MBM WHEELPOWER PTE LTD

Your Ref: SHC1884Z Our Ref: SLR3665A

To:

INDIA INTERNATIONAL

CC

Fax

ESTIMATE FOR VEHICLE NO.: SLR3665A

Date:

22/2/2019

From:

Danny

Fax:

64525333

Contact:

93288668

Make / Model:

TOYOTA C-HR HYBRID 1.8 G

mhm wheelpower

Chassis No.:

ZYX102018479

Engine No.:

2ZR8050960

Year of Make:

2017

Accident Date:

21 February 2019

DESCRIPTION	QTY	List Price
REAR WINDSCREEN MOULDING	1	\$ 155.00
TAIL GATE	1	\$ 1,549.00
TAIL GATE WEATHERSTRIP	1	\$ 393.00
TAIL GATE OUTER TOP GARNISH	1	\$ 1,034.00
TAIL GATE "TOYOTA" LOGO	1	\$ 76.00
TAIL GATE "C-HR" EMBLEM	1	\$ 58.00
TAIL GATE "HYBRID" LOGO	1	\$ 89.00
TAIL GATE LAMP RH	1	\$ 595.00
TAIL GATE LAMP LH	1	\$ 595.00
REAR BUMPER	1	\$ 1,030.00
REAR BUMPER CLIPS	10	\$ 60.00
REAR BUMPER LOWER COVER	1	\$ 475.00
REAR BUMPER RH TOW COVER	1	\$ 75.00
REAR BUMPER RH REFLECTOR	1	\$ 85.00
REAR BUMPER LH REFLECTOR	1	\$ 85.00
REVERSE SENSOR @ \$ 480 EACH	2	\$ 960.00
END PANEL	1	\$ 802.00
END PANEL TOP GARNISH	1	\$ 295.00
END PANEL TOP GARNISH CLIPS	10	\$ 60.00
TEMPERATURE SENSOR BRACKET	1.	\$ 162.00
REAR REINFORCEMENT	1	\$ 502.00
	Total:	\$ 9,135.00
	LESS 25%	\$ (2,283.75)
	Parts Total:	\$ 6,851.25

SPECIAL NETT		
BODY SEALANT	1	\$ 80.00
WINDSCREEN SEALANT	1	\$ 80.00
ANTI-RUST COATING	1	\$ 250.00
NUMBER PLATE & HOLDER	1	\$ 50.00
LABOUR		
TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS.	ТО	\$ 1,200.00
TO DISMANTLE & TRANSFER TAIL GATE FITTINGS & MECHANISM TO NEGATE / FACILIATE REPAIR	W TAIL	\$ 80.00
TO DISMANTLE AND RE-FIT REAR WINDSCREEN		\$ 150.00
TO REMOVE, REFIT & UPHOLSTERY TO FACILITATE REPAIRS		\$ 100.00
TO REMOVE & REFIT REAR END PANEL LINING & GARNISH TO FACILIATI	E REPAIR	\$ 80.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$ 80.00	
TO SPRAY PAINT ON THE AFFECTED AREAS		\$ 1,200.00
	Total:	\$ 10,201.25
	7% GST:	\$ 714.09
Gra	and Total:	\$ 10,915.34

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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
Det Of Design	ACCIDENT STATEMENT
Date Of Report	21/02/2019 15:38
Date Of Accident	21/02/2019 08:30
Exact Location Of Accident	LOYANG AVE TOWARDS TELOK PAKU RD
Country/State of Loss	SINGAPORE
Separate services and the control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR3665A
Insured/Policyholder	
Name Of Registered Owner	CHUA KIM LIANG
NRIC No	S9048086C
Email Address	ZACSEL.C@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91143201
Alternative Phone No	OFFICE-91143201
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA C-HR HYBRID 1.8G CVT
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00010194
Cover Note Number	
Driver	
Name of Driver	CHUA KIM LIANG
NRIC No	S9048086C
Date Of Birth	20/12/1990
Occupation	INDOOR
Date Of Driving Pass	27/08/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91143201
Fax Number	

OFFICE-91143201

ZACSEL.C@GMAIL.COM

Address NIL

Postcode

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

_

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 (including own vehicle)

involved in the accident

2

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

NO

Number of Passengers (Including Driver)

1

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?

If Yes, against whom?

Circumstances of Accident

I was driving moderately on the first lane and I slowed down as there were traffic ahead. As I almost came to a stop, I felt a big Impact from my rear part of my vehicle. I later realised that a blue taxi from my rear had hit the rear of my vehicle. We exchange particulars., No injury involved.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

PENDING FROM INSURED

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1884Z

Vehicle Make/Model/Colour

HYUNDAI/SONATA COMFORT

Details Of Properties

Vehicle Category

TAXI

Name of Driver

ZULKARNAIN BIN ARIFFIN

NRIC/Passport Number

S1429729D

Contact Number

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 repudlate policy liability.
 4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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 long made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of the report at the control and explacite aforesaid.

 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") maylare permitted to collect, use, disclose and/or process my personal data-postorial information at 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 insurers) who have insured vehicle(s) involved in this accident (all insurers), who have insured vehicle(s) involved in this accident (all insurers), who have insured vehicle(s) involved in this accident (all insurers), who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers (), the insurers (), the insurers () and insurers () and insurers () and insurers () are the propose(s) of () processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

 (b) processing the accident processing with my claims including the settlement of the claims and any necessary investigations relating to investigating the accident gives processing with my claims.

 (c) exemipating the accident gives processing the making of correspondence, statements, involves, reports or notices to me, which could involve exclusive the personal information administrance processing the temposes.

 (v) correspondence of correspondence of the temposes and the insurers and on the electronic cover of envelopes/mail pecchages), and/or correspondence of the above and the insurers and/or the same as well as on the electronic cover of envelopes/mail pecchages), and/or covers of envelopes/mail pecchages), and/or covers of envelopes in this accident by any of the Insurers and/or GIA to treit third party service

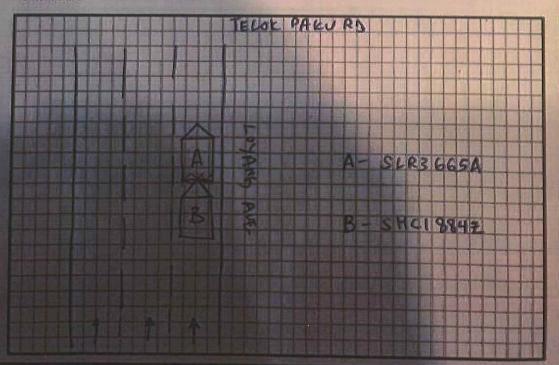
21/2/19 rs Signature / Date & Time Dever's Signature (if dover is not the policyholder) / Date & Time

VERIFIED BY ALAX MARS REPORTING OFFICER

Mohammad Azaly Sin Abdullah

Winessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

	e and I slowed down as there were traffic a big Impact from my rear part of my vehicle. I ar had hit the rear of my vehicle.
We exchange particulars.,	
No injury involved.	
Taxi Voucher No.:	
DECLARATION	
l/We declare that the above particulars & information provide	led above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD AZALY BIN ABDULLAH	~ 1
	1
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time: 21 February 2019 at 1:42 PM
21 February 2019 at 1:42 PM	et poutedy evit of the par

> Back to OneMotoring

Enquire Transfer Fee

Vehicle No.:	SLR3665A		
Vehicle Type :	P11 - Passenger Station Wagon/Jeep/Land	Rover	
Vehicle Attachment 1:	No Attachment		e
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		tioners to the attribute of the test of the control
Vehicle Model :	C-HR HYBRID 1.8G CVT		·····
Chassis No. :	ZYX102018479		% [™] 111111111111111111111111111111111111
Propellant:	Petrol-Electric		
Engine No. :	2ZR8050960		
Motor No.:	20A317210913		
Engine Capacity :	1797 сс		
Power Rating:	53.0 kW		
Maximum Power Output:	90.0 kW (120 bhp)		
Maximum Laden Weight:	1715 kg		
Jnladen Weight :	1440 kg		Carlos and
Year Of Manufacture :	2017		
Original Registration Date :	11 Aug 2017		- Собо СССС СССС СССС СССС СССС СССС ССС
ifespan Expiry Date :	-		and the state of the second
COE Category :	E - Open - all except motorcycle		
Quota Premium :	\$49,899.00		amen karanter bekaranter kristoriari an a _{re} mera a tym a _{re} e an mana ame kreatifer safe kele mit prektiver
COE Expiry Date :	10 Aug 2027		that to the time of the control of t
Road Tax Expiry Date :	10 Aug 2019		and the second s
ARF Eligibility Expiry Date:	10 Aug 2027	11 11 11 11 11 11 11 11 11 11 11 11 11	ann a mainmighte speaksthadaid ann an mainmigh ann an ann ann an ann an an an an an an
nspection Due Date :	10 Aug 2020		and the second control of the second control
ntended Transfer Date:	22 Feb 2019	N 19 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Perker en er en mingemingsproggestingsprographingsprogram en en en en en gan egen grang pag
CO2 Emission :	91.00 (g/km)		and the first of the second
CEV/VES Rebate Utilised	\$30,000.00		
Amount:			
O Emission:	-		and the second s
IC Emission:	-		- And Andrews Control of the Control
IOx Emission:	_	e chamber also be a compared and a c	ethill feel dhaad haan abh a la chi a can ann an an an an an an la baal an baal an baal an baal an an an an an
'M Emission :	-		The second se
ate renewal fee(s) will be impose	ed if road tax / lay up has expired. Please use Enqu	ire Road Tax Payable for fee(s) paya	₃ble.
load tax, including Over Payment Amount Payable	t (if any), of a vehicle will follow the vehicle to the	new registered owner when its own	ership is being transferred.
Trademine, and trademine the species for the second second second second second second second second second se	Amount Before GST	GST Amount	Amount After GS
	(S\$)	(S\$)	(\$9
ransfer Fee :	·	والمراجي ويستنون والراوي والراوي والمناسبة وال	

You may print this page for reference.

OK Print