issued by Melvin

This is a computer-generated document. No signature s

SINGAPORE ACCIDENT STATEMENT

- 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

- 3. Information provided must be as truthful and accurate as possible. Any white triangle of the part of the insurance companies.

 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.

ACCIDENT STATEMENT

Reported by Date of Accident Exact Location of Accident Additional Location Information	04/12/2024 15:42 (SGT) Both Policyholder and Actual Driver 04/12/2024 01:30 (SGT) 480A Segar Rd, Multi storey car park, Singapore 671480
Additional Location Information Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8717L
INSURED/POLICYHOLDER	
Is company?	No NO STEE KEONG

	No LIN CHEE KEONG SXXXX249F
14.10.11	SAMLIN0969@GMAIL.COM
Email Address	(Phone) +65-83839969
Mobile Phone No	

Alternative Phone No

VEHICLE PARTICULARS MERCEDES BENZ

Manufacturer E200K Model Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to Yes your vehicle? Private car Vehicle Category Auto Transmission 1796 Vehicle Fuel Petrol 29/05/2008

First Regisration Date WDB2110412B296599 08/11/2023 10:11 (SGT) Effective Date/Time of Ownership

INSURANCE COMPANY

ECICS Limited Name of Insurance Company MPC24A00551500 Policy Number / Cover Note Number

DRIVER



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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)

Lunderstand, 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 flaw 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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 uding their law yers law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A. SKN 8717L

B. Piller

DOA: 04/12/2024 0130his

480 A Segar Road

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

249F

Vehicle Details
Vehicle No.: 249F

Vehicle No.: SKW8717L

Vehicle to be Exported:YesIntended Deregistration Date:04 Dec 2024

Vehicle Make:MERCEDES BENZVehicle Model:E200K

Primary Colour: Grey
Manufacturing Year: 2008

Engine No.: 27195631028837

 Chassis No.:
 WDB2110412B296599

 Maximum Power Output:
 135.0 kW (181 bhp)

 Open Market Value:
 \$51,263.00

Original Registration Date: 29 May 2008
First Registration Date: 29 May 2008

Transfer Count: 29 May 2008

Actual ARF Paid: \$51,263.00
Intended PARF Rebate Details

PARF Eligibility: Forfeited

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

Intended COE Rebate Details

COE Expiry Date: 28 May 2028

COE Expiry Date: 28 May 2028

COE Category: B - Car (1601cc & above)

COE Period(Years): B-Cal (1001cc & above)

COE Period(Years): 10
PQP Paid: \$38,712.00

COE Rebate Amount: \$13,476.00

Total Rebate Amount: \$13,476.00
Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 04 Dec 2024

OK