



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperl.com.sg

Repair Estimates

SKZ 899 G

Parts	(a) Cost / List Price Items	\$	5,798.00
	Plus/Less 20%	\$	1,159.60
	Total of Cost / List	\$	4,638.40
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items	\$	700.00
Total Parts Cost		\$	5,338.40
Labour		\$	2,000.00
Total		\$	7,338.40

The above total will be subjected to 7% G.S.T.

Name of Surveyor : _____
Company : _____
Survey conducted on : _____ at _____

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : _____ Date: _____



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Spare Parts

Vehicle No. : **SKZ 899 G**
Make & Model : **MERC E200**
Chassis No : **WDD2130422A230581**

Submit By : **Carmen Lim**
Year Manufacture : **2017**
Engine No. :

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor	4	\$700.00	S.N	
2	Rear bumper	1	\$1,530.00		
3	Rear bumper clip	10	\$65.00		
4	Rear bumper side retainer LH	1	\$105.00		
5	Rear bumper side retainer RH	1	\$105.00		
6	Rear bumper bracket LH	1	\$75.00		
7	Rear bumper bracket RH	1	\$75.00		
8	Rear bumper sponge	1	\$95.00		
9	Rear bumper reinforcement	1	\$765.00		
10	Bootlid	1	\$2,207.00		
11	Bootlid lock	1	\$288.00		
12	Bootlid emblem	1	\$55.00		
13	Wording "E200"	1	\$166.00		
14	Bootlid chrome	1	\$267.00		
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



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Labour

Vehicle No. : **SKZ 899 G** Submit By : **Carmen Lim**
Make & Model : **MERC E200** Year of Manufacture : **2017**

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER,BOOTLID,END PANEL)	\$800.00	
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER,BOOTLID,END PANEL)	\$800.00	
3	To check wiring	\$50.00	
4	To remove & refit reverse sensor	\$120.00	
5	To tuff coat	\$80.00	
6	To remove & refit spare tyre, spare tyre board, carpet trim to assist work load.	\$150.00	

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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 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 ability.
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 Report	29/01/2018 15:45
Date Of Accident	28/01/2018 10:50
Exact Location Of Accident	FORT CANNING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ899G
Insured/Policyholder	
Name Of Registered Owner	DANIEL DING YEN SHEE
NRIC No	S7729532A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93363962
Alternative Phone No	OFFICE-93363962

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-2.0 (A)

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA240395
Cover Note Number	

Driver

Name of Driver	HENNY RURITAN
NRIC No	S7777307Z
Date Of Birth	09/01/1977
Occupation	INDOOR
Date Of Driving Pass	26/12/1995
Driving Experience	22 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97819200
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	28 SCOTTS ROAD #27-01
Postcode	228223
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : AIDAN DING GENDER: : MALE
Passenger 2	NAME: : JULIAN DING GENDER: : MALE
Passenger 3	NAME: : LASTRI MADI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH CLIENT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ7317Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO EE SOON
NRIC/Passport Number	S0802553C

Contact Number	81688808
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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 lodgment 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:

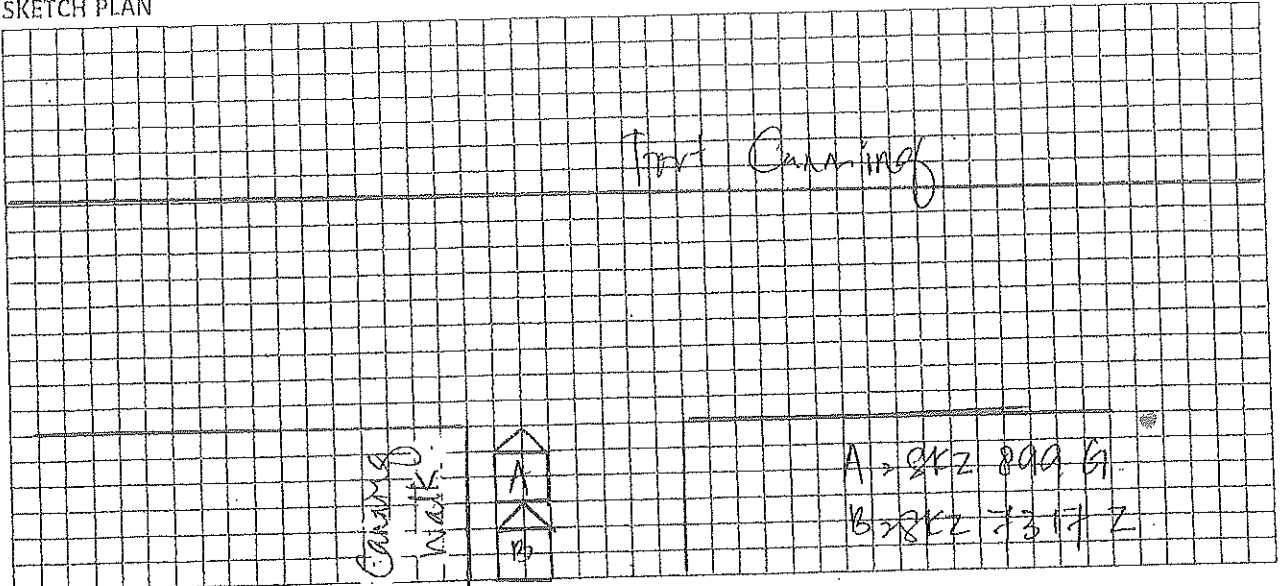
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

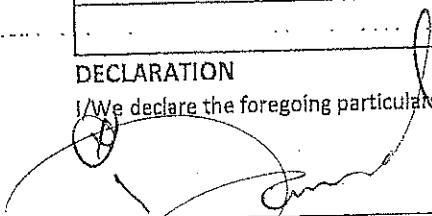
I was driving along Fort Canning on 28/01/18 @ 10:50.

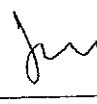
When I was stopped my vehicle to give way oncoming vehicle, all of sudden the vehicle B hit my vehicle from behind.

*Repair at other workshop.

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:

29/1/18 @ 10:35 AM

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: