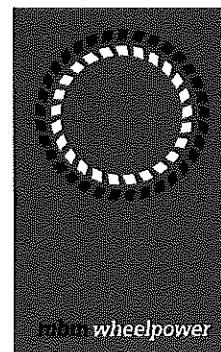


# MBM WHEELPOWER PTE LTD

Your Ref: SHA6233E  
Our Ref: SMR2589G



To: INDIA

CC

Fax

Date: 31/3/2020  
From: Danny  
Fax: 64525333  
Contact: 93288668  
Make / Model: AUDI A5 2.0 TFIS S  
Chassis No.: WAUZZZF52JA050332  
Engine No.: CVK051065  
Year of Make: 2017  
Accident Date: 29 December 2017

ESTIMATE FOR VEHICLE NO. : SMR2589G

DESCRIPTION	QTY	List Price
FRONT BUMPER	1	\$ 1,858.00
BUMPER CLIPS/ RIVETS	10	\$ 70.00
FRONT BUMPER RH SIDE RETAINER	1	\$ 180.00
FRONT BUMPER LOWER RH FOG LAMP COVER	1	\$ 290.00
FRONT RH FENDER	1	\$ 890.00
HEAD LAMP RH	1	\$ 3,618.00
Total:	\$	6,906.00
LESS 10%	\$	(690.60)
Parts Total:	\$	6,215.40

## SPECIAL NETT

BODY SEALANT	1	\$ 80.00
VOSSER RIM	1	\$ 5,800.00
TYPRE - MICHELIN PS4	1	\$ 420.00

## LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT,WELD & STRAIGHTEN ON THE AFFECTED PARTS.	\$ 1,000.00
TO CONDUCT ALL WHEEL COMPUTERISED ALIGNMENT	\$ 100.00
TO RESET ENGINE WARNING LIGHT (ABS,SRS,ECU MEMORY & ETC)	\$ 250.00
TO APPLY ANTI RUST COATING	\$ 150.00
TO REMOVE, REFIT & UPHOLSTERY TO FACILITATE REPAIRS	\$ 150.00
TO REMOVE & REPLACE BUMPER SENSORS	\$ 60.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$ 80.00
TO SPRAY PAINT ON THE AFFECTED AREAS	\$ 900.00
Total:	\$ 15,205.40
7% GST:	\$ 1,064.38
Grand Total:	\$ 16,269.78

Mbm wheelpower pte ltd

160 SIN MING DRIVE

#08-02

SIN MING AUTOCITY

t 62628888 f 64525333

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 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	30/03/2020 12:15
Date Of Accident	29/03/2020 12:00
Exact Location Of Accident	ALONG 19 SUNRISE WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2589G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INVIDIA CAPITAL PTE LTD
Co Reg No	2XXXXX628K
Email Address	ALANSIM@INVIDIACAPITAL.CO
Mobile Phone No	
Alternative Phone No	OFFICE-90188256

### Vehicle Particulars

Manufacturer	AUDI
Model	A5-2.0 SB TFSI S TRONIC (DESIGN) (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115139168
Cover Note Number	

### Driver

Name of Driver	ALAN SIM SEE QUAN
NRIC No	SXXXX475G
Date Of Birth	25/09/1987
Occupation	INDOOR
Date Of Driving Pass	16/12/2006
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90188256
Fax Number	
Contact Number	
Email Address	ALANSIM@INVIDIACAPITAL.CO

Address	BLK 700B ANG MO KIO AVE 6 #19-314
Postcode	562700
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	COLLIDED INTO PARKED VEHICLE
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
Number of Passengers (Including Driver)	0

#### 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

REFER TO ATTACHED SKETCH PLAN. // VEHICLE A WAS PARKED AND STATIONARY, VEHICLE B REVERSE AND COLLIDED. VEHICLE B PASSENGER IS VEHICLE A NEIGHBOR.

#### 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	SHA6233E
Vehicle Make/Model/Colour	COMFORT TAXI / BLUE / PIRUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PANG AH CHOO
NRIC/Passport Number	SXXXX0011
Contact Number	96396223
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.

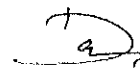


Policyholder's Signature  
Date & Time:

30 Mar 12 p.m.



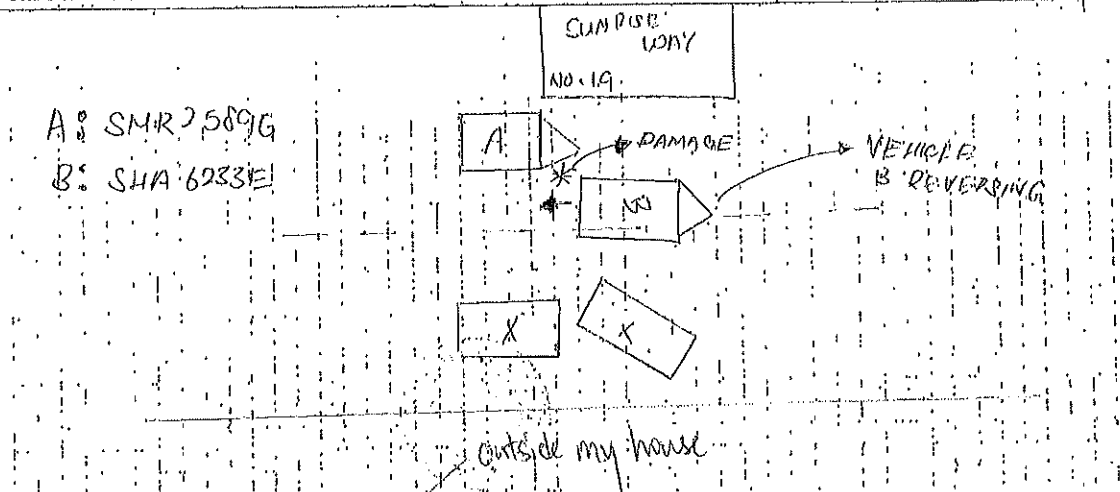
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



30 MAR 2020

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29 Mar 2020 at about 12 p.m., I received a ~~call~~ <sup>knock</sup> on my house from my neighbour's renovation contractor. He alerted me that the taxi driver (Mdm Pang Ah Choo, licence no: 31416001I) had knocked my car while she was reversing out of the residence area. I assessed the damage to my car which was parked ~~stationary~~ at the point of impact (without driver/passenger inside). There is ~~no~~ direct evidence that the front of the car sustained damage from the collision, thus <sup>also</sup> includes the front right tire & rim (which was brand new as it was ~~replaced~~ <sup>she verbally</sup> installed recently). I spoke to Mdm Pang Ah Choo and ~~we both~~ <sup>she verbally</sup> agreed that it was her fault for ~~knock~~ for the accident. There were two other eye witnesses i.e. my neighbour & my neighbour's ~~Contractor~~ Renovation Contractor who booked the taxi. ~~At~~ Pang & I exchanged contacts and we ~~both~~ both took pictures of ~~both~~ both cars. I also took photos of her driving licence & taxi licence. We both agreed that we would report the accident & claim to her insurance. Thereafter, she ~~left~~ left ~~at~~ in her taxi with my neighbour's contractor and I returned to the house.

## DECLARATION

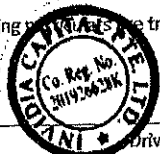
I/We declare the foregoing to be true in every respect.

Policyholder's Signature

Date & Time:

30 Mar 12:00 PM

STAPA Sketch/Pi



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30 MAR 2020

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

628K

### Vehicle Details

Vehicle No.:

SMR2589G

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Mar 2020

Vehicle Make:

AUDI

Vehicle Model:

A5 SB 2.0 TFSI S TRONIC (DESIGN)

Primary Colour:

Black

Manufacturing Year:

2017

Engine No.:

CVK051065

Chassis No.:

WAUZZZF52JA050332

Maximum Power Output:

140.0 kW (187 bhp)

Open Market Value:

\$38,860.00

Original Registration Date:

29 Dec 2017

First Registration Date:

29 Dec 2017

Transfer Count:

1

Actual ARF Paid:

\$41,404.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

28 Dec 2027

PARF Rebate Amount:

\$31,053.00

### Intended COE Rebate Details

COE Expiry Date:

28 Dec 2027

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$47,002.00

COE Rebate Amount:

\$36,388.00

**Total Rebate Amount:**

**\$67,441.00**

The information contained herein is correct as at 30 Mar 2020

OK