



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

Estimation

Date:

1 Jul 19

Vehicle:

SLM816C

Make / Model:

MITSUBISHI/ATTRAGE

Chassis:

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	BOOTLID <i>Blue</i>	1	\$ 962.00	\$ 962.00
2	BOOTLID HINGE L/R <i>X NN</i>	2	\$ 81.00	\$ 162.00
3	BOOT NO. PLATE GARNISH <i>X SR</i>	1	\$ 226.00	\$ 226.00
4	BOOT NO. PLATE LAMP L/R <i>X NN</i>	2	\$ 62.00	\$ 124.00
5	BOOT REVERSE CAMERA <i>X</i>	1	\$ 684.00	\$ 684.00
6	BOOT EMBLEM "LOGO" <i>X</i>	1	\$ 46.00	\$ 46.00
7	BOOT EMBLEM "ATTRAGE" <i>X</i>	1	\$ 31.00	\$ 31.00
8	BOOT EMBLEM "MIVEC" <i>X NN</i>	1	\$ 27.00	\$ 27.00
9	BOOT EMBLEM "C&C" <i>X</i>	1	\$ 26.00	\$ 26.00
10	BOOT LOCK SWITCH <i>X NN</i>	1	\$ 197.00	\$ 197.00
11	BOOT LOCK <i>X</i>	1	\$ 257.00	\$ 257.00
12	BOOT LOCK STRIKER <i>X NN</i>	1	\$ 39.00	\$ 39.00
13	BOOTLID WEATHERSTRIP <i>X</i>	1	\$ 168.00	\$ 168.00
14	TAILLAMP L/R <i>LH-CRA RH-CRA</i>	2	\$ 394.00	\$ 788.00
15	TAILLAMP PANEL L/R <i>X</i>	2	\$ 129.00	\$ 258.00
16	TAILLAMP PANEL DEFLECTOR L/R <i>X NN</i>	2	\$ 84.00	\$ 168.00
17	REAR BUMPER <i>X</i>	1	\$ 841.00	\$ 841.00
18	REAR BUMPER REFLECTOR L/R <i>X NN</i>	2	\$ 53.00	\$ 106.00
19	REAR BUMPER CLIP <i>X</i>	6	\$ 3.00	\$ 18.00
20	REAR BUMPER RETAINER L/R <i>LH-RH RH X NN</i>	2	\$ 38.00	\$ 76.00
21	REAR END PANEL <i>X repair</i>	1	\$ 521.00	\$ 521.00
22	REAR END PANEL GARNISH <i>X</i>	1	\$ 122.00	\$ 122.00
23	REAR END PANEL AIR VENT <i>X NN</i>	1	\$ 82.00	\$ 82.00
24	REAR LOCK CONTROL SENSOR <i>X</i>	1	\$ 186.00	\$ 186.00
25	REAR KEYLESS BUZZER <i>X</i>	1	\$ 132.00	\$ 132.00
26	REAR SPARE TYRE BOARD COVER <i>X</i>	1	\$ 204.00	\$ 204.00
27	REAR SPARE TYRE BOARD COVER TRIM <i>X</i>	1	\$ 120.00	\$ 120.00
28	REAR SPARE TYRE PANEL <i>X</i>	1	\$ 843.00	\$ 843.00
29	REAR FENDER L/R <i>X NN</i>	2	\$ 754.00	\$ 1,508.00
30	REAR FENDER TRIM L/R <i>X</i>	2	\$ 194.00	\$ 388.00
31	REAR FENDER TRIM CLIP L/R <i>X</i>	12	\$ 3.00	\$ 36.00
32	REAR EXHAUST SILENCER <i>X</i>	1	\$ 451.00	\$ 451.00
33	REAR EXHAUST SILENCER MOUNTING <i>X</i>	2	\$ 60.00	\$ 120.00
				\$ 9,917.00
				Less 10%
				\$ 991.70
				Total
				\$ 8,925.30
S/Nett items:				
34	REAR REVERSE SENSOR <i>X NN</i>	1 SET	\$ 250.00	\$ 250.00
35	REAR END PANEL GARNISH CLIP <i>X</i>	1 SET	\$ 30.00	\$ 30.00
36	REAR NUMBER PLATE W/FAME <i>X</i>	1	\$ 50.00	\$ 50.00
37	FLOOR PANEL SEALANT <i>X</i>	1	\$ 50.00	\$ 50.00
38	END PANEL SEALANT <i>X</i>	1	\$ 50.00	\$ 50.00
				\$ 430.00
Labour to:				
39	TO REMOVE AND REFIT EXHAUST SYSTEM	1	\$ 150.00	\$ 150.00
40	TO CHECK REAR ELECTRICAL WIRING	1	\$ 50.00	\$ 50.00
41	TO REMOVE AND REFIT REVERSE SENSOR	1	\$ 80.00	\$ 80.00
42	TO REMOVE AND REFIT WINDSCREEN MOULDING	1	\$ 120.00	\$ 120.00
43	TO RESPRAY UNDERCOATING	1	\$ 100.00	\$ 100.00
44	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 120.00	\$ 120.00
45	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,000.00	\$ 1,000.00

865

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46	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,000.00	\$ 1,000.00
				\$ 2,620.00
			Parts Replacement Amount	\$ 9,355.30
			Total Amount for Labour	\$ 2,620.00
			Total Amount	\$ 11,975.30

500

1170

4 Days.

Lumpsum repair.

After repair photos.

Emo Qiang.

02/7/19

4340

20% = 3450

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:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	4644E
Vehicle No.:	SLM816C
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jul 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	3A92UDP1784
Chassis No.:	MMBSTA13AHH003747
Maximum Power Output:	57.0 kW (76 bhp)
Open Market Value:	\$13,796.00
Original Registration Date:	21 Mar 2017
First Registration Date:	21 Mar 2017
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Mar 2027
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	20 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,751.00
COE Rebate Amount:	\$38,383.00
Total Rebate Amount:	\$42,133.00

The information contained herein is correct as at 02 Jul 2019

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 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. 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	28/06/2019 16:13
Date Of Accident	27/06/2019 16:25
Exact Location Of Accident	PIE (CHANGI) TWDS KIM KEAT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM816C
Insured/Policyholder	
Name Of Registered Owner	ONG BOON LEONG
NRIC No	S7174644E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91097406
Alternative Phone No	OFFICE-91097406

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104018738
Cover Note Number	

Driver Particulars

Name of Driver	ONG BOON LEONG
NRIC No	S7174644E
Date Of Birth	09/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1991
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91097406
Fax Number	
Contact Number	OFFICE-91097406
Email Address	NOEMAIL

Address	BLK 23 SIN MING ROAD #12-07
Postcode	570023
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?	YES
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)	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?	NO
If Yes, against whom?	

Circumstances of Accident

Was any foreign vehicle involved in this accident?	NO
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REFER TO STATEMENT.

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	GBF6173P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG BOON LEONG
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Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLM816C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

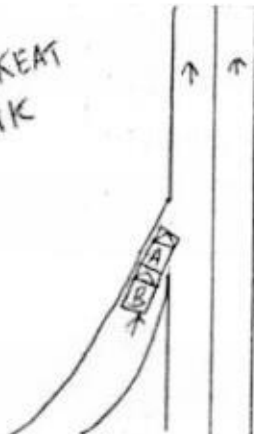
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

KIM KEAT
LINK



A - SLM 816C
B - GBF 6173P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/2019, at about 1625 hrs, I was travelling in my vehicle bearing (SLM 816C) into KIM KEAT LINK. Suddenly, I felt a huge impact from the rear, I went down and realised that a lorry bearing (GBF 6173P) had collided onto the rear of my vehicle. We then exchange particulars and decide to proceed with insurance claims.

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:

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