



**Automotive Repair Centre Pte Ltd**

CO. Reg. No. : 201312913C

GST Reg. No. : 201312913C

**Estimate**

38 Woodlands Industrial Park E1

#05-18, Singapore 757700

Tel: 64688834 Fax: 64622278

E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2210-556

DATE : 12-Oct-2022

POLICY NO. :

VEHICLE REG. NO. : SJN4516K

VEHICLE MAKE : TOYOTA / WISH 1.8 A

COE expire 2028

TO Motor Claim Department

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way, #27-01 AXA Tower, Singapore 068811

Tel: 1800-880-4741

Fax: 6880 4740

FOR SURVEYOR

**ESTIMATE REPAIR COST**

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
<b>SPARE PARTS</b>				
1	Rear Bumper <i>de/</i>	1	\$ 780.00	\$ 780.00
2	Rear Bumper Retainer RH ?	1	\$ 100.00	\$ 100.00
3	Rear Bumper Retainer LH <i>X</i>	1	\$ 100.00	\$ 100.00
4	Rear Bumper Reflector RH ?	1	\$ 80.00	\$ 80.00
5	Rear Bumper Reflector LH <i>X</i>	1	\$ 80.00	\$ 80.00
6	Tail Lamp RH <i>cr/</i>	1	\$ 350.00	\$ 350.00
7	Tail Lamp LH <i>X</i>	1	\$ 350.00	\$ 350.00
8	Tailgate <i>bt/</i>	1	\$ 1,280.00	\$ 1,280.00
9	Tailgate Toyota Emblem <i>re/</i>	1	\$ 100.00	\$ 100.00
10	Tailgate Lock <i>X</i>	1	\$ 150.00	\$ 150.00
11	Tailgate Rubber Seal <i>re/</i>	1	\$ 160.00	\$ 160.00
12	Tailgate Chrome Garnish <i>X</i>	1	\$ 200.00	\$ 200.00
13	Tailgate Inner Trim <i>X</i>	1	\$ 300.00	\$ 300.00
14	Tailgate Inner Trim Handle Cover <i>X</i>	1	\$ 80.00	\$ 80.00
15	End Panel Garnish <i>de/</i>	1	\$ 280.00	\$ 280.00
16	End Panel <i>bt/ photo?</i>	1	\$ 480.00	\$ 480.00
17	Spare Tyre Panel <i>X</i>	1	\$ 880.00	\$ 880.00
18	Exhaust Pipe <i>X</i>	1	\$ 480.00	\$ 480.00
19	Rear Windscreen Moulding <i>re/</i>	4	\$ 40.00	\$ 160.00
Total Spare Parts				\$ 6,390.00
<b>SPECIAL NETT</b>				
20	Rear Windscreen Sealant <i>re/</i>	1	\$ 40.00	\$ 40.00
21	Rear License Plate <i>X</i>	1	\$ 40.00	\$ 40.00
22	Rear Bumper Clip <i>re/</i>	10	\$ 3.00	\$ 30.00
23	Reverse Sensor <i>Am Cr/</i>	1	\$ 200.00	\$ 200.00
Total Special Nett				\$ 310.00



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FOR SURVEYOR

**ESTIMATE REPAIR COST**

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	<b>LABOUR</b>			
24	Remove, Repair, Replace and Refit Affected Accident Area	1	\$ 800.00	\$ <del>800.00</del> 700
25	Spray Paint (Rear Bumper, Tailgate, End Panel, Spare Tyre Panel, Rear Fender RH, Rear Fender LH)	1	\$ 1,200.00	\$ <del>1,200.00</del> 1000
26	Transfer Tailgate Fitting, Window Mechanism to New Tailgate	1	\$ 80.00	\$ <del>80.00</del> 60
27	Remove and Replace Rear Windscreen	1	\$ 120.00	\$ 120.00 /
28	Remove and Refit Rear Bumper Sensor	1	\$ 80.00	\$ <del>80.00</del> 40
29	Remove, Refit, Realign Exhaust Pipe & Silencer	1	\$ 80.00	\$ 80.00 X
30	Apply Rust Proofing on Replaced/Repaired Panel	1	\$ 50.00	\$ 50.00 /
31	Check and Rectify Electrical Wiring	1	\$ 30.00	\$ 30.00 /

Estimate prepared by: KenGuan

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

Total Labour	\$ 2,440.00
Amount Before Excess	\$ 9,140.00
Add GST @ 7%	639.80
Total Amount Payable	\$ 9,779.80

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:

Rase  
Hp 90010068

7 days

4/5

13/10/22 @ 1700

Resurvey after repair

# 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	12/10/2022 17:46 (SGT)
Reported by	Driver
Date of Accident	12/10/2022 13:30 (SGT)
Exact Location of Accident	Near 208 Aljunied Road, Singapore 389828
Additional Location Information	ALONG PIE TOWARDS JURONG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4516K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEY FEI JOO
NRIC No	SXXXX566D
Email Address	LEECH2428@GMAIL.COM
Mobile Phone No	(Phone) +65-97557274
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

## INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11047822

## DRIVER

Name of Driver	LEE CHIANG HONG
NRIC No	SXXXX567B
Date Of Birth	30/05/1979
Occupation	Indoor

Date Of Driving Pass	04/03/2006
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84987353
Alt. Phone Number	-
Email Address	LEECH2428@GMAIL.COM
Address	BLK 58 WOODLANDS DR 16 #06-19
Address complement	-
Postcode	737897
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

#### PASSENGER 1

Name	ARVIN
Gender	Male

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND915Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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 2

Vehicle Registration Number	SG1068L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LEE CHANG HONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD PAIN
Injured person in which vehicle?	SJN4516K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	ARVIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST PAIN
Injured person in which vehicle?	SJN4516K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 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 repeal 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:

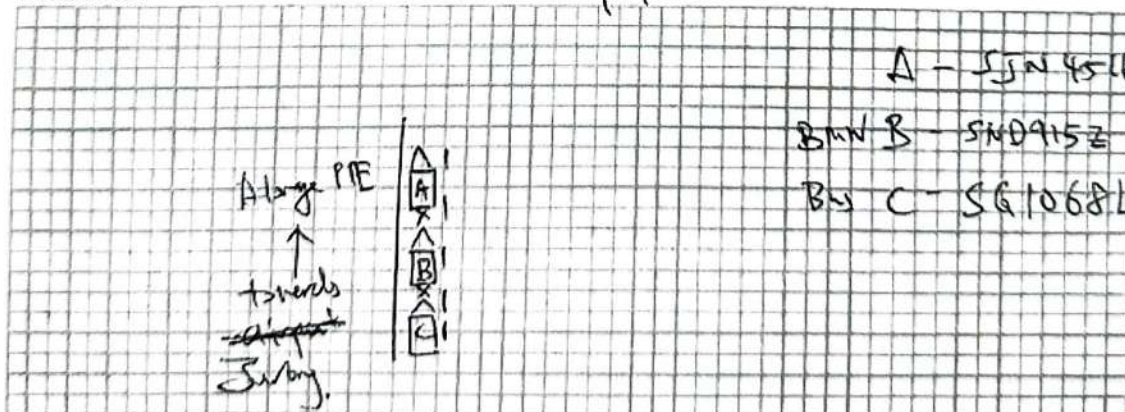
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

**Sketch Plan**



Describe Circumstance of the Accident

I was driving straight on the leftmost lane when  
car B collided into my rear. Bus C collided into  
car B.

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 Centre Personnel  
(Name as in NRIC/ID card)

12/1/22  
5.25pm

2



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Singapore NRIC

Owner ID: 566D

Vehicle No.: SJN4516K

Vehicle to be Exported: No

Intended Deregistration Date: 14 Oct 2022

Vehicle Make: TOYOTA

Vehicle Model: WISH 1.8 AUTO

Primary Colour: Blue

Manufacturing Year: 2009

Engine No.: 1773225283

Chassis No.: JTDER12W003001747

Maximum Power Output: 97.0 kW (130 bhp)

Open Market Value: \$18,803.00

Original Registration Date: 16 Feb 2009

First Registration Date: 16 Feb 2009

Transfer Count: 1

Actual ARF Paid: \$18,803.00

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

COE Expiry Date: 30 Nov 2028

COE Category: B - Car (1601cc & above)

COE Period (Years): 10

PQP Paid: \$32,121.00

COE Rebate Amount: \$19,683.00

Total Rebate Amount: \$19,683.00

The information contained herein is correct as at 14 Oct 2022

OK



# Toyota Wish 1.8A (COE till 01/2029)

**Overview**

Financial

Accessories

Similar

Research

Photos

Map



**Price**

**\$67,800**

**Depreciation** ⓘ

\$10,750 /yr

**Reg Date**

20-Feb-2009  
(6yrs 3mths 17days COE left)

**Mileage**

108,000 km (7.9k /yr)

**Manufactured** ⓘ

2009

**Road Tax** ⓘ

\$1,361 /yr

**Transmission**

Auto

**Dereg Value** ⓘ

\$19,754 as of today (change)

**OMV** ⓘ

\$18,803

**COE** ⓘ

\$31,335

**ARF** ⓘ

\$18,803

**Engine Cap**

1,794 cc

**Power**

97.0 kW (130 bhp)

**Curb Weight** ⓘ

1,310 kg

**No. of Owners** ⓘ

2