TOTAL



#### **Main Office:** Mova Building

No. 22, Jalan Kilang, Singapore 159419 Tel: **(65) 6476 3333** Fax: (65) 6271 5891 www.mova.com.sg

#### **Workshop Dept:**

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

Estimate

08/07/2021

**CHINA TAIPING INSURANCE (S) PTE LTD** 

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909.

Attention :- XA017

Page #

SKZ1329D Veh#

RENAULT GRAND SCENIC Veh Model :-

CK422049 Estimate# :-

TP/CK141522 Claim #

ACC. Date :- 20/06/21

Terms C.O.D Days

MFG 11 JAN 2016 (2015) Remarks

No.	Description		Qty	U.Price	Amounts S\$
	LIST ITEMS:	KASUL		001	
1.		VIA MIN	1 PC	980.00	980.00
2.	REAR BUMPER LOWER GARNISH (MATT BLACK) ELL REAR PARKING SENSOR CTR 7	Hp 90010068	1 PC	690.00	690.00
3.	REAR PARKING SENSOR CTR 7		2 PC	280.00	560.00
4.	REAR BUMPER LAMP RH	3 days	1 PC	260.00	260.00
5.	REAR BUMPER CLIPS A	3 augs	10 PC	8.00	80.00
6.	REAR BUMPER REINFORCEMENT		1 PC	750.00	750.00
7.	REAR BUMPER CTR RETAINER *	43	1 PC	300.00	300.00
8.	REAR BUMPER SIDE RETAINER LH & RH		2 PC	200.00	400.00
0.		ILINS DI ON			4,020.00
	LIST TOTAL S\$	10000	3 5		
	10% DISCOUNT S\$				-402.00
		Pag after no	eger		3,618.00
	LABOUR: TO INSPECT REAR LIGHTING MECHANISM & CHECK WIRING	LVVALLO			<b>火</b> 80.0
	TO INSTALL REVERSE SENSOR & DIAGNOSE FUNCTION	LKK Auto Consultants hence the Repairer of the following		9 4	60 80.0
	TO REMOVE & REPLACE DAMAGED ITEMS.REALIGN	To resurvey before/after spray page     To display de-	ainting		
	CONNECTION	To display damaged part(s) durin	G FORUS	100	250 280.0
	CONNECTION	dies prices die silniert to confer		1	
	TO SPRAY PAINT ON REPAIRED AREAS	No illegal modification(s) is allowed.	ut Prejudice" basis		250 296.0
	LABOUR TOTAL S\$	<ul> <li>Supplementary item(s) must be re is subject to final approval from In</li> </ul>			720.
	보는 그 씨는 나타에게 걸어하는 것 같아. 나무 이 없다.				
	보다 이 없이 보고 있습니다. 이 Her 이 기를 받는 것이 없다면 다른 사람이 되었다.	Acknowledged by Repairer			
		Signature:		N	
		- Dato:			

Jacelyn

**AMOUNT S\$** GST @ 7 %

4,338.00 303.66

**AMOUNT DUE S\$** 

4,641.66

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD



## **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 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

21/06/2021 18:33 (SGT) Date of Submission 20/06/2021 12:40 (SGT) Date of Accident Singapore Exact Location of Accident CTE(SLE) BEFORE BRADDELL ROAD Additional Location Information

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKZ1329D

INSURED/POLICYHOLDER

Country/State of Loss

Is company? No Name Of Registered Owner WU FEI NRIC No ..... S6975170I Email Address Wufei 789@hotmail.com (Phone) +65-81276139 Mobile Phone No Alternative Phone No +65-81276139

VEHICLE PARTICULARS

Renault **GRAND SCENIC** Model Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category ..... Private car Transmission ..... Auto 1500

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No Policy Number 5120361654 Cover Note Number

DRIVER

Name of Driver **WU FEI** S69751701

pation Of Driving Pass wing experience	Indoor		
of Driving Pass			
ariance	28/02/1994		
wing experience	27 YEARS AND 4 MONTHS		
dol	Male		
Number	(Phone) +65-81276139		
Phone Number	+65-81276139		
mail Address	Wufei_789@hotmail.com		
Adress	BLK 89 TANGLIN HALT ROAD #40-350		
ddress complement	8 <u>8</u>		
ostcode	141089		
the driver the policyholder?	Yes		
No, Relationship of the Driver with the Insured	■ II		
loes Driver Own Other Vehicles?	No		
Pehicle Registration Number of Other Vehicle Owned by Driver	557		
efficie riogioudion riamber of outer vertice of means,	<u>=</u>		
nsurance Company of Other Vehicle Owned by Driver	- 1		
GENERAL INFORMATION OF THE ACCIDENT			
GENERAL IN CHIMATION OF THE AGGISEN	44-		
Type of Accident	Collision - Head to Rear		
Weather Conditions	Clear		
Road Surface	Dry		
Level Assets the let a see a second see a second see			
OTHER INFORMATION			
Was any foreign vehicle involved in the accident?	No		
Number of vehicles involved in the accident	2		
Was anybody injured in the Accident?	No		
Was any injured conveyed to hospital by ambulance?	-		
Was any other material or property damaged?	Yes		
Number of Passengers (Including Driver)	1		
the driver been enpreached by unknown Derson(S)			
soliciting/offering accident claims assistance?	No		
DETAILS OF POLICE ACTION			
Was the accident reported to the police?	No		
Was notice of intended Prosecution given?	No		
If yes, against whom?			
V.			
CIRCUMSTANCES OF ACCIDENT			
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 OTI	HER VEHICLE PROPERTY 1		

Vehicle Registration Number	SKH3453J
Vehicle Manufacturer	
Vehicle Model	- 5
Vehicle Variant	MAC
Vehicle Colour	4.4
Vehicle Category	Commercial vehicle
Name of Driver	EFFENDI BIN ISMAIL
NRIC No	S8127774E
Contact Number	(Phone) +65-87695567
Address	~ -)

#### 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)
  - (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;
  - (lii) carrying out and/ocdealing 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")
- all insurer(s) who have insured yehicle(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: 21/06/2021

1820

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

Reporting Centre Personnel's Signature Name: 1/12/0 start

NRIC/FIN No.: 8/2 209288

SKETCH PLAN CTE (SLE) BEDDE BRADDELL FXIT A - SKZ1829D DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 20/06/2001 at around 1040hrs I stopped along OF (SLE) before Braddell Ent du to the vehicle intent of me stopping when suddenly scH3453) collided into my read. No injuries were sustained in the accordent I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature Name: HAZAS SHAH Date & Time: 21/06/2021 (If driver is not the policyholder) NRIC/FIN No. 59225988 Date & Time:

## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	1701
Vehicle No.:	SKZ1329D
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Aug 2021
Vehicle Make:	RENAULT
Vehicle Model:	GRAND SCENIC III 1.5 DCI A/T 2WD 5DR S/R
Primary Colour:	- White - 2 - 2
Manufacturing Year:	2015
Engine No.:	K9KG657D008038
Chassis No.:	VF1JZ49BJ54183866
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$25,276.00
Original Registration Date:	11 Jan 2016
First Registration Date:	11 Jan 2016
Transfer Count:	2
Actual ARF Paid:	\$17,387.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jan 2026
PARF Rebate Amount:	\$12,170.00
Intended COE Repate Details	
COE Expiry Date:	10 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,301.00
COE Rebate Amount:	\$23,880.00
Total Rebate Amount:	\$36,050.00

# Renault Grand Scenic Diesel 1.5A dCi Sunroof

Overview Financial Accessories Similar Research Photos Map								
Price	\$52,800							
Depreciation ①	\$10,090 /yr View models with similar depre	Reg Date	31-Dec-2015 (4yrs 4mths 13days COE left)					
Mileage	80,848 km (14.4k /yr)	Manufactured ⑦	2015					
Road Tax 7	\$1,048 /yr	Transmission	Auto					
Dereg Value ②	\$35,915 as of today (change)	Fuel Type	Diesel (Euro 5 Engine and Above)					
COE ①	\$54,301	OMV ①	\$25,276					
Engine Cap	1,461 cc	ARF ①	\$17,387					
Curb Weight 7	1,539 kg	Power	81.0 kW (108 bhp)					
Type of Vehicle	MPV	No. of Owners ①						