





AP AUTOMOTIVE SERVICES PTE LTD  
ROC / GST REG NO : 202022890H  
BLOCK 9006  
TAMPINES STREET 93 #01-202  
SINGAPORE 528840  
TEL: 6784 4465  
FAX: 6787 4886

LPR 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

## Estimation

Date 4/7/2023  
Vehicle SFB 8866J  
Make/Model BMW 730LI  
Chassis No. WBA7T02090CF71875

Acknowledged by Repairer

Signature:

Description

Unit

Unit Price

Amount

No.	Description	Unit	Unit Price	Amount
	Parts Replacement			
1	REAR BUMPER	1	\$ 2,250.80	\$ 2,250.80
2	REAR BUMPER REFLECTOR	2	\$ 52.60	\$ 105.20
3	REAR BUMPER REINFORCEMENT	1	\$ 689.20	\$ 689.20
4	REAR REINFORCEMENT CENTRE GARNISH	1	\$ 378.40	\$ 378.40
5	REAR BUMPER BOTTOM SIDE CHROME GRANISH LH	1	\$ 289.60	\$ 289.60
6	REAR BUMPER SIDE BRACKET	1	\$ 219.50	\$ 219.50
7	REAR END PANEL	1	\$ 597.60	\$ 597.60
8	REAR END PANEL TOP GARNISH	1	\$ 157.55	\$ 157.55
				\$ 4,687.85
			Less 5%	\$ 234.39
			<b>Total</b>	<b>\$ 4,453.46</b>

## S/Nett Items

No.	Description	Unit	Unit Price	Amount
1	REAR NUMBER PLATE	1	\$ 50.00	\$ 50.00
2	REAR BUMPER CLIP (SET)	1	\$ 80.00	\$ 80.00
3	REVERSE SENSOR (SET)	1	\$ 350.00	\$ 350.00
			<b>Total</b>	<b>\$ 480.00</b>

## LABOUR

No.	Description	Unit	Unit Price	Amount
1	SPRAY PAINT ON AFFECTED AREAS	1	\$ 1,000.00	\$ 1,000.00
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00
3	TO CHECK WIRING	1	\$ 80.00	\$ 80.00
4	TO CHECK WATER LEAK	1	\$ 80.00	\$ 80.00
5	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	\$ 280.00	\$ 280.00
6	TO CHECK WHEEL ALIGNMENT	1	\$ 350.00	\$ 350.00
7	TO PERFORM RUST PROOFING	1	\$ 250.00	\$ 250.00
9	TO RNR REVERSE SENSOR & DISTANCE SETTING	1	\$ 120.00	\$ 120.00
			<b>Total</b>	<b>\$ 2,960.00</b>

Parts Replacement Amount	\$ 4,933.46
Total Amount For Labour	\$ 2,960.00
<b>Total Amount</b>	<b>\$ 7,893.46</b>

Tampines 97495749  
WP 5/7/23 @ 430pm  
L/S Resurvey after repair - 2 days  
Tampines & Thiruvananthapuram  
- To check consistency of accident  
- To check part prices

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 713I

### Vehicle Details

Vehicle No.: SFB8866J

Vehicle to be Exported: No

Intended Deregistration Date: 17 Jul 2023

Vehicle Make: B.M.W.

Vehicle Model: 730LI SR ADAPTIVE LED HL RCP HUD NAV

Primary Colour: Black

Manufacturing Year: 2020

Engine No.: 19636215B48B20B

Chassis No.: WBA7T02090CF71875

Maximum Power Output: 195.0 kW (261 bhp)

Open Market Value: \$89,894.00

Original Registration Date: 26 Feb 2021

First Registration Date: 26 Feb 2021

Transfer Count: 2

Actual ARF Paid: \$133,810.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 25 Feb 2031

PARF Rebate Amount: \$100,357.00

### Intended COE Rebate Details

COE Expiry Date: 25 Feb 2031

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

COE Period(Years): 10

QP Paid: \$50,100.00

COE Rebate Amount: \$38,111.00

**Total Rebate Amount: \$138,468.00**

The information contained herein is correct as at 03 Jul 2023

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	03/07/2023 09:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/06/2023 18:30 (SGT)
Exact Location of Accident	Loyang, Singapore
Additional Location Information	36 LOYANG VIEW
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB8866J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH CHIN GUAN
NRIC No	S7330713I
Email Address	CGKOH8866@GMAIL.COM
Mobile Phone No	(Phone) +65-82928866
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	730li
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	2000

## INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA030159

## DRIVER

Name of Driver	KOH CHIN GUAN
NRIC No	S7330713I
Date Of Birth	15/08/1973
Occupation	Indoor

Date Of Driving Pass	21/03/1996
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82928866
Alt. Phone Number	-
Email Address	CGKOH8866@GMAIL.COM
Address	36 LOYANG VIEW
Address complement	-
Postcode	507234
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLZ8656B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
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)	-

Accident Information

1 Date of Accident : 30/6/23 Time(base on 24hrs): 18:30hrs  
 2 Location : 36 Loyang View (S) 507234  
 3 Weather condition : Clear / Rain Road Surface : Dry / Wet  
 4 Claiming under : Own Damage \_\_\_\_\_ Third Party \_\_\_\_\_ Reporting Only \_\_\_\_\_  
 5 Injuries : Yes / No Type Of Collision : \_\_\_\_\_  
 6 Witness Name / Hp : \_\_\_\_\_  
 7 Police Report : Yes / No Which Station : \_\_\_\_\_

VEHICLE A

Vehicle No : SFB8866J Model : Bmw 730  
 Policy Holder Name : Koh Chin Guan  
 Policy I/C No. : ST330T13I Contact: 82928866  
 Policy Address : 36 Loyang View (S) 507234  
 Policy No. : MA030159 Cover : Comp / 3<sup>rd</sup> pty / Fire n Theft  
 Insurance Company: etiga No Of Pax \_\_\_\_\_ (including Driver)  
 1) \_\_\_\_\_ Sex( Male / Female)  
 2) \_\_\_\_\_ Sex(Male / Female)

Driver Particulars

Name : Koh Chin Guan NIRC ST330T13I DOB: 15/08/1973  
 Address : 36 Loyang View (S) 507234  
 Pass Date: \_\_\_\_\_ Gender : Male / Female Occupation: Indoor / Outdoor  
 Contact : HP 82928866 Office \_\_\_\_\_ Home \_\_\_\_\_  
 Email cgrch8866@gmail.com Relationship: Spouse/Children/Friend/Relative  
Employee/ Hirer/Parent/Sibling

VEHICLE B : SLZ8656B Model: \_\_\_\_\_ Insurance : \_\_\_\_\_  
 Driver Name : \_\_\_\_\_ I/C No. : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_

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## Insurance

INTERVIEW FORM

Name (Driver) : 471 Chin Guan

Policy No : MA 030159

Vehicle No : SFB8866J

Place of Accident : 36 Loyang View (S) 507234

Insured Driver's relationship with Insured : Self

Drink Driving of Insured and/or Insured Driver : -

No of passenger(s) in Insured vehicle : No

Injury to Insured and/or Insured driver, please indicate which hospital:  
No

Third Party Vehicle No (if any) : SLZ8656B

No of passenger(s) in Third Party Vehicle : -

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
-

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
-

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
-

Traffic Police report (enclosed) : (Yes) / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Eshim Ghan W/L  
 Driver (Name & Signature) / Date 3/7/23  
 I, affirmed the above information is given to  
 my best knowledge

Attended by (Name & Signature) / Date

Workshop Name: \_\_\_\_\_

Edgo Insurance Pte Ltd  
One Raffles Quay  
#22 01 North Tower  
Singapore 048583

T +65 63360477  
F +65 63392102

www.eilga.com.sg  
180-277-888 Fax: (65) 6399-8888

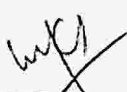
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# SKETCH PLAN

## 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 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. 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.
7. 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) 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.
  - (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:
    - (i) 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:

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder) Date  
 & Time:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

### SKETCH PLAN

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

See attached police report

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At NPH

Claim OD / TP Own W/shop

Reporting Only

### 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  
& Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



G/20230630/7091

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20230630/7091

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 30/06/2023 23:03	Vide Report No.	Station Diary No.
Name Of Informant KOH CHIN GUAN	Address 36 LOYANG VIEW SINGAPORE 507234	
ID Type / ID No. NRIC NO / S73307131	Contact No. Home/Office:	Mobile: 82928866
Nationality SINGAPORE CITIZEN	Email Address CGKOH8866@GMAIL.COM	
Occupation Company director	Sex Male	Age 49
Institution/School Name	Date of Birth 15/08/1973	Race Chinese
	Language English	
Date/Time Of Incident 30/06/2023 18:30 - 30/06/2023 18:35	Location Of Incident 36 LOYANG VIEW SINGAPORE 507234	

**Brief details.**

My car (BMW 730L/ Car plate number: SFB8866J ) was parked outside my house (Address: 36 Loyang View Singapore 507234).

At 6:30pm on Friday 30 June 2023, another car (car plate number: SLZ8656B) drove by driver (Tan Soon Seng, IC number: S1167427E, HP: 91089668) hit my parked car, damaging my rear left bumper.

I was not at home when this incident happened.

The driver had left a note.

My neighbours have witnessed the incident.

The purpose of this report is to keep a record of the incident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2023 23:03
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230630/7091

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230630/7091

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Tan Soon Seng		
ID Type	NRIC NO	ID No	S1167427E
Gender	Male	Age	68
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	221 Tampines Street 24 #07-46 SINGAPORE 521221
Home/Office No	91089668		
<b>Victim</b>			
Person Name	KOH CHIN GUAN		
ID Type	NRIC NO	ID No	S7330713I
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Company director	Address	36 LOYANG VIEW SINGAPORE 507234
Mobile No	82928866	Is Informant A	Yes
		Victim?	
Person Name	KOH CHIN GUAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2023 23:03
Officer In-Charge Of Case:	Classification Of Case: