

Parts less 10% \$ 1,337.59
 Total \$ 12,038.35

No.	Special Nett Items	Qty	Amount S\$
1	Rear bumper clips	1set	\$ 100.00
2	End panel joint sealant	1	\$ 100.00
3	Rear windscreen glass sealant	1	\$ 100.00
4	Rear windscreen glass inner seal	1	\$ 80.00
5	Rear RH fender joint sealant	1	\$ 100.00
6	Rear RH fender inner trim clips	1set	\$ 80.00
7	Rear RH fender splash shield clips	1set	\$ 80.00
8	Bootlid RH sticker	1	\$ 180.00
9	Bootlid seal	1	\$ 100.00
Total:			\$ 920.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,500.00
2	Spray painting on affected areas and panels	\$ 1,400.00
3	Check wiring and lighting system on affected areas	\$ 100.00
4	Apply rust coating chemical on affected areas and panels	\$ 120.00
5	Remove and replace rear windscreen glass and sealants	\$ 300.00
6	Remove and instal roof lining, seats and carpet to assist repair	\$ 400.00
7	Remove and reinstall fuel tank, pipes, hoses and senso to assist repair	\$ 220.00
8	Remove and replace rear bumper reverse sensors and wire harness to assist repair	\$ 180.00
9	Remove and replace rear inner trims, garnish and boards to assist repair	\$ 280.00
Total:		\$ 4,500.00

Agreed Amount: _____ (Part by Part / Lump sum)
 Working days: _____

Spare Parts: \$ 12,038.35
 Special Nett: \$ 920.00
 Labour: \$ 4,500.00

Total Amount: \$ 17,458.35

- 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

Payable 9745244
As per survey after repair
payable @ lkkauto.com
To check consistency of accident
To check paint price.
4 days.

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:	043B
Vehicle Details	
Vehicle No.:	SNB7966R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Aug 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 AMG LINE AUTO
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	27091031838597
Chassis No.:	WDD1173422N760007
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,517.00
Original Registration Date:	19 Jul 2019
First Registration Date:	19 Jul 2019
Transfer Count:	1
Actual ARF Paid:	\$29,124.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jul 2029
PARF Rebate Amount:	\$21,843.00
Intended COE Rebate Details	
COE Expiry Date:	18 Jul 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,309.00
COE Rebate Amount:	\$18,281.00
Total Rebate Amount:	\$40,124.00

The information contained herein is correct as at 06 Aug 2022

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 Actual 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	08/08/2022 18:48 (SGT)
Reported by	Driver
Date of Accident	05/08/2022 22:19 (SGT)
Exact Location of Accident	Second Link Expy, Kampung Ladang, Gelang Patah, Johor, Malaysia
Additional Location Information	AFTER SINGAPORE CHECKPOINT
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB7966R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG KEE SENG
NRIC No	S0213043B
Email Address	JEROMEXNG@GMAIL.COM
Mobile Phone No	(Phone) +65-92387811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00078592200

DRIVER

Name of Driver	JEROME NG
NRIC No	T0209702D
Date Of Birth	06/04/2002

Occupation	Outdoor
Date Of Driving Pass	11/02/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97856461
Alt. Phone Number	-
Email Address	JEROMEXNG@GMAIL.COM
Address	BLK 505 BUKIT BATOK ST 52 #01-155
Address complement	-
Postcode	650502
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB8052G
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) -

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

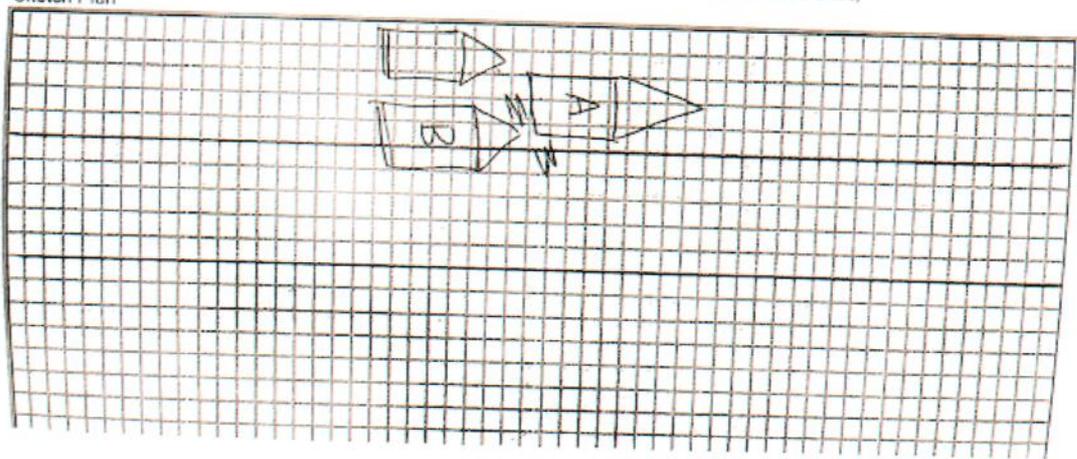
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



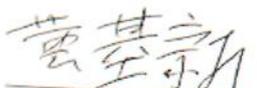


Describe Circumstance of the Accident

At the above date and time of accident I was driving along 2nd link just after Singapore tuas check point toward Malaysia as the traffic was very heavy and I come to a complete stop suddenly I felt a impact on my rear, i come off my car and know that a BMW SKB 8052 G had hit onto my rear portion of my car

Declaration

I/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


 Witnessed by Reporting Centre Personnel