MBM WHEELPOWER PTE LTD

Your Ref: SJY2445L Our Ref: SLA9888Z

AXA

To:

CC

Fax

Date:

16/10/2018

From:

Danny

Fax:

64525333

Contact:

93288668

Make / Model: Chassis No.: MERCEDES C200 AMG LINE

mbm wheelpower

200-10 PF 200

WDD2050422R099353

Engine No.:

27492030441050

Year of Make:

2015

Accident Date:

12 October 2018

ESTIMATE FOR VEHICLE NO.:

SLA9888Z

DESCRIPTION	QTY	List Price
FRONT BUMPER	1	\$ 2,160.00
FRONT BUMPER CLIPS	10	\$ 60.00
RIVET	20	\$ 120.00
FRONT BUMPER LOWER GRILLE LH	1	\$ 174.00
FRONT BUMPER LOWER CHROME MOULDING LH	1	\$ 235.00
FRONT BUMPER LH SIDE RETAINER	1	\$ 75.00
FRONT BUMPER LH SIDE MOUNTING	1	\$ 101.00
FRONT BUMPER LH SIDE LWR MOUNTING	1	\$ 65.00
PARKTRONIC SENSOR @ \$250 EACH	2	\$ 500.00
HEAD LAMP LH	1	\$ 3,894.00
HEAD LAMP LOWER BRACKET	1	\$ 118.00
FRONT LH FENDER	1	\$ 1,312.00
FRONT LH FENDER INNER SHIELD	1	\$ 310.00
FRONT LH FENDER INNER SHIELD CLIPS	10	\$ 60.00
FRONT LH RIM	1	\$ 1,822.00
FRONT LH SHOCK ABOSRBER	1	\$ 950.00
FRONT LH THRUST ARM	1	\$ 764.00
FRONT LH LOWER ARM	1	\$ 754.00
FRONT LH TIE ROD	1	\$ 389.00
FRONT LH TIE ROD END	1	\$ 252.00
FRONT LH UPPER ARM	1	\$ 1,013.00
FRONT LH WHEELHUB WITH BEARING	1	\$ 684.00

FRONT LH STABILIZER BAR	-1	\$ 682.00
FRONT LH STABILIZER LINK	1	\$ 145.00
	Total:	\$ 16,639.00
	LESS 10%	\$ (1,663.90)
	Parts Total:	\$ 14,975.10
SPECIAL NETT		
BODY SEALANT	1	\$ 80.00
LABOUR		
TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INC	LUDING TO	
KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS.		\$ 1,200.00
TO RESET ENGINE WARNING LIGHT (ABS,SRS,ECU MEMORY & E	ETC)	\$ 200.00
TO CONDUCT ALL WHEEL COMPUTERISED ALIGNMENT		\$ 120.00
TO REMOVE & REPLACE FRONT LH SUSPENSION		\$ 350.00
TO CHECK & RECONNECT ALL NECESSARY WIRING		\$ 80.00
TO SPRAY PAINT ON THE AFFECTED AREAS		\$ 1,000.00
	Total:	\$ 18,005.10
7% GST:		\$ 1,260.36
	Grand Total:	\$ 19,265.46

Mbm wheelpowerpte Itd

160 SIN MING DRIVE #06-02

SIN MING AUTOCITY t62628888 f64525333

Company Registration Number : 200204110W

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 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 ladgement 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	12/10/2018 16:26
Date Of Accident	12/10/2018 14:20
Exact Location Of Accident	DRIVEWAY INFRONT OF BLK 645 JURONG WEST ST 61
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

Section 1 to 1		1 1 2 4 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4		
Vehicle Registration	n Number		SLA9888Z	

Insured/Policyholder

Name Of Registered Owner CHUA CHER LING

NRIC No S8215012I

Email Address TOPSERENE@YAHOO.COM.SG

Mobile Phone No (LOCAL) +65-98199199
Alternative Phone No OTHERS-98199199

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model C200 AMG LINE

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

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number D17MTPV01016937

Cover Note Number

Driver

Name of Driver CHUA CHER LING

 NRIC No
 \$8215012I

 Date Of Birth
 28/05/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/10/2007

Driving Experience 11 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98199199

Fax Number

Contact Number OTHERS-98199199

EMail Address TOPSERENE@YAHOO.COM.SG

Address BLK 650C JURONG WEST STREET 61

#09-236

Postcode 643650

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

...

1

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY2445L Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 81472284

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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, invokes, 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:
 - (ii) 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 | 12 CCT 2018

II · val -

Oniver's Signature (If driver is not the policyholder) Date & Time: Reporting Centine Personnel's Signature
Name:

nRic/Hmm. Poh Kwee Choo S6840583A

EV_amounted Webselle _ 1000000

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Sketch Plan Pg. 2

SKETCH PLAN		
A. SIA98882	the PAL Zaisonie	
B: SJY 2005L	₩657 K7	X
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	•
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in front	of BLK 645. Oil	4 of la sudden,
5342445	L come out of	the Inading/unfording
bay park	ing lot & hit o	nto my front left
<u> </u>	<u>.</u>	U
DECLARATION		
/We declare the foregoing particul	ars are true in every respect.	
Micyhalder's Signature Date & Tirae: 1 T. OCT. 2018	Deliver's Signature (if driver is most the policyholdes)	Reporting Centure Personnel's Signature Name: m. t. Komo Chora
	Dute & Hime	Name: Poh Kwae Choo Nac/AN Ng6840583A

WHERE SHOUTHLAND WE

> Back to OneMotoring

Enquire Transfer Fee

10/13/2018

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You may print this page for reference.

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