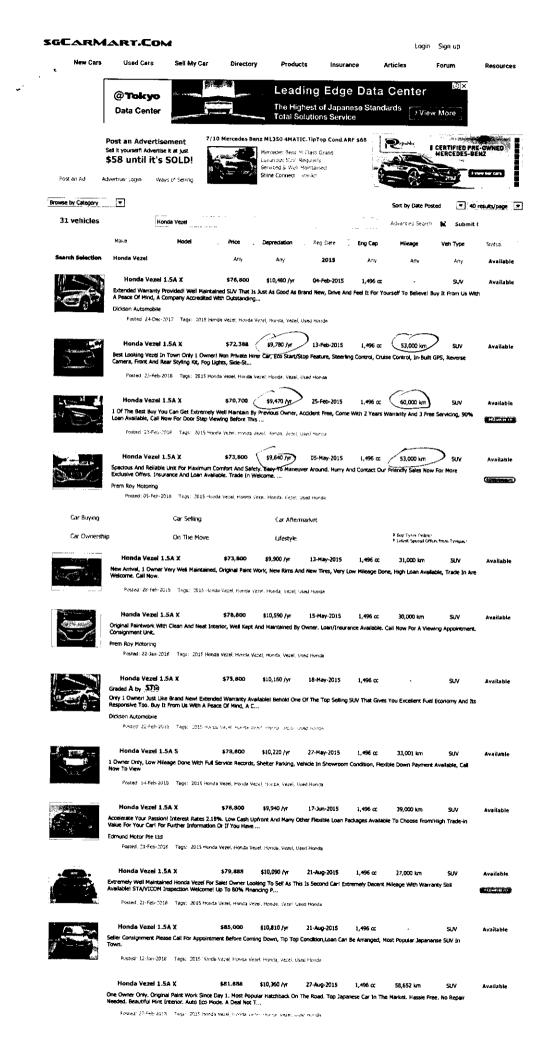
Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type: Singapore NRIC Owner ID: 6237F Vehicle Details Vehicle No.: 1 star ar SKU6519R Vehicle to be Exported: No Intended De-registration Date: 01 Mar 2018 Vehicle Make: HONDA Vehicle Model: **VEZEL 1.5X AUTO Primary Colour:** Blue Manufacturing Year: 2015 Engine No.: L15B4020910 Chassis No.: RU11100892 March X #868 / Mar ? Maximum Power Output: 96.0 kW (128 bhp) \$ 79075 + \$3974 Open Market Value: \$17,984.00 Original Registration Date: 06 Aug 2015 P20580 First Registration Date: 06 Aug 2015 Transfer Count: \$7,984.00 X 50 90 Actual ARF Paid: = # 3974 Intended PARF Rebate Details # 63 049 £75.000 - # 47499 PARF Eligibility: Yes PARF Eligibility Expiry Date: 05 Aug 2025 PARF Rebate Amount: \$5,988.00 Intended COE Rebate Details D 2 5 2 5 P COE Expiry Date: 05 Aug 2025 COE Category: A - Car up to 1600cc & 97kW (130bhp) COE Period(Years): 10 QP Paid: \$55.889.00 COE Rebate Amount: \$41,511.00 **Total Rebate Amount:** \$47,499.00

The information contained herein is correct as at 01 Mar 2018

* N.J -> # 83-49 * N.J -> # 35550





•	3	

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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Report	02/01/2018 17:31
Date Of Accident	31/12/2017 20:00
Exact Location Of Accident	JUNTION OF CCK WAY BEFORE ENTERING KJE(PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OW	N VEHICLE
 	

Vehicle Registration Number SKU6519R

Insured/Policyholder

Name Of Registered Owner BEN PANG LIANG FU

NRIC No \$8706237F

Email Address DRIFTD@GMAIL.COM

Mobile Phone No (LOCAL) +65-98807770

Alternative Phone No OFFICE-98807770

Vehicle Particulars

Manufacturer HONDA

Model VEZEL 1.5X AUTO

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

一、12. g () 14. g () 14.

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company:

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA055537

Cover Note Number 06/08/2017-05/08/2018

Driver:

Name of Driver BEN PANG LIANG FU

NRIC No S8706237F
Date Of Birth 24/02/1987
Occupation INDOOR
Date Of Driving Pass 18/09/2012

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98807770

Fax Number

Contact Number OFFICE-98807770

EMail Address DRIFTD@GMAIL.COM

Address

636 CHOA CHUA KANG NORTH 6

05-263

Postcode

680636

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

Road Surface

WET

NO

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME: GENDER:

PAINIAR:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFK1386B

Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JASON LEE

NRIC/Passport Number

Contact Number

97897968

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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.
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- 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

(f. 18M) Segeris in profinery 1. 3

Date & Time:

020118

16 45

11

(If driver is not the policyholder)

Date & Time:

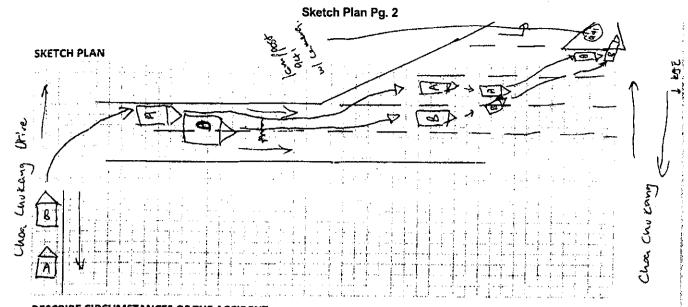
Driver's Signature

020118

1845

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



friend's house in residence th Yewter. aloug KSE(PIE(TUAS)), vehicle, SFK Toyota at about 40-GOKNIN. As treve 1 treu to no avail. left before entering changing lones other volutell when the other vehicle front wholl. After he hit me, avoid futuer collision. He wather he was trying The pedestrian Inction . veride was right in front of me avea. You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>Fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurance.

	Reporting Only
	Claim OD
	Chaim TP
V	Claim OD / P ex other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

1645 020118

GIARMO SketchPlanForm_V3

Oriver's Signature

(if driver is not the policyholder)

Date & Time:

020118

Reporting Dentre Personnel's Signature
Name: Naple: Sulely,

2

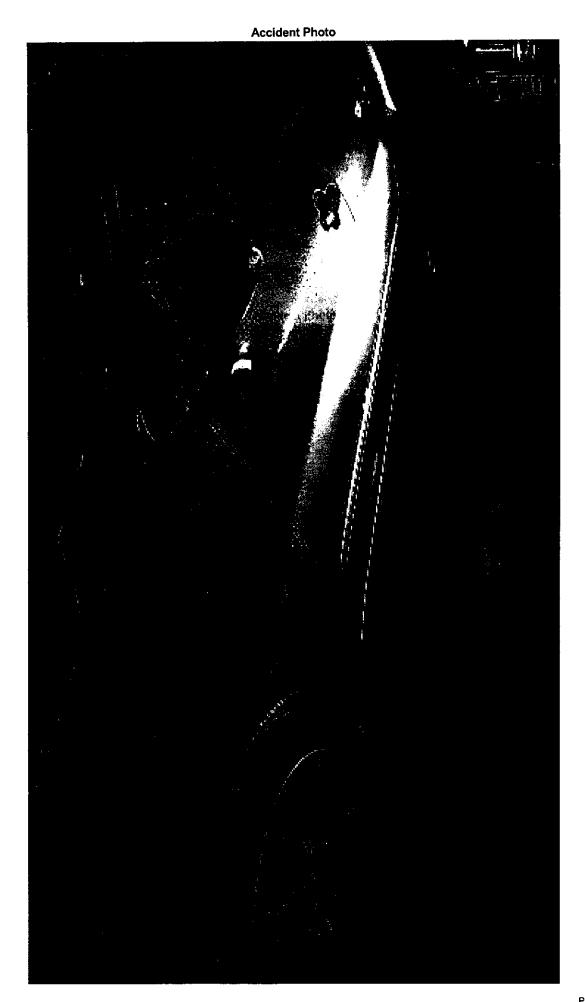
AXA FORM

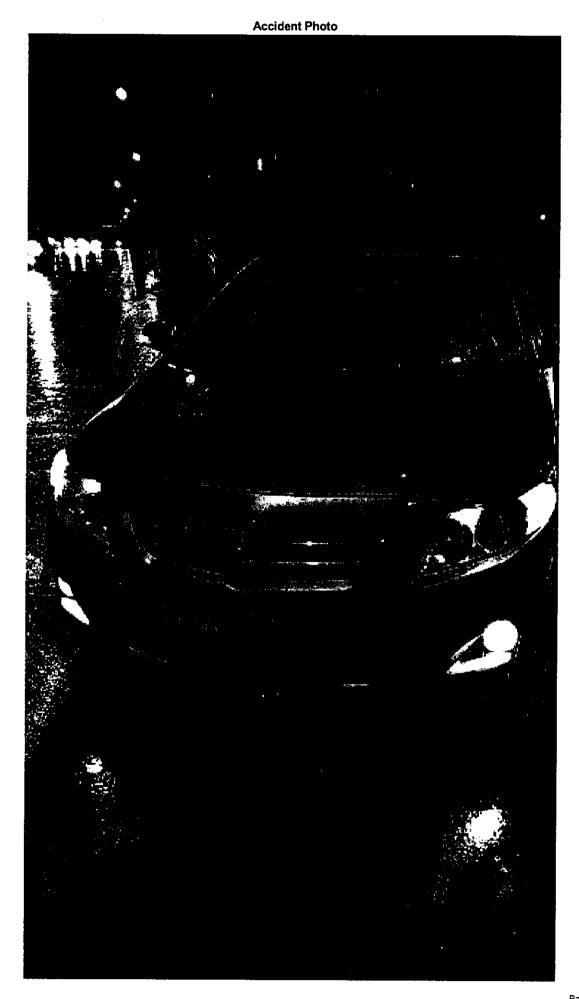
AYA	rodefining / insurance
Date: _	2/01/2016
To: Ow	ner of Vehicle Number: SKU65192
	lowing has been advised to you via your workshop, through their
Please	tick the applicable box if you had been advice on the content as seen below:
م مر	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
(is)	You had been advised by the workshop on the liability and merits of the case accordingly.
(/)	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
H	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
Yı	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
Y)	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
1	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
X	For vehicles below Three (3) years old, your insurance Company will use only genuine original parts to repair your vehicle.
	For vehicles above Three (3) years old, your insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
Xi	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
X	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
\J	others Claim 3rd party a other working
igned a	nd acknowledge by:
1	Loto-
iame a	and signature of policy holder/authorised driver
lame a	if signature of workshop personnel including company stamp

Accident Photo

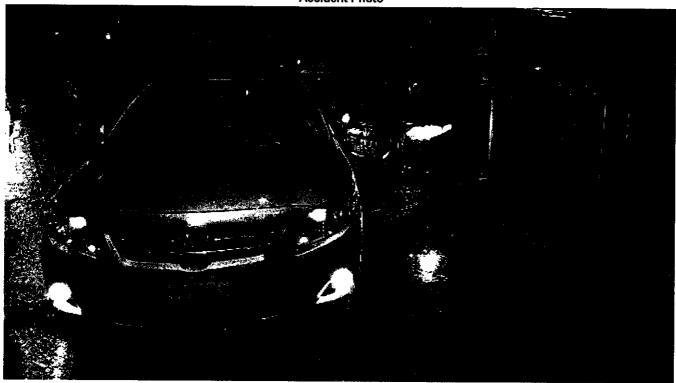






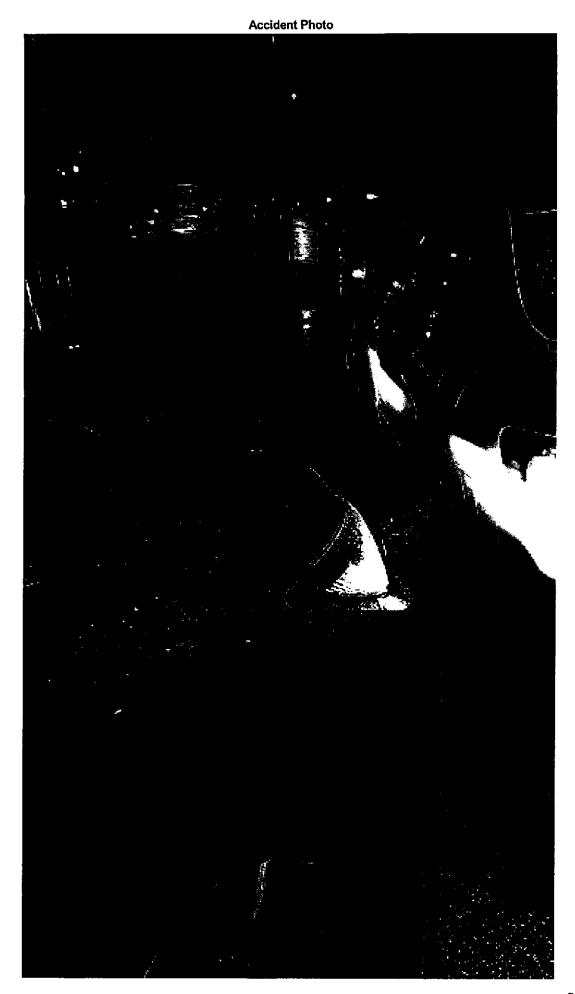


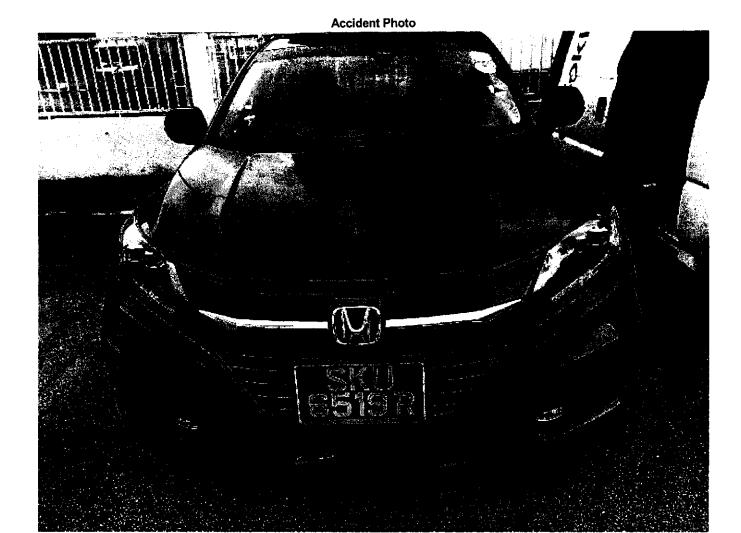


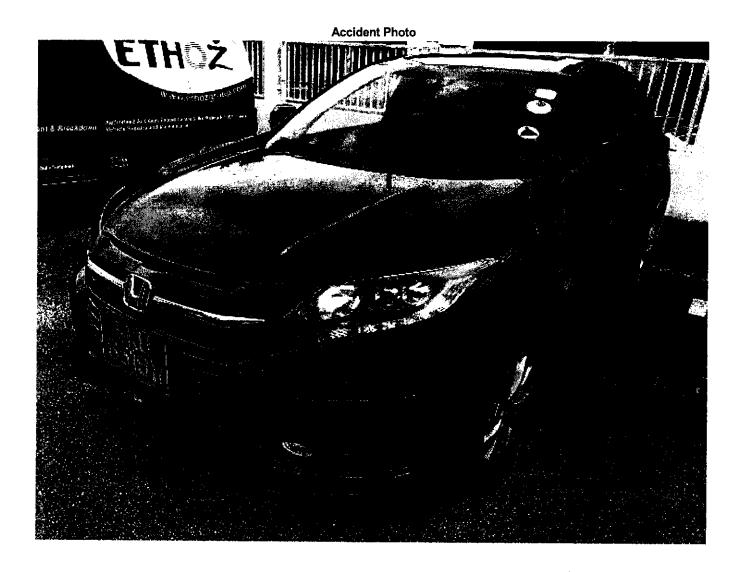






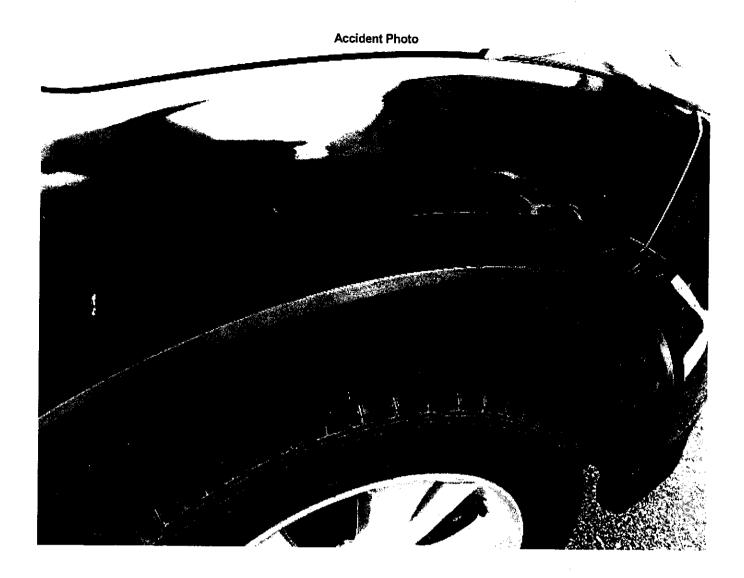




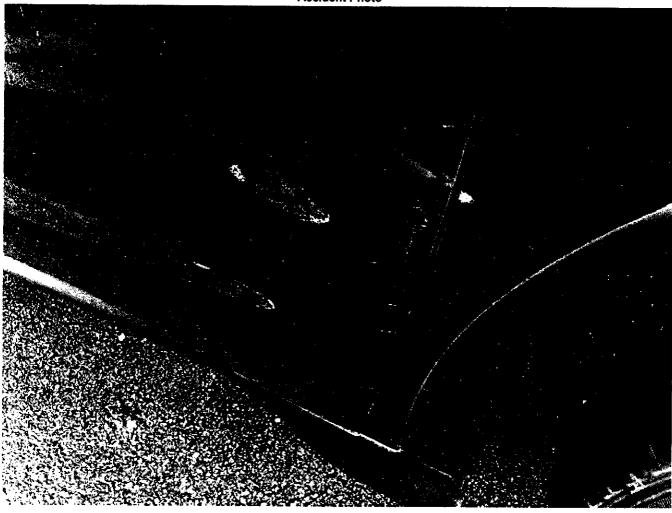












No results.

...CLAIM SUBFOLDER...(Pending for Survey Report)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	23 Jan 2018		24 Jan 2018 15:45 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case	
	Main	Refere	nce	Claim Details	ı	ocuments	Show All	
CLAIM SU	JBFOLDER DET	AILS		OF THE SECOND STATE OF THE		[Created by in	surer]	
Insured:	•	GORIDE, Co	. Reg. No.: 53358	8820X				
Main Claim	nant:	BEN PANG L	IANG FU, ID: S	8706237F				
Vehicle Re	g. No.:	SKU6519R		Date of Loss	::	31/12/2017 20:0	00 - :59	
Claim Type):	TP / SNM18	3D00034C02	Policy/Cover	r Note No.:	DMHCSN1721931700 (Comprehensive)		
Vehicle Re	Vehicle Reg. No. (Insured):			Policy No. (Policy No. (Claimant): GA055537			
				Excess:		S\$0.00		
Repairer:		United SG A (9007 7556	itomobile Pte Lt	d (HQ) 53 Ubi Aver	nue 1, #01-56 Paya	ubi Industrial Par	k, 408934 Ubi - Tel:	
Handling I	nsurer:	China Taipin Ping - 63898		ngapore) Pte. Ltd.	(HQ) - Tel: 6389	6111 [Handled b	y Irene Tay Hui	
Claimant's	Insurer:	AXA Insuran	ce Pte Ltd (HQ)	- Tel: 6338 7288				
Adjuster:			nsultants Pte Lt due 02/02/201	d (HQ) - Tel: 6256- .8]	3561 [Handled	by Teo Cheng Mir	ng Wilson]	
Driver/Cus	todian (Insured):	LEE HONG SO	ON (49 / Male),	NRIC: S6825327F,	Tel: +65978979	68		
Adj Asg. R	emarks:	NO EST, CASE	W/O SJE. (KIND	Y ATTEND URGENTL	.Y)			
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Claim Documents

*SKU6519R (SNM18D00034C02) [SFK1386B] TP **BEN PANG LIANG FU** Dec 31 2017 8:00PM [GORIDE] **United SG Automobile Pte Ltd**

_	Upload Documents Upload Photos Compose New Letter View View				
	essment Reports		1 pe	rpage ▼	
No.	Finalized On	ETHOZ Protect Pte Ltd (Bukit Batok)		Thumbnail	Print
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Pho	otos/Images		3 pe	r page 🔻	2
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3	02/01/18 18:01	Accident Photo [Linked Accident Report Documents]	0	Load JPG	Ø
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99	01/03/18 12:00	Reinspection Photo	•	Load JPG	
100	01/03/18 12:00	Reinspection Photo	0	Load JPG	2
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No	Finalized On	ETHOZ Protect Pte Ltd (Bukit Batok)	T bei	Thumbnail	Print
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Linked Accident Report Documents

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Documents Checklist

DOCUMENTS CHECKLIST		Reset Save Print
There are no document checklists configured.		
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)		
Show Remarks To: Handling Insurer	//	
Note: Remarks are private unless you show it to other parties.		

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/CTI18001505/WBE2

Date:

ΤP

01/03/2018

Claim

No:

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte.

Policy No:

DMHCSN1721931700

Claimant Vehicle

Insured Vehicle No

SFK1386B

No:

Date of Loss:

SKU6519R

31/12/2017

Nature of Claim:

SNM18D00034C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKU6519R

Make & Model:

HONDA VEZEL, 1.5 X (A)

Engine No:

L15B4020910

Reg. Date: Colour:

06/08/2015 (Man. Year: 2015) Blue

Chassis No: Odometer:

RU11100892 40121 km

Engine Capacity:

1496 cc

Market Value/New Car Price: Sum insured (S\$):

N/A

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes **Engine Modification:** No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

215/60 R16

Rear Tyre Size:

215/60 R16

Front Left Side: Front Right Side:

Dunlop 4 mm Dunlop 4 mm Rear Left Side: Rear Right Side: Dunlop 4 mm Dunlop 4 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

24/01/2018

United SG Automobile Pte Ltd (HQ)

Date Inspected:

25/01/2018 Inspected At:

53 Ubi Avenue 1, #01-56 Paya Ubi Industrial Park

Singapore 408934

Estimated Period of Repair:

4.0 days

Adjuster:

Teo Cheng Ming Wilson

Manager:

CATHERINE CHONG KAI LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
- THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 -\$5,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 01 Mar 2018)

Parts:

M1-SUV

HONDA VEZEL 1.5 X (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SKU6519R)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the

END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >