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# AH LIM MOTOR COMPANY

1130.

M/S: IDI QALIF BIN TAHA

**BLK 648 PUNGGOL CENTRAL** 

#06-382

SINGAPORE 820648

Estimate No:

MC1902271

Date:

11 Nov 2021

Policy No:

Make/Model:

GA486579/1

Veh Reg No:

SJS3879T MERCEDES R280L

ATTN:

Your Ref No: Claim Type:

Third Party

Accident Date:

11/11/2021

TP Veh Reg No:

GBG7411R

	Estimate Repair Cost to Vehicle No		Nett	
	Description	Quantity	List Price	Amount
			<u>S\$</u>	<u>S</u>
	SPARE PARTS			
1	HEADLAMP RH 1	1 PC	1,250.00	
2	PARK LAMP RH / 13R	1 PC	120.00	
3	FRONT BUMPER X R	1 PC	2,150.00	
4	FRONT BUMPER NUMBER PLATE GARNISH	1 PC	290.00	
5	FRONT BUMPER INNER BOX	1 PC	310.00	
6	FRONT BUMPER SPONGE CENTRE .	1 PC	280.00	
7	FRONT BUMPER REINFORCEMENT X	1 PC	1,180.00	
8	FRONT BUMPER SIDE RETAINER LH / RH	2 PC	130.00	
9	FRONT BUMPER RIVETS / NPC	10 PC	31 70.00	
0	PARKING SENSOR CENTRE LH / RH Ph !	1 2 PC	410.00	
	PARKIUNG SENSOR RING / MC	6 PC	42.00	
	REAR BUMPER / CRY	1 PC	1,800.00	
	REAR BUMPER LOWER GARNISH / (VI)	1 PC	680.00	
	REAR BUMPER TOP PLATE ( ( hrom ) / DD	1 PC	405.00	
	REAR BUMPER SIDE RETAINER LH / RH	2 PC	80.00	
	REAR BUMPER RIVETS / //(	10 PC	Jo 70.00	
	REVERSE SENSOR CENTRE LH & RH	2 PC	410.00	
	REVERSE SENSOR RING / PC	4 PC	28.00	
	REAR BUMPER SUPPORT	1 PC	440.00	
	Recy Sumpe Tan Cover		10,145.00	
	in to low toker	Less 10%	1,014.50	9,130.5
	Constal Note			,
	Special Nett NUMBER PLATE	MANY IPC	35.00	
	0.1/2.0/2.2	110	35.00	35.00
			55.00	55.0
	LABOUR			
	TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	1 PC	40.00	
	TO REMOVE AND REINSTALL/REPLACE FRONT/REAR BUMPER	2 PC	120.00	60
	SENSORS.	210	120.00	0.0
	TO SPRAY ANTI-RUST COATING ON AFFECTED AREAS.	1 PC	60.00	30
	TO DISMANTLE ALL DAMAGED PARTS.TO KNOCK & REPAIR, REAR END PANEL. INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME.	1 PC	700.00	500
	TO SPRAY FRONT BUMPER, REAR BUMPRER, REAR END PANEL	1 PC	700.00	440
	IU SERAT ERONT DOMEER, REAR DUNIFRER, REAR END PANEL	ire	1,620.00	1,620.00

# AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047 TEL: 6483 1244 ( 4 lines ) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg GST:M9-0009639-E RCB NO:06470300B

M/S:

IDI QALIF BIN TAHA

**BLK 648 PUNGGOL CENTRAL** 

#06-382

SINGAPORE 820648

Estimate No:

MC1902271

Date:

11 Nov 2021

Policy No:

GA486579/1

Veh Reg No: Make/Model: SJS3879T

MERCEDES R280L

ATTN:

Your Ref No:

Claim Type: Accident Date: Third Party 11/11/2021

TP Veh Reg No:

**GBG7411R** 

Estimate Repair Cost to Vehicle No :SJS3879T

Description	Quantity List Price	Amount
Decemption	SS	<u>SS</u>
	Total	S\$ 10,785.50
	Add GST @ 7%	754.99
		S\$ 11,540.49

TOTAL: SINGAPORE DOLLAR ELEVEN THOUSAND FIVE HUNDRED FORTY AND CENTS FORTY NINE ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

Steve (LKK) WL AL 83218813 L/S MALM \$4djs

For AH LIM MOTOR COMPANY

AUTHORISED SIGNATURE

### OneMotoring

# PARF/COE Rebate for Registered Vehicle

## icle Owner Particulars

vner ID Type:

**Jwner ID:** 

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year: Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 11 Nov 2021

Singapore NRIC

355E

SJS3879T

Yes

11 Nov 2021

**MERCEDES BENZ** 

R280L

Black

2009

27294531086250

WDC2511542A098796

170.0 kW (227 bhp)

\$67,859.00

14 Aug 2009

14 Aug 2009

3

\$67,859.00

Forfeited

\$0.00

13 Aug 2029

B - Car (1601cc & above)

10

\$39,936.00

\$30,971.00

\$30,971.00

OK

2004 / AH LIM MOTOR COMPANY (MAIN) ATE & TIME: 11/11/2021 13:27 (SGT) JN: 1 (11/11/2021 13:27 (SGT))



# 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 Drivet
  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**

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/11/2021 13:27 (SGT) 11/11/2021 07:50 (SGT) PIE, Singapore PIE TWDS TOA PAYOH AFTER CTE EXIT Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJS3879T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No No

**IDI QALIF BIN TAHA** 

SXXXX355E

IDI3106@HOTMAIL.COM (Phone) +65-82187704 +65-82187704

VEHICLE PARTICULARS

Manufacturer Model

Variant

Mercedes R280L

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?

Vehicle Category Transmission

CC

Privata uso

No - Claiming third party

Private car Auto 2996

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

No

GA486579/1

DRIVER

Name of Driver NRIC No

**IDI QALIF BIN TAHA** SXXXX355E



Accident report SA1921BB0004

Page 1 of 19

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver

11/01/1973 Indoor 19/07/2002 19 YEARS AND 4 MONTHS Male

(Phone) +65-82187704 +65-82187704

IDI3106@HOTMAIL.COM

648 PUNGGOL CENTRAL #06-382 820648

Yes

No

#### GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Weather Conditions Road Surface Chain Collision Clear Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

### PASSENGER 1

Name

Gender

Name Gender PASSENGER 2

NORANISAH Female

**FEYAZE** 

Male

# DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

# REFER TO ATTACHED STATEMENT AND SKETCH

### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes Yes

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer

**GBG7411R** 

Accident report SA1921BB0004

Page 2 of 19

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLJ2347S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car 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)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category NA / Unknown 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)

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

 Vehicle Registration Number
 UNKNOWN

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 NA / Unknown

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage



# DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

# DETAILS OF OTHER VEHICLE PROPERTY 6

UNKNOWN Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour NA / Unknown Vehicle Category 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

#### 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 Oriver
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Funderstand, 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:
  - 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:
  - 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:

11/11/2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/11/2

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1	1. 4.50 Am	cation: PIE (Towards Ton Paget) offer (
ate of accident: ////	Vehicle By SLJ 23	YAI Vehicle C: 484 7111R
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grante prime		parties.
LANGI		$\rightarrow$
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On 11/11/21	movning & 7:50 am	at PIE (Towards Tog Payoh)
· 11. 175	which to cad () It	34+31 10 WOT + OF
ctopped.	1 managed to st	e) hit my car from I car to move forward
0 11001	a Van (6867411	R) but my car from
1000	which adulad mi	1 car to move forward
bening	which caused me	T22//20)
and hit 1	the front car (SL.	12347-1
Claim OD/Pat Ah	Lim Motor Claim OD/TP at	other workshop Reporting Only
My workshop : Email address :	d a copy of my efile accident report	to:
& myself : Email address : \Ai3	106 ahotmail.com	
	hat your insurer have 14 days timefr heck with your own insurer for mor	rame for you to submit own damage claim under e information.
CLARATION		
	ticulars are true in every respect.	
110	$11\sim$	Singapora 5880
10	V.	101 01 MIS FAX 6483 6170
cyholder's Signature e & Time.	Driver's Signature	Reporting Dentre Personnel's Signature
11.101	(If driver is not the policyholder) Date & Time: 1, / 1, / 2, /	Name: NRIC/FIN No.: