

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT
#01-49 SINGAPORE 415875
Tel: +65 64524457
Fax: +65 64524584

Chassis number: WDD1770872N002921

	\$	7,719.00
Parts less 10%	\$	771.90
Total:	\$	6,947.10

Total: \$ 7,385.00

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	\$ 300 1,300.00

2	Spray painting on affected areas and panels	\$ 450 1,000.00
3	Check wiring and lighting system on affected areas	\$ X 80.00
4	Apply rust coating chemical on affected areas and panels	\$ 30 60.00
5	Test drive and adjust wheel alignment system	\$ 80 180.00
6	Remove and replace front undercarriage parts to assist repair	\$ 450 450.00
7	Remove and replace front bumper parking sensors (6 sensors)	\$ 30 180.00
Total:		\$ 1,950.00

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

Spare Parts: \$ 6,947.10
Special Nett: \$ 7,385.00
Labour: \$ 1,950.00

Total Amount: \$ 16,282.10

Tanpin 97495749/62563561
wp 4/7/23c 1110 am
4/5 hours before paint
- To check part prices
- To check consistency of accident
3 days
tanpin@khand.com

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 934K

Vehicle Details

Vehicle No.: SNK8558G

Vehicle to be Exported: Yes

Intended Deregistration Date: 30 Jun 2023

Vehicle Make: MERCEDES BENZ

Vehicle Model: A200 SPORT PREMIUM+ HATCHBACK

Primary Colour: White

Manufacturing Year: 2018

Engine No.: 28291480002334

Chassis No.: WDD1770872N002821

Maximum Power Output: 120.0 kW (160 bhp)

Open Market Value: \$32,617.00

Original Registration Date: 13 Apr 2022

First Registration Date: 13 Apr 2022

Transfer Count: 0

Actual ARF Paid: \$37,664.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 12 Apr 2032

PARF Rebate Amount: \$28,248.00

Intended COE Rebate Details

COE Expiry Date: 12 Apr 2032

COE Category: 2 - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$94,889.00

COE Rebate Amount: \$75,911.00

Total Rebate Amount: \$104,159.00

The information contained herein is correct as at 30 Jun 2023

OK

Date of Accident : 30/06/23 Accident Time: 0640 (24-HR-FORMAT)
 Accident Place : Petir Road towards Day Farm Rd before Pandey Rd
 Vehicle Reg. No (Car plate No.) : SNK 8558 G CC: 1300 Vehicle Make/Model: Mercedes-Benz A200
 Insurance Company : Lifelong Policy No. SD23405245 / VPZ / R00
 Name of Registered Owner : Company / Individual Xquisite Productions
 ID of Registered Owner : Co Reg No: 53380934K Owner's NRIC No: —
 OWNER EMAIL ADDRESS: CHRIS@XQUISITE.SG Co Contact No: — Owner's Contact No: —
 DRIVER'S Name : Toh Su Hui DRIVER'S NRIC No: 59311935E
 DRIVER'S Date of Birth : 13/04/1993 DRIVER'S License Pass Date 17/02/2012
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
 DRIVER'S Address : 181 Telok Road #07-04
 DRIVER'S Contact No./ Alt No. : 1) 9800 4543 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : —
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 2 Name & Gender: Neo Shimin, Verena (Female)
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) Neo Shimin, Verena
Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SG3077Y</u>	Vehicle Reg No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name DRIVER: <u>—</u>	Name DRIVER: <u>—</u>
IC No. DRIVER: <u>—</u>	IC No. DRIVER: <u>—</u>
DRIVER'S Contact & add: <u>—</u>	DRIVER'S Contact & add: <u>—</u>

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: —
 WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



扫描全能王 创建

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 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;

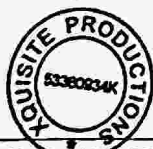
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

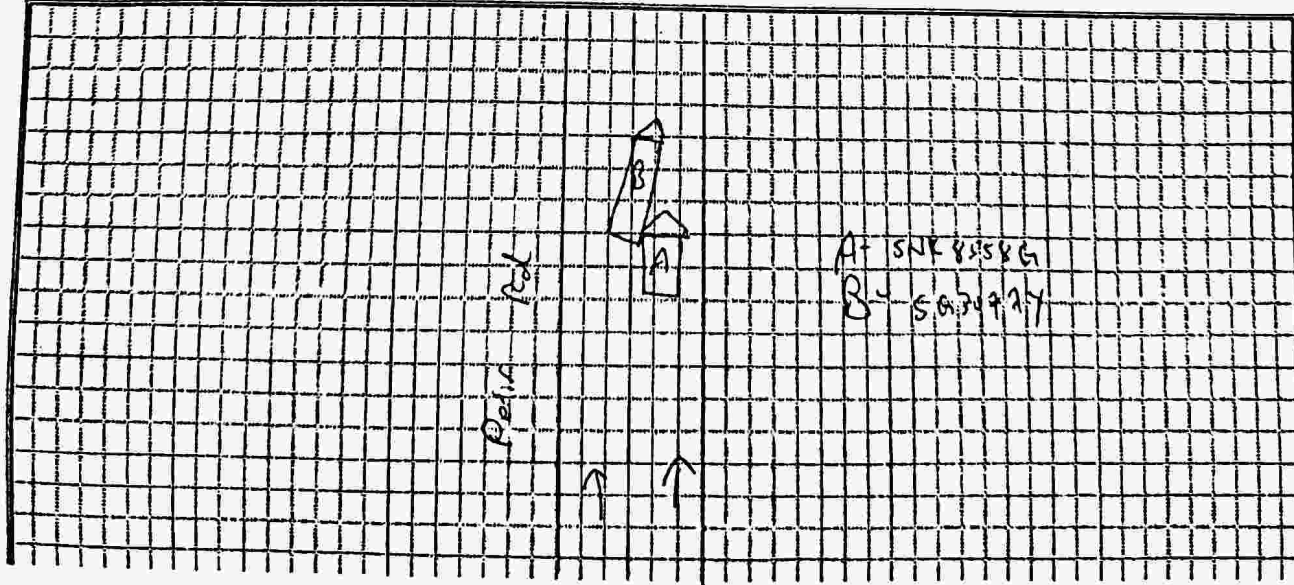


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Describe Circumstance of the Accident

On the stated date and time, I was travelling along Peer
 Road towards Dairy Farm Rd before pending rd. While
 travelling along the right lane ~~was~~ going straight, vehicle
 B changed onto my lane ~~without~~ ~~due~~ carelessly colliding
 onto my left front portion of my vehicle,

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