

# 哈 汽 車 貿 易 服 務

## HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 2924/09/18 Your Ref: Date: 28th Sep 2018

MR SOO MENG HAN  
61, Kaki Bukit Avenue 1,  
#04-23, Shun Li Industrial Park,  
Singapore 417943

### Estimate cost of repair to TOYOTA VIOS 1.5 (A) Saloon - SJZ 6733 Z

1 pc front bumper		\$ 407.20
8 pcs front bumper top clips	@ \$ 3.60	28.80
8 pcs front bumper lower clips	@ \$ 3.80	30.40
1 pc front bumper n/s side retainer		54.80
1 pc front bumper n/s top bracket		112.60
1 pc front bumper logo emblem		47.60
1 pc n/s head lamp assy		525.30
1 pc n/s head lamp bracket		18.50
1 pc front n/s fender		530.10
1 pc front n/s fender emblem		38.40
1 pc front n/s fender inner shield		148.90
8 pcs front n/s fender inner shield clips	@ \$ 3.80	30.40
1 pc front n/s sport rim		580.00
1 pc front n/s shock absorber shaft		352.50
1 pc front n/s lower arm		792.30

\$ 3,697.80

Less 25% \$ 924.45

\$ 2,773.35

To wiring check up & adjust headlight alignment. 40.00

To check & adjust front wheel alignment & balancing. 120.00

To remove & refix front n/s shock absorber shaft, lower arm, wheel bearing hub & necessary parts. 200.00

To Tuff-Kote on all affected accident parts. 60.00

Labour charge to remove & cut out damaged parts, to jack, straighten & knocking out necessary parts, to weld, renew & align above parts. 600.00

To putty & respray painting on all affected accident parts. 850.00

\$ 4,643.35

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Dollars : Four Thousand Six Hundred Forty Three And Cents Thirty Five Only

HUP MOTOR TRADING & SERVICE

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.....

### Third Party Insurer Enquiry

Our Ref No: GR-18-150038

Date of Request: 28/09/2018

Your Ref No: Online Purchase

Hup Motor Trading & Service  
Blk 9004 Tampines Street 93  
#01-120  
Singapore 528838

Dear Sir/Madam,

Enquiry Date 28/09/2018  
Enquiry By David Ang Beng Yeow  
TP Vehicle No. SKC2736B  
Accident Date 26/09/2018

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKC2736B	AXA Insurance Pte Ltd	04/01/2018-03/01/2019	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.



RECORDS MANAGEMENT CENTRE

**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-18-150038  
Date of Request: 28/09/2018  
Your Ref No: Online Purchase

Hup Motor Trading & Service  
Blk 9004 Tampines Street 93  
#01-120  
Singapore 528838

Dear Sir/Madam,

Enquiry Date: 28/09/2018  
Enquiry By: David Ang Beng Yeow  
TP Vehicle No.: SKC2736B  
Accident Date: 26/09/2018

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:  
Date:  
☒ GIRO ☐ Cash ☐ Cheque

## 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	28/09/2018 15:26
Date Of Accident	26/09/2018 15:55
Exact Location Of Accident	JUNCTION OF WOODLANDS RD TOWARDS JOHOR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6733Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOO MENG HAN
Passport No/FIN	F7034449K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94231079
Alternative Phone No	OTHERS-94231079

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M497453
Cover Note Number	

### Driver

Name of Driver	SOO MENG HAN
Passport No/FIN	F7034449K
Date Of Birth	03/01/1972
Occupation	INDOOR
Date Of Driving Pass	13/03/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94231079
Fax Number	
Contact Number	OTHERS-94231079

Address	61 KAKI BUKIT AVE 1, #04-23, SHUN LI INDUSTRIAL PARK
Postcode	417943
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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

KINDLY REFER TO SKETCH PLAN ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC2736B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS SWAPNA
NRIC/Passport Number	S7971627H
Contact Number	98355369
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: : MALE

**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: 28/9/18 15.40hrs

Driver's Signature

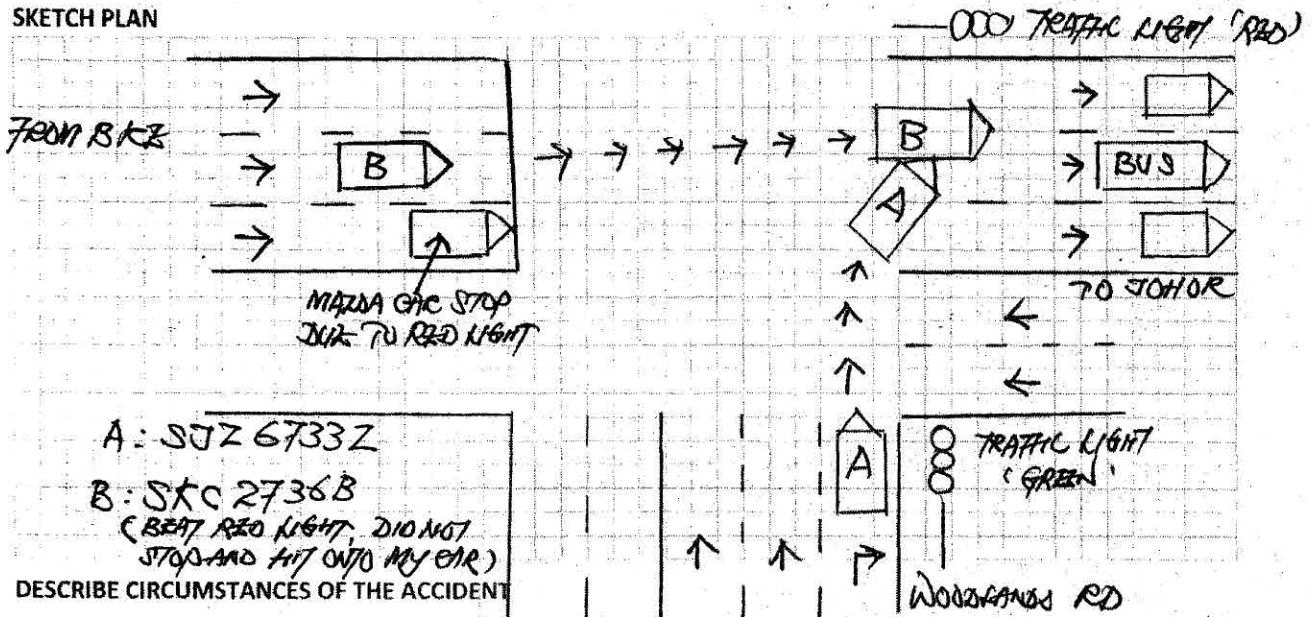
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



SKETCH PLAN



DUE TO THE TRAFFIC LIGHT WAS 'RED', I STOP MY CAR (A) ON THE RIGHT LANE, TO WAIT FOR THE TRAFFIC LIGHT TO CHANGE, WHEN TRAFFIC LIGHT TURN 'GREEN' IN MY FAVOUR, I START TO PROCEED MOVING AND TURNING TO THE RIGHT, SUDDENLY CAR (B) CAME IN A FAST PACE FROM MY LEFT, AS THE RESULT CAR (B) REAR RIGHT SIDE BODY PORTION HIT ONTO MY CAR FRONT LEFT SIDE PORTION. AFTER THE ACCIDENT, I CHECK AND VIEW MY CAR VIDEO CAMERA, AND CONFIRM CAR (B) BEAT THE 'RED' LIGHT, CAUSING THE ACCIDENT TO HAPPEN.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/9/18 15.40hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ACCIDENT REPORTING CENTRE  
& AUTHORISED WORKSHOP:  
**HUP MOTOR TRADING & SERVICE**  
BLK 9004 TAMPINES STREET 93  
#01-120 SINGAPORE 528838  
TEL: 67840039 (24 hrs) HP: 98154655  
Email: hupmotor@gmail.com

INDIA INTERNATIONAL INSURANCE PTE LTD  
Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X  
64 Cecil Street #04/ #05/ #06-02 10B Building Singapore 049711  
Office (65) 63476100 Email insure@iii.com.sg  
Fax (65) 62244174 Website www.iii.com.sg

Current Road Tax Expiry Date : 16/06/2018

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.  
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: **61301SE**  
**Comprehensive**

Insured/ Named Drivers Excess: **\$600/- Sect I**  
Unnamed Drivers Excess: **\$1100/- Sect. I & additional \$2500/- Sect. I for age**  
**< 21 years or >65 years &/or S'pore D.L. < 2 years**  
Windscreen Excess: **\$100/-**

#### CERTIFICATE NO.

**M497453**

1. **Index Mark and Registration**  
**Number of Vehicle**

**SJZ 6733 Z**

2. **Name of Policy Holder**

**Soo Meng Han**

3. **Effective date of the Commencement of**  
**Insurance for the purposes of the Act**

**30<sup>th</sup> June 2018**

4. **Date of Expiry of Insurance**

**29<sup>th</sup> June 2019**

5. **Person or Classes of Persons entitled to drive\***

(a) **The Policyholder**

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(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 regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. **Limitations as to use\***

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

**The Policy does not cover** use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the 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).

Date of Issue: **hh/ 21.05.2018**

for **India International Insurance Pte. Ltd.**  
(APPROVED INSURERS)

**M.X. I (PRIVATE CAR)**  
**INDIVIDUAL OWNERSHIP**

Authorised Signatory

#### IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **M Plus**

Hire Purchase Company: **Maybank**



Text size + -

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Foreign Identification  
Number  
Owner ID: 4449K

**Vehicle Details**

Vehicle No.: SJZ6733Z  
Vehicle to be  
Exported: Yes  
Intended De-  
registration Date: 02 Jun 2017  
Vehicle Make: TOYOTA  
Vehicle Model: VIOS E AUTO  
Primary Colour: Silver  
Manufacturing  
Year: 2010  
Engine No.: 1NZY116808  
Chassis No.: MR053HY9305172767  
Maximum Power  
Output: 80.0 kW (107 bhp)  
Open Market  
Value: \$12,306.00  
Original  
Registration  
Date: 17 Dec 2010  
First Registration  
Date: 17 Dec 2010  
Transfer Count: 1  
Actual ARF Paid: \$12,306.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes  
PARF Eligibility  
Expiry Date: 16 Dec 2020  
PARF Rebate  
Amount: \$7,998.00

**Intended COE Rebate Details**

COE Expiry Date: 16 Dec 2020  
COE Category: A - Car (1600cc & below)  
COE  
Period(Years): 10  
QP Paid: \$39,000.00  
COE Rebate  
Amount: \$13,796.00

**Total Rebate**