

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park,  
Singapore 408933  
TEL: 6256 3561 FAX: 6256 4315  
Reg. No: 199607198R GST Reg. No.  
19-9607198-R

**Tax Invoice**

STRIDES PREMIER AUTOMOTIVE SERVICES PL.  
60 WOODLANDS INDUSTRIAL PARK E4  
SINGAPORE 757705

INV No. : SAC2400529

INV Date : 05-09-2024

Reference CS/SMR24080011/Aqp3

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SKA 1357D

Insured Veh. SHF 65L

Claim No. TAX/07/24/2106

Policy No.

Accident Date 30/07/2024

Inspection Date 01/08/2024

Description	Amount
Survey Inspection	128.00
Resurvey Inspection	0.00
Digital Photographs	0.00
Transportation	0.00
Sub-Total	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your earliest convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

**LKK Auto Consultants Pte Ltd**

**KHM**

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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24080011/Aqp3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	05/09/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHF 65L	Veh. Inspected	SKA 1357D
Policy No.	-	Coverage	0
Claim No.	TAX/07/24/2106	Excess	\$0.00
Assign From	HUA YEN	Assign Date	01/08/2024

### 2. Vehicle Details

Make & Model	HYUNDAI AVANTE	C.C	1591
Engine No.	G4FCAU852119	Year of Reg.	24/01/2011
Chassis No.	KMH DU41BMAU024162	Colour	BLACK
Odometer	130115 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	205/50 R16	BLACKHAWK	6
L/H Front Tyre	205/50 R16	BLACKHAWK	6
R/H Rear Tyre	205/50 R16	BLACKHAWK	6
L/H Rear Tyre	205/50 R16	BLACKHAWK	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	30/07/2024	Inspection Date	01/08/2024
Survey held at	AUTO UNITED SG PTE LTD 13 KAKI BUKIT ROAD 4, #03-29, BARTLEY BIZ CENTRE, SINGAPORE 417807		

### 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.  
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 6 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SKA 1357D

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BOOTLID	DENTED	\$1,527.63	\$985.00
1	REAR BOOTLID LOCK	NOT NECESSARY	\$371.25	\$0.00
1	REAR BOOTLID LOCK CATCH	NOT NECESSARY	\$62.32	\$0.00
2	REAR BOOTLID HINGE L&R @\$115.68	NOT NECESSARY	\$231.36	\$0.00
1	REAR BOOTLID WEATHERSTRIP	NOT NECESSARY	\$197.65	\$0.00
1	REAR BOOT "AVANTE" EMBLEM	NECESSARY	\$94.71	\$94.71
1	REAR BOOT "S" EMBLEM	NECESSARY	\$86.14	\$86.14
1	REAR BOOTLID INNER TRIM	NOT NECESSARY	\$361.24	\$0.00
2	REAR BOOTLID LAMP L&R @\$487.92	N/S CUT	\$975.84	\$248.00
2	REAR BUMPER NUMBER PLATE LAMP L&R @\$64.21	NOT NECESSARY	\$128.42	\$0.00
1	REAR BUMPER	DEFORMED	\$1,051.42	\$495.00
2	REAR BUMPER SIDE RETAINER L&R @\$97.28	NOT NECESSARY	\$194.56	\$0.00
2	REAR BUMPER BRACKET L&R @\$67.16	DAMAGED	\$134.32	\$134.32
1	REAR BUMPER INNER SPONGE	CRACKED	\$265.85	\$145.00
1	REAR REINFORCEMENT	DISTORTED	\$284.61	\$284.61
2	REAR REINFORCEMENT BRACKET L&R @\$167.43	N/S DENTED	\$334.86	\$98.00
1	REAR END PANEL	DENTED	\$852.57	\$528.00
1	REAR END PANEL TOP GARNISH	DEFORMED	\$293.51	\$180.00
2	REAR TAILLAMP L&R @\$694.51	NOT NECESSARY	\$1,389.02	\$0.00
	<b>LESS 20.00% DISCOUNT</b>		(\$1,767.46)	(\$655.76)
			\$7,069.82	\$2,623.02

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR REVERSE SENSOR (SN)	DAMAGED	\$280.00	\$200.00
1	REAR CAR PLATE WITH FRAME (SN)	NOT NECESSARY	\$70.00	\$0.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	\$100.00	\$60.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	\$80.00	\$20.00
1	REAR BUMPER CLIPS (SN)	NECESSARY	\$80.00	\$30.00
1	REAR BUMPER SPOILER (SN)	CRACKED	\$1,000.00	\$500.00
			\$1,610.00	\$810.00



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TEL: 6256 3561 FAX: 6256 4315  
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19-9607198-R

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO PANEL BEATING, REMOVE AND REFIT PARTS	NOT NECESSARY	\$800.00	\$600.00
	TO PUTTY & RESPRAY PAINTING TO AFFECTED AREA		\$700.00	\$700.00
	TO CHECK & RECTIFY WIRING		\$100.00	\$30.00
	TO REMOVE UPHOLSTERY		\$150.00	\$60.00
	TO TRANSFER TAILGATE MECHANISM & FITTINGS		\$150.00	\$60.00
	TO REMOVE REVERSE SENSOR		\$100.00	\$50.00
	TO REMOVE REAR CAMERA		\$270.00	\$0.00
				\$2,270.00
GRAND TOTAL			\$10,949.82	\$4,933.02
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$3,900.00	
Report Ref No: CS/SMR24080011/Aqp3				

**LWP**

ADRIAN LING WAI PING

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of reposibility whatsoever, in contact or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

# 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 First Submission .....	31/07/2024 12:46 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	30/07/2024 20:45 (SGT)
Exact Location of Accident .....	Clementi Ave 6, Singapore
Additional Location Information .....	BEFORE PIE (TUAS) EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKA1357D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIE MING JEONG
NRIC No .....	SXXXX244F
Email Address .....	MN-SIEMJ@YAHOO.COM.AU
Mobile Phone No .....	(Phone) +65-92482108
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	-

### DRIVER

Name of Driver .....	SIE MING JEONG
NRIC No .....	SXXXX244F
Date Of Birth .....	19/08/1965
Occupation .....	Indoor

Driving Pass Date .....	11/08/1994
Driving experience .....	29 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92482108
Alt. Phone Number .....	-
Email Address .....	MN-SIEMJ@YAHOO.COM.AU
Address .....	BLK 489C CHOA CHU KANG AVE 5
Address complement .....	#12-229
Postcode .....	683489
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 .....	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) .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH

#### 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 .....	SHF65L
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 2

Vehicle Registration Number .....	SKX6223C
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1




Name of injured person .....	SIE MING JEONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SKA1357D
Were seat belts worn? .....	-
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 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 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' law yers/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' law yers/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 law yers/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
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## **Sketch Plan**

	<p>A: SKA 1357 D</p> <p>B: SHF 65L</p> <p>C: SKX 6223 C</p> <p>Clementi Ave 6 Before PIE (TUAS) Exit.</p>
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## Describe Circumstances of the Accident

Refer To Police Report. (T/20240730/7150)

## 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



**SINGAPORE  
POLICE FORCE**



T/20240730/7150

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20240730/7150

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2024 22:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIE MING JEONG			Address: 489c CHOA CHU KANG AVE 5 #12-229 HDB SINGAPORE 683489		
ID Type / ID No.: NRIC NO / S2617244F			Contact No.: Home/Office: Mobile: 92482108		
Nationality: SINGAPORE CITIZEN			Email: mn_siemj@yahoo.com.au		
Sex: Male	Age: 58	Date of Birth: 19/08/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Nurse			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident:</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2024 21:00	Type of Location: Straight Road
Location:  CLEMENTI LOOP				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF65L	Motor car	TOYOTA	Prius			0
SKA1357D	Motor car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Black	Seriously Damaged	0
SKX6223C	Motor car	VOLVO				0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20240730/7150

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4  
Report No. T/20240730/7150

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKA1357D	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2009515949	25/01/2024	24/01/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GAN CHWEE CHYE		ID No.	S0088240B
Related Vehicle	SHF65L (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL

Driver				
Name	SIE MING JEONG	ID No.	S2617244F	
Related Vehicle	SKA1357D (Motor car)	Contact No.	92482108	
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	30/07/2024	Date Discharge	30/07/2024	
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious	

Driver				
Name	TAN MEI JIE EUNICE	ID No.	S9423643F	
Related Vehicle	SKX6223C (Motor car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL	



**SINGAPORE  
POLICE FORCE**



T/20240730/7150

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20240730/7150

CONTINUATION OF REPORT

**Brief Details.**

ON THE ABOVE STATED TIME AND DATE I WAS DRIVING MY CAR SKA1357D TRAVELLING ALONG CLEMENTI AVE 6 TOWARDS PIE TUAS. WHEN I SAW THE CAR INFRONT OF ME HAD STOP, I CAME TO A STOP AS WELL. SUDDENLY I FELT A HUGE IMPACT CAME FROM THE REAR OF MY VEHICLE. I WENT DOWN AND REALISED THAT VEHICLE SHF65L HAD COLLIDED ONTO MY VEHICLE. THERE WAS A 3RD VEHICLE INVOLVED AS WELL. THE 3RD VEHICLE SKX6223C. I WAS INJURED AND WENT TO CONSULT A DOCTOR AT UNIHEALTH CLINIC AT TOA PAYOH. I WAS AWARDED 3 DAYS MC



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408965  
Tel No: 65470000



T/20240730/7150

4 of 4

Report No. T/20240730/7150

CONTINUATION OF REPORT

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: 30/07/2024 22:35
Officer In Charge Of Case:	Classification Of Case:

NP168





Allianz Insurance Singapore Pte. Ltd.

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1999 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1980  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Certificate Number : SP2009515949-01  
 Date of Issue : 25 January 2024  
 Coverage : Comprehensive  
 Policyholder : SIE MING JEONG  
 Period of Insurance : 25 January 2024 to 24 January 2025 (both dates inclusive)  
 Registration No. : SKA1357D  
 Chassis number of Vehicle : KMH0U41BMAU024162

### Persons or Classes of Persons Entitled to Drive\*:

- (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.

*\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

### Limitation as to Use\*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

### The Policy does not cover:

- (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purposes in connection with the Motor Trade

*\*Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

25 January 2024  
 Issued Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000464 ASSURE (SINGAPORE) PTE LTD  
 Excess : Own Damage : SGD 500.00  
 : Windscreen Damage : SGD 100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C  
 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3368 | Website: www.allianz.sg

**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**



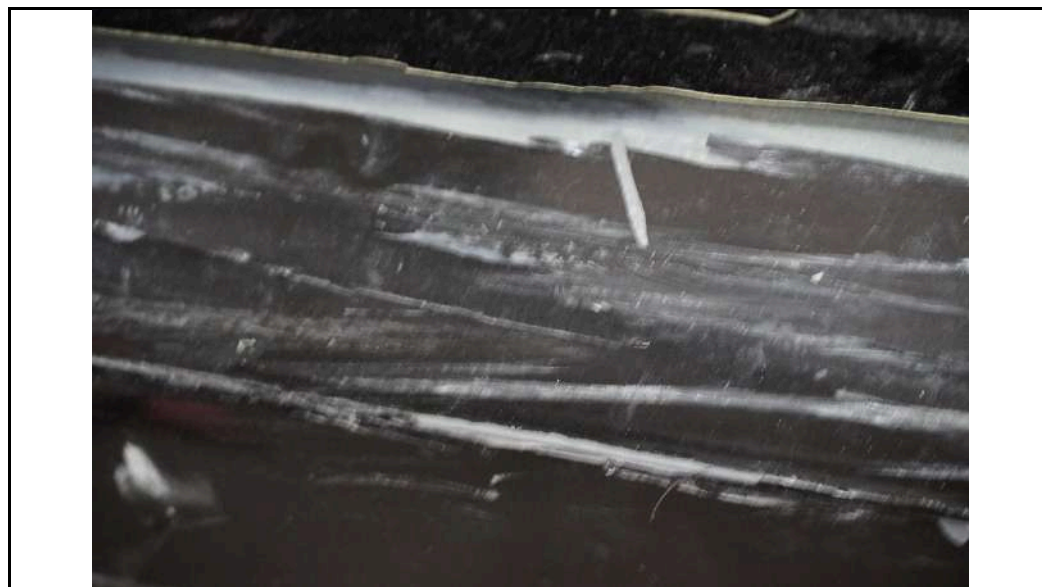


**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**





**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**





**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**





**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**

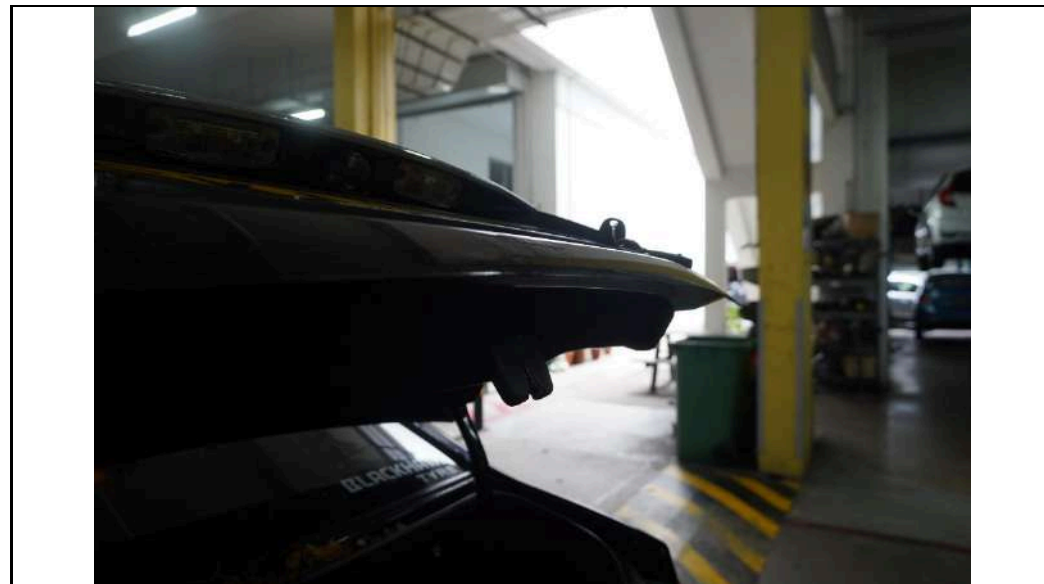


**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**





**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**

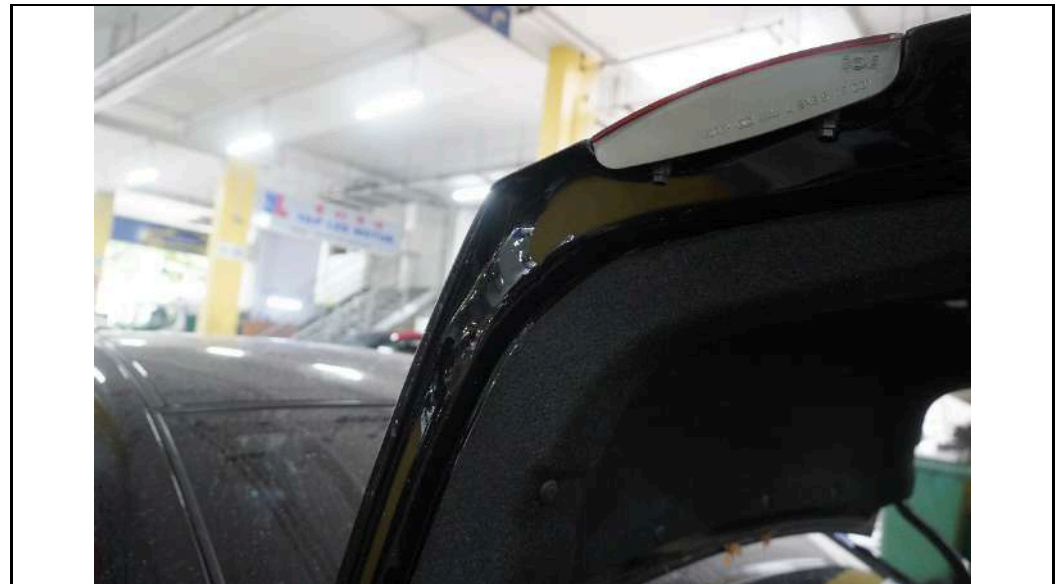


**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**





**PHOTOGRAPHS FOR VEHICLE NO. : SKA 1357D**



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