

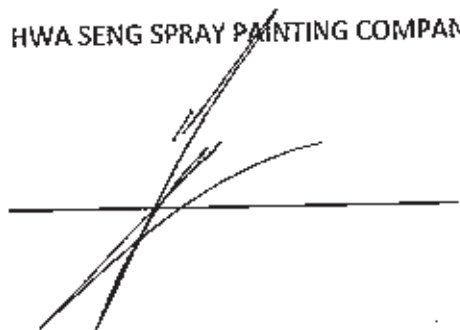
HWA SENG SPRAY PAINTING COMPANY
160 Sin Ming Drive, #05-11,
Sin Ming AutoCity
Singapore 575722
(Registration no :095744/00B)
Tel : 64533100, Fax 62669932

1 of 1

Date of accident : 01/06/2018
Your Insured
Vehicle No : SL-D 6244K

<u>Estimate repair cost to TOYOTA HARRIER reg no : SJZ 8098 K</u>		
1pc o/s/f fender	S\$	1012.10
1pc o/s/f fender inner shield		409.10
1pc front bumper o/s retainer		99.40
1pc o/s headlamp		3187.40
		4708.00
	Less 25%	
		1177.00
		3531.00
<u>Special Nett item</u>		
1pc front bumper		2500.00
		2500.00
<u>Labour & misc charges</u>		
Panel knocking		500.00
Spray painting		700.00
Wire checking		50.00
		6692.47

HWA SENG SPRAY PAINTING COMPANY



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 withholding 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 02/06/2018 13:27
 Date Of Accident 01/06/2018 18:05
 Exact Location Of Accident 31 EXETER ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ8098K
 Insured/Policyholder
 Name Of Registered Owner YIM JENG NGON
 NRIC No S7031529G
 Email Address YJIN2LCN@GMAIL.COM
 Mobile Phone No (LOCAL) +65-97833812
 Alternative Phone No OFFICE-98386628
 Vehicle Particulars
 Manufacturer TOYOTA
 Model HARRIER-2.0 M GRADE (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 VPA/P2020252
 Cover Note Number
 Driver
 Name of Driver LEE CHIN NIE
 NRIC No S7330112B
 Date Of Birth 23/08/1973
 Occupation INDOOR
 Date Of Driving Pass 18/07/1995
 Driving Experience 22 YEARS AND 10 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-98386628
 Fax Number
 Contact Number
 Email Address CHINNIEL@HOTMAIL.COM

Address	28 BAYSHORE ROAD
Postcode	460972
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
Weather Conditions	CLEAR
Road Surface	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 ambulance?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE 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	SLD6244K
Vehicle Make/Model/Colour	HONDA/VEZEL/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE KAI TECK KITSON
NRIC/Passport Number	S9508096J
Contact Number	90610852
Address	BLK 436C FERNVALE ROAD #13-170
Postcode	793436
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	1

Common Statement

Describe Circumstances of the Accident

I WAS TURNING LEFT TOWARD RYSTER ROAD FROM KILLING ROAD.
ON 1 JUNE 2015 AT APPROXIMATELY 1:05 PM. AS IT WAS A
TWO LEFT TURNING LANE I WAS ON THE OUTER TURNING LANE.
AFTER TURNING LEFT I NATURALLY EXTENDED THE INNER SECOND LANE
OF THE ROAD INTO THE ROAD. I WAS MOVING FORWARD AND
WAS GOING TO TURN LEFT INTO THE LANEWAY OFF
POINT WHEN A CAR CAME INTO MY LANE FROM THE RIGHT
AND HIT / BRUSHED AGAINST THE RIGHT FRONT CORNER OF MY
CAR. HE IMMEDIATELY TURNED RIGHT FROM DRIVEN ROAD IN
THE OPPOSITE DIRECTION.
NO ONE WAS INJURED IN THE ACCIDENT AND NO PUBLIC
PROPERTY WAS DAMAGED. THE WEATHER WAS CLEAR WITH NO
RAIN.

Declaration

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

Motorist's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

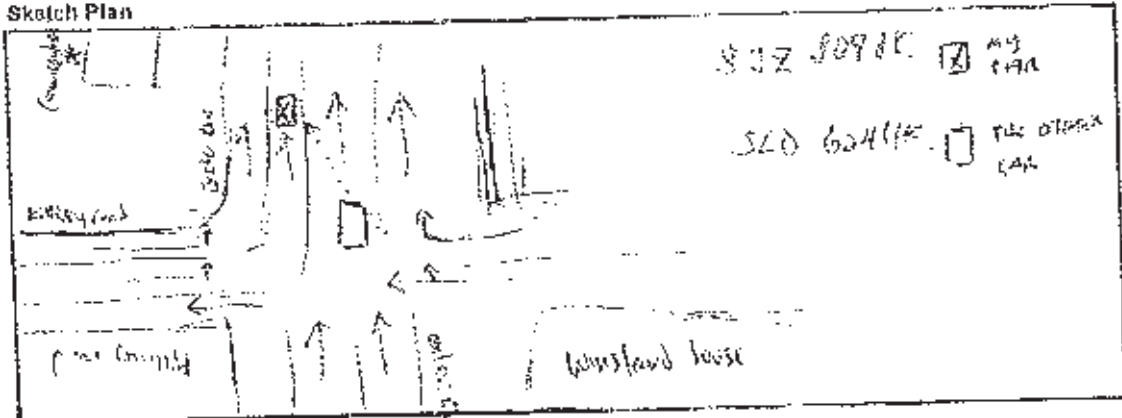
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6. The report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving. A list copies of this report will for a fee be made available upon application by 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, its workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information submitted in this form and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident are collectively referred to as the "insurers"), the insurers' law firms, from, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
(i) processing, handling and/or dealing with my claims involving the settlement of the claim and any necessary investigations relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out claims dealing with my insurances or responding to any enquiry by me;
(iv) administering my claims (including the issuing of correspondence, statements, invoices, reports of costs as to me, which could involve disclosure of certain personal data about me relating to details of the claim as well as on the external cover of envelops/postal packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";
(b) the insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law firms, may be 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 also be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firms/law firms) which may be based 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

Sketch Plan



INSURANCE PTE LTD
 10001, Singapore 068811
 Customer Service Centre 0681 91
 Tel: 65 63372289 Fax: 65 63372222
 Website: www.axa.com.sg
 GST Registration Number: 199963512M
 Customer service@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P2020252
Source	: (01) 14885 RMS-AXA TOYOTA NB	
Insured	: YIM JENG NGON	
Address	: 26 BAYSHORE ROAD #01-01 SINGAPORE 469972	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 08/11/2017 To 07/11/2019 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 50.00%	: SGD 1,185.98	
NCD	: 7.00%	
Annual Premium	: SGD 1,269.00	
Total Payable	: SGD 2,537.99	
RISK DETAILS THE MOTOR VEHICLE		
Type of Cover	: Comprehensive	
Regn No.	: SJZ8098X	
Type of Use	: Private Car	
Make/Model	: TOYOTA HARRIER 2.0	
Year of Manufacture	: 2017 Seating Capacity (excl. driver) : 04	
Body Type	: SPORTS UTILITY VEHICLE Engine C.C. : 1988	
Engine No.	: 6ARZ096762	Chassis No. : JTEFB3GHX0J800688
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Fire Purchase	: UNITED OVERSEAS BANK LIMITED	
Extra Coverage(Premium Breakdown)		Limits (SGD)
NCD Protector		
Basic Own Damage Excess		: SGD 500.00
Named Drivers		
1 YIM JENG NGON		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : 8870919		

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 04 Jun 2018 / 16:45:15
Receipt Date/Time : 04 Jun 2018 / 16:45:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180604-001985

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SLD6244K				
As at 01 Jun 2018/18:05:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLD6244K Enquiry Fee 20180604164352604077	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	xxxxxx6419	Credit Card: Visa/MasterCard		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.