

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : SMS 6689U
 Vehicle Model : SUBARU FORESTER CVT
 Accident Date : 19.11.2020
 Original Reg Date : 09.03.2020

Date : 20.11.2020
 Chassis : JF1SK7KL5KG018923
 TP **FIRST CAP**

ESTIMATE

1	1 pc	Tailgate Badge			net	82.50
2	1 pc	Tailgate Emblem (Subaru)			net	72.00
3	1 pc	Tailgate Emblem (AXA)			net	68.00
4	1 pc	Tailgate Emblem (Forester)			net	72.00
5	1 pc	Tailgate Emblem (GT)			net	68.00
6	1 pc	Tailgate Emblem (Eyesight)			net	72.00
7	1 pc	Tailgate Weatherstrip			?	192.20
8	1 pc	Rear Bumper			de	690.20
9	1 pc	Rear Bumper Tow Cover			mis	29.00
10	2 pcs	Rear Bumper Side Retainers	photo LH-de	39.00	RHX	78.00
11	2 pcs	Rear Bumper Attachment Retainers	photo LH-de	42.00	RHX	84.00
12	1 set	Rear Bumper Clips			zone	40.00
13	1 pc	Rear Bumper Reinforcement			bt	295.00
14	2 pcs	Rear Bumper Reflexor	LH-?	95.00	RHX	190.00
15	1 pc	Rear Bumper Lower Skirt			cur	386.20
16	1 pc	Rear Bumper Lower Spoiler			cur	1,280.00
17	1 pc	End Panel			bt	521.50
18	1 pc	End Panel Top Trim			de	126.20
19	1 set	End Panel Top Trim Clips			net 20	30.00
20	1 pc	Spare Tyre Panel			Rp	792.50
21	1 pc	Spare Tyre Panel Top Sponge			x	369.50
22	1 pc	Spare Tyre Wheel Nut	photo		bt	39.20
23	1 pc	Spare Tyre Wheel Jack Sponge			cur	162.50

5,740.50

Less 20%

1,148.10

4,592.40

C/F

4,592.40

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4,592.40

Special Nett

1	1 set	Body Panel Joint Sealer		40	120.00
2	1 set	Reverse Sensor		200nw ✓	250.00
3	1 pc	Rear Exhaust Chrome Pipe		ant ✓	140.00
4	1 pc	Rear Number Plate With Holder		x	50.00

Labour charge

Panel Beating		1200	1,600.00
Spray painting (Pearl)		1000	1,200.00
Check Wiring		30.	40.00
Anti rust		30.	90.00
Remove and install reverse sensor		30.	90.00
Remove and install carpet and seat		60.	120.00

8,292.40

Less 20% 1,658.48

Lump sum 6,633.92

Taufik 97495749
'wp' 24/11/20 a 11am
Lump sum, Resurvey after repair
7 days - 8 days
taufik c 1111 auto.com

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	731B
Vehicle Details	
Vehicle No.:	SMS6689U
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Nov 2020
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0I-S EYESIGHT AWD CVT SR
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	FB20YH45418
Chassis No.:	JF1SK7KL5KG018923
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$18,130.00
Original Registration Date:	09 Mar 2020
First Registration Date:	09 Mar 2020
Transfer Count:	0
Actual ARF Paid:	\$18,130.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Mar 2030
PARF Rebate Amount:	\$13,597.00
Intended COE Rebate Details	
COE Expiry Date:	08 Mar 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,705.00
COE Rebate Amount:	\$35,047.00
Total Rebate Amount:	\$48,644.00

The information contained herein is correct as at 20 Nov 2020

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	20/11/2020 16:00
Date Of Accident	19/11/2020 19:05
Exact Location Of Accident	ALONG JALAN BESAR TOWARDS LIM CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS6689U
Insured/Policyholder	
Name Of Registered Owner	YEE YOKE TENG
NRIC No	SXXXX731B
Email Address	ZHILOONG92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81898093
Alternative Phone No	OTHERS-81898093

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070035562
Cover Note Number	

Driver

Name of Driver	ONG ZHI LOONG
NRIC No	SXXXX219I
Date Of Birth	01/09/1992
Occupation	INDOOR
Date Of Driving Pass	04/12/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93369889
Fax Number	
Contact Number	
EEmail Address	ZHILOONG92@GMAIL.COM

Address	BLK 850 WOODLANDS STREET 82 #06-233
Postcode	730850
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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

Please refer to sketch plan.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4829U
Vehicle Make/Model/Colour	HYUNDAI / YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM CHENG HOE
NRIC/Passport Number	SXXXX548D
Contact Number	97371893
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG ZHI LOONG
------	---------------

Approximate Age	28
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMS6689U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 850 WOODLANDS STREET 82 #06-233
Postcode	730850

SKETCH PLAN

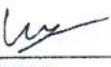
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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6. The report will be forwarded by the insurers of 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:

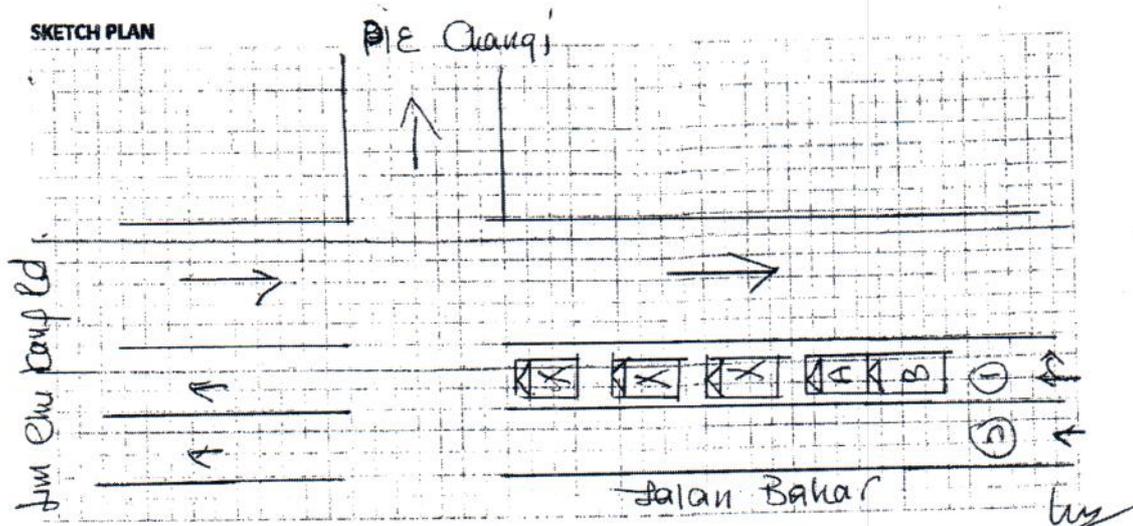
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 20 NOV 2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20 NOV 2020


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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jalan Bahar towards Kim Chu Kang Road on lane 1. Due to heavy traffic I slowed down to stop (stationary). Suddenly vehicle B hit onto my rear portion. *Liy*

Vehicle A : SMS 66894

Vehicle B : SHB 48294

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature
 Date & Time: 20 NOV 2020

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20 NOV 2020

[Signature]
 Reporting Centre Personnel's Signature
 Name: Deborah Lai
 NRIC/FIN No.: