SME Motor Pte Ltd

l Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883 TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com,sg GST:201119451E RCB NO:201119451E

M/S: AXA INSURANCE PTE LTD

 8 Shenton Way #24-01
 Estimate No:
 EST0004049

 AXA Tower
 Date:
 06 Apr 2018

 Singapore 068811
 Policy No:
 GA006893

TEL: 68804741 FAX: 68804838 Veh Reg No: **SGC2768G**

ATTN: Motor Claim Department

Your Ref No: 18/AXA/TP-073 (04)

Make/Model: TOYOTA WISH
Chasis No: ZNE100281161

Claim Type: Third Party Engine No: 1ZZ2446293
Accident Date: 04/04/2018 Reg. Date: 12/01/2006

TP Veh Reg No: SJT2936M

Estimate Repair Cost to Vehicle No:SGC2768G

	Description	Quantity	List Price	Amoun
			<u>S\$</u>	S
	List Price			
1	REAR WINDSCREEN MOULDING	1 PC	120.00	
2	REAR GATE	1 PC	1,275.00	
3	REAR GATE LOGO	1 PC	55.00	
4	REAR GATE INNER RUBBER	1 PC	398.00	
5	REAR GATE LOCK	1 PC	443.00	
6	REAR BUMPER	1 PC	500.30	
7	REAR BUMPER RETAINER	2 PC	121.60	
8	REAR BUMPER CLIP	10 PC	50.00	
9	REAR BUMPER BRACKET	2 PC	120.00	
10	REAR BUMPER REFLECTOR	2 PC	190.00	
11	TAIL LAMP	2 PC	1,012.80	
12	REAR END PANEL	1 PC	468.00	
13	REAR END PANEL TOP GARNISH	1 PC	245.00	
14	REAR SPARE TYRE FLOOR PANEL	1 PC	650.00	
15	FRT BONNET	1 PC	645.00	
6	FRT BONNET HINGE	2 PC	116.00	
17	FRT BONNET INSULATOR	1 PC	323.00	
18	INSULATOR CLIP	10 PC	50.00	
19	FRT BONNET LOCK	1 PC	86.00	
20	FRT BONNET CHROME	1 PC	215.00	
21	FRT GRILLE	1 PC	115.00	
22	FRT GRILLE CLIP	4 PC	20.00	
23	FRT GRILLE BUSH	2 PC	40.00	
24	FRT BUMPER	1 PC	475.00	
25	FRT BUMPER RETAINER	2 PC	110.00	
26	FRT BUMPER CLIP	10 PC	50.00	
27	FRT BUMPER INNER SPONGE	1 PC	105.00	
28	FRT BUMPER REINFORCEMENT	1 PC	285.00	
29	HEADLAMP	2 PC	1,850.00	
0	HEADLAMP SUPPORT PANEL	1 PC	890.00	
31	BRACE PANEL	1 PC	90.00	
32	AIRCON CONDENSER	1 PC	1,591.60	
3	RADIATOR	1 PC	1,806.00	
34	RADIATOR MOTOR COWLING	1 PC	220.00	
5	AIRCON SIDE DEFLECTOR	2 PC	92.00	
			14,823.30	
		Less 25%	3,705.83	11,117.4

SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883 TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg GST:201119451E RCB NO:201119451E

M/S: AXA INSURANCE PTE LTD

8 Shenton Way #24-01 Estimate No: EST0004049
AXA Tower Date: 06 Apr 2018

Singapore 068811 Policy No: GA006893

TEL: 68804741 FAX: 68804838 Veh Reg No: SGC2768G
ATTN: Motor Claim Department Make/Model: TOYOTA WISH

ATTN: Motor Claim Department Make/Model: TOYOTA WISH Your Ref No: 18/AXA/TP-073 (04) Chasis No: ZNE100281161

 Claim Type:
 Third Party
 Engine No:
 1ZZ2446293

 Accident Date:
 04/04/2018
 Reg. Date:
 12/01/2006

TP Veh Reg No: SJT2936M

Estimate Repair Cost to Vehicle No: SGC2768G

	Description	Quantity	List Price	Amount
		-	<u>S\$</u>	<u>S</u>
	Special Net			
36	FRT NUMBER PLATE	1 PC	40.00	
37	REAR NUMBER PLATE	1 PC	40.00	
38	REAR WINDSCREEN GUM	1 PC	65.00	
39	REVERSE SENSOR	1 PC	250.00	
40	RADIATOR COOLANT	1 PC	25.00	
			420.00	420.00
	Labour			
41	WIRE CHECKING	1 UNIT	30.00	
12	REMOVE & REFIX AIRCON AND GAS	1 UNIT	100.00	
13	REMOVE & REFIX REAR WINDSCREEN	1 UNIT	120.00	
44	TRANSFER REAR GATE COMPONENT FROM OLD TO NEW	1 UNIT	100.00	
45	REMOVE & REFIX REAR BOOT UPHOLSTERY TO FACILITATE REPAIR	1 UNIT	100.00	
16	CAVITY PROTECTION ON ALL AFFECTED AREA	1 UNIT	100.00	
17	LABOUR CHARGE	1 UNIT	1,800.00	
48	SPRAY PAINTING	1 UNIT	1,600.00	
			3,950.00	3,950.00
			Total	S\$ 15,487.48
		Add GST	@ 7%	1,084.12
		Total Amount l	Payable	S\$ 16,571.60

TOTAL: SINGAPORE DOLLAR SIXTEEN THOUSAND FIVE HUNDRED SEVENTY ONE AND CENTS SIXTY ONLY

For SME Motor Pte Ltd

AUTHORISED SIGNATURE

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 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	05/04/2018 16:00
Date Of Accident	04/04/2018 18:50
Exact Location Of Accident	ALONG RD 1 ECP BEFORE FORT RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC2768G
Insured/Policyholder	
Name Of Registered Owner	KO KING SEYU
NRIC No	S2535726D

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97986327

Alternative Phone No OFFICE-97986327

Vehicle Particulars

Manufacturer TOYOTA
Model WISH-1.8 (A)

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

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 GA006893

Cover Note Number

Driver

Name of Driver KO SOON SHIN
NRIC No S8737616H
Date Of Birth 16/11/1987
Occupation INDOOR
Date Of Driving Pass 23/08/2007

Driving Experience 10 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96872250

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 126 GEYLANG EAST AVE 1 #09-79

Postcode

381126

CHILDREN

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

MOUNTBATTEN NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215, POSTCODE: 390060,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-3449999 - FAX NO: 64474185

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180404/2180.

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

Was there any audio recorded?

SJT2936M

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLS5968H

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE D

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER	10	Police	REPORT.		E =
			M		
				4	
		- N	11 11 11 11 11 11		
				V	
					6
				26	
10-					
			9		
			W-11-		

DECLARATION

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

Policyholder's signature

Date & Time:

Driver's Signatur

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARIMO SI eturidankuran IV3

LETTER OF UNDERTAKING

	, the owner of vehicle no.
I/We, to early sefu	, the owner of vomers
4.55	
¥	Played The shall decide whether
10 - Progrance is under Ms AXA Insu	rance Singapore Pte Ltd, I/we shall decide whether e Third Party and if the former shall submit such a
My/Our Historia Policy or against th	e Third Party and if the former shall submit such a e Third Party and if the former shall submit such a e Ltd with all relevant facts and documents within
to claim under My vourance Singapore Pti	e Ltd with all relevant lacts and doorge
claim to Mys AAA Insurance or d	e Third Party and it the former band ocuments within e Ltd with all relevant facts and documents within iscovery of damage.
claim to M/s AXA Insurance Singapore 11 (fourteen) days of occurrence or d	and motor DIE CID.
	ur preferred workshop,
My/Our Third Party claim is handle by 111910	ur presented workshop,
	W. Comments of the Comments of
·	3
Signed and Acknowledge by:	± × 10
	-
PRODUCTS ST. ST.	and a second
CIVA-	05/04/2010
MAIS	7,533,531,531,531,531,531,531,531,531,531
	1000000000000000000000000000000000000
Nric no. and signature of policyholder	Company Stamp Date





1 of 4

Report No. T/20180404/2180

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-3449999

Date/Time Report Made: 04/04/2018 20:53			Vide Report No.:		Station Diary No.: 18
Informant	s Particul	ars			
Name of In KO SOON			Address: APT BLK 126 GEYLANG EAST AVENUE 1 #09-79 SINGAPORE 381126		
ID Type / ID No.: NRIC NO / S8737616H			Contact No.: Home/Office: Mobile: 96872250		
Nationality SINGAPOR		N	Email:		
Sex: Male	Age: 30	Date of Birth: 16/11/1987	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name:		/ School Name:
Occupation: IT SUPPORT			Driving Licence Information: Class: 3	Date of Ex	piry:

General Informat	ion of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2018 18:50		Type of Location: EXPRESSWAY	
Location: Along Road 1 EAST COAST EXPRESSWAY BEFORE FORT ROAD EXIT						
Weather:	(O) ID E) (I)	Road Surface:		Road	Speed Limit:	
Clear		Dry				
Traffic Flow:		Traffic Control:		Traffi	ic Volume:	
Dual Carriage Wa	Heavy					
Type of Collision: Between Moving Vehicles - Head To Rear					ne conveyed by ulance:	

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGC2768G	Car	TOYOTA	WISH 1.8 A	Silver		0
SJT2936M	Car	BMW	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR	Black		0
SLS5968H	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver		0





0100404/2100

2 of 4

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

Tel No: 1800-3449999

Report No. T/20180404/2180

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No			
No. of Pedestriar		Use of Pe	destrian Cros	sing: NA
Driver	io injured. The			CONTRACTOR SALVE
Name	KO SOON SHIN		ID No.	S8737616H
Related Vehicle	SGC2768G (Car)	***************************************	Contact No	. 96872250
Hospital/Clinic	NIL	, and a second	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
	ted Medical Leave NIL	Degree of		
Driver				
Name			ID No.	S6927753E
Related Vehicle	SJT2936M (Car)		Contact No	. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	
	ted Medical Leave NIL	Degree of		
Driver				
Name	CHEONG KOK SUNG	-0,1	ID No.	S8322959D
Related Vehicle	SLS5968H (Car)		Contact No	. 97837120
Hospital/Clinic	NIL .	/1=11=	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		Mex 8 mills and the second
	ted Medical Leave NIL	Degree of		





3 of 4

Report No. T/20180404/2180

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

Tel No: 1800-3449999

CONTINUATION OF REPORT

Driver					i i i i	
Name	GUO YANMING			ID No	•	S8421479E
Related Vehicle	NIL			Conta	ct No.	(1st vehicle)
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 04/04/2018 at about 1850hrs, I was driving along ECP just before the Fort Road exit. I was travelling along lane 3 at about 50-60km/h. Traffic volume was quite heavy and the traffic flow was quite intermittent. There was also a vehicle that had broken down on the right most lane which caused the vehicles on the right most lane to filter into my lane. I was inching forward following a safe distance away form the vehicle infront of me, SLS5968H when all of a sudden he jammed braked. I attempted to jam brake as well however was unable to stop in time and lightly hit onto the said vehicle. However due to the sudden chain jam braking, the vehicle behind me, SJT2936M could not stop in time and hit onto the rear of my vehicle and as such caused my vehicle to further hit into the vehicle infront. I then exited my vehicle and noticed that there was also another vehicle infront of us which equates to a chain accident of 4 vehicles which I am the 3rd vehicle. I managed to exchange some particulars however I had forgotten some names and the vehicle number of the first vehicle. I am lodging this report for insurance claims purposes. That is all. No injuries sustained by any parties.





T/20180404/2180

4 of 4

Report No. T/20180404/2180

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

Tel No: 1800-3449999

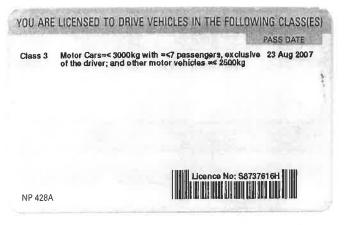
CONTINUATION OF REPORT

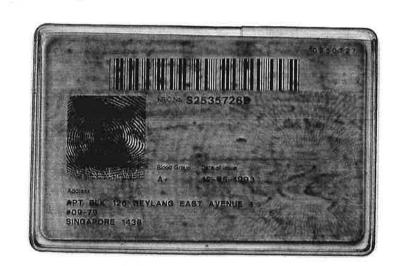
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

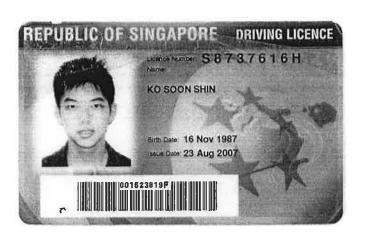
Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2018 20:53
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No:: 65476430	Classification Of Case:
Authenticat SINGAPORE NP168 SIGNATURE	





DRIVER

DWHEN-





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8787616H



Nama



KO SOON SHIN

牛蜂

勋

CHINESE Date of Britis

Sax

16-11-1987 Country of Birth

SINGAPORE



NFIC No. S8737616H

A ad adama a

Blood Group Date of issue

18-11-2002

APT BLK 126 GEYLANG EAST AVENUE 1 #09-79 SINGAPORE 381126

210) 2011





Policy number

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

☑ customer.care@axa.com.sg

www.axa.com.sg

Renewal

date 29/12/2017

VA1 / GA006893

S2535726D

your servicing distributor

KWANG HOCK ALPHONSUS GOH / 00355

your servicing distributor contact

KO KING SEYU BLK 126 #09-79 **GEYLANG EAST AVE 1** SINGAPORE 380126

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name

Cover

Period of Insurance

KO KING SEYU

Comprehensive

from 12/01/2018 to 11/01/2019 (both dates inclusive)

FIN / NRIC

Premium breakdown

Gross Premium after 50% NCD Total Discounts 7% GST Final Premium

SGD 880.59 SGD 46.95 SGD 58.35 SGD 891.99

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

TOYOTA WISH 1.8

SGC2768G

Vehicle details

Make & Model of Vehicle Vehlcle registration number

Body type Seating capacity (excl driver)

Off-Peak car

MPV 6 Nο

Year of manufacture Type of Use Engine capacity (c.c.) Engine number Chassis number

2006 Private use

1794 1ZZ2446293

ZNE100281161

Insured's Estimated Market Value Limitation to use

Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance

Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess

Not Applicable



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-18-050892

Date of Request:

05/04/2018

Your Ref No:

Online Purchase

SME Motor Pte Ltd 1 Kaki Bukit Ave 6 #02-15 AutoBay @ Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

05/04/2018

Enquiry By

Han Zhuang Chou

TP Vehicle No.

SJT2936M

Accident Date

04/04/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJT2936M	AXA Insurance Pte Ltd	30/09/2017-29/09/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No. M400017735

TAX INVOICE

Our Ref No:

GR-18-050892

Date of Request:

05/04/2018

Your Ref No:

Online Purchase

SME Motor Pte Ltd 1 Kaki Bukit Ave 6 #02-15 AutoBay @ Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

05/04/2018

Enquiry By

Han Zhuang Chou

TP Vehicle No.

SJT2936M

Accident Date

04/04/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[X] GIRO [] Cash [] Cheque