

Vin's

AUTOMOTIVE GROUP

Sin Ming Autocity,
160 Sin Ming Drive #03-03
Singapore 575722

6453 2121 (4 lines) / 6458 1111 (24 hrs)

6459 9795 / 6459 0433

admin@vinsautogroup.com.sg

www.vinsautogroup.com.sg

Our Ref : TP
Accident date: 3/11/2021
Your Ref : YN5522H

Tax Invoice:
Date : 5/11/2021

**MOTOR CLAIM DEPARTMENT
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD**

3 Anson Road
#15-00 Springleaf Tower
Singapore 079909

Estimate Cost of Repair

Model : Porsche Boxster TIP
Vechile No. : SKB986P

- 1 pc Rear LH fender - *blue*
- 1 pc Rear LH taillamp - *CRB*
- 1 pc Rear bumper - *IN*
- 1 pc Rear bumper reinforcement ?
- 1 pc Rear bumper LH side retainer - *re.*
- 1 pc Rear bumper sensor ?

Less 5%

To remove and refix seat cushion and roof lining	<i>160</i>	\$	280.00
To remove and refix soft top	<i>250</i>	\$	500.00
To repair damages	<i>800</i>	\$	1,100.00
To spray painting	<i>500</i>	\$	1,200.00
		\$	<u>3,080.00</u>

**LNK 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:

VIN'S MOTOR PTE LTD



*6 Days.
luxury repair
After repair photos.
Gino Qiang
82880282
05/11/2021*

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 Submission	03/11/2021 17:34 (SGT)
Date of Accident	03/11/2021 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS WEST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB986P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AG TECK MENG
NRIC No	S1373487I
Email Address	FLASHDMCX1990@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97863116
Alternative Phone No	+65-97863116

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Boxster
Variant	BOXSTER TIP
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2480

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA012977
Cover Note Number	-

DRIVER

Name of Driver	ANG EK LIANG, IAN
NRIC No	S9013828F

Date Of Birth	23/04/1990
Occupation	Indoor
Date Of Driving Pass	31/10/2008
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98958938
Alt. Phone Number	-
Email Address	FLASHDMCX1990@HOTMAIL.COM
Address	BLK 322 JURONG EAST STREET 31
Address complement	#11-234
Postcode	600322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5522H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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

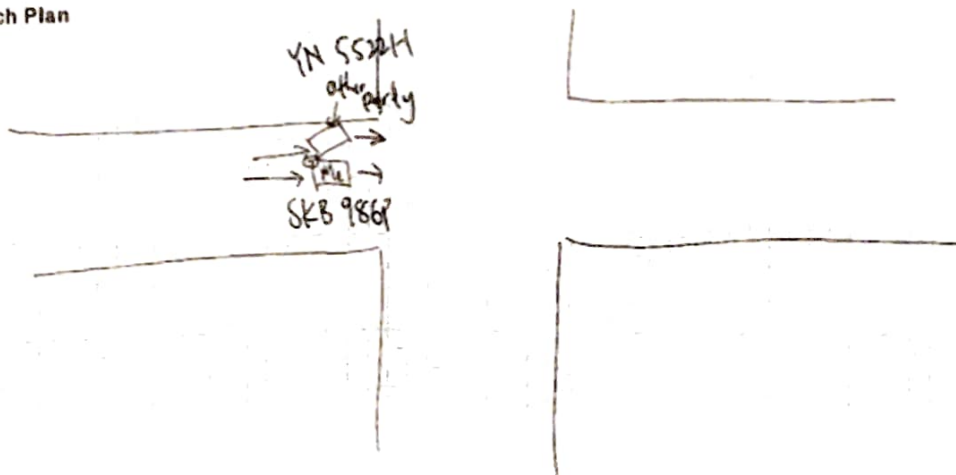
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Person(s)

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstances of the Accident

LICENSE PLATE: SKR 986P

CONTACT NUMBER: 98958938

LOCATION: Tuas West Road.

ACCIDENT DATE & TIME: 3/11/21 2:10pm

E-MAIL ADDRESS: Hashdmax1990@hotmail.com

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Declaration

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

Witnessed by Reporting Center
Personnel



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 4871

Vehicle Details

Vehicle No.: SKB986P
Vehicle to be Exported: Yes
Intended Deregistration Date: 05 Nov 2021
Vehicle Make: PORSCHE
Vehicle Model: BOXSTER TIP
Primary Colour: White
Manufacturing Year: 1997
Engine No.: 65V06943
Chassis No.: WPOZZZ98ZV5604129
Maximum Power Output: -
Open Market Value: \$62,618.00
Original Registration Date: 16 May 1997
First Registration Date: 16 May 1997
Transfer Count: 6
Actual ARF Paid: \$93,927.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Apr 2027
COE Category: B - Car (1601cc & above)
COE Period(Years): 10
PQP Paid: \$52,008.00
COE Rebate Amount: \$28,532.00
Total Rebate Amount: \$28,532.00

The information contained herein is correct as at 05 Nov 2021

OK