

Sunday

REF: CS3/ASM18011304/Deb3s2-1

Special Instruction:

From (Person): chenxinyou of ASM (AXA) Date/Time: 25/2/19 @ 8:43am
Estimated Cost: _____ Bill to: _____

L/S: \$ 9500.00

Third Parties:

Claimant:

Surveyor: WG Appraisal Services

Workshop: Teamwork Garage

OD/FP Re-inspection Evaluation

To Inspect Vehicle No: SGN 8209G

Insured: SFV 77112

at Workshop m/s: Teamwork

Tel: 68442475

of 53 ubi Ave 1 #01-25

Policy No:

Claim No: S8M00L87MC/xy

Sum Insured:

Excess:

Make of Veh:

D.O.A: 18/6/2018

(Client's Record)

26-02-2019 @ 11am

H.O.D. Endorsement Date

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____ days (Red \$ _____ / _____ %; Original 12 days)

Date/Time: _____ Submit Final Fig _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time	Action/Instruction
	<u>SGN 8209G - CS3/ASM18011304/Deb3s2</u>
	<u>SFV 77112 - CS3/ASM18011304/Deb3s2</u>
	<u>DoA: 18/6/18</u>
	<u>DoA: 18/6/18</u>
	<u>Rasul went for the RS</u>
	<u>To Submit L/S 5000/- with 6 days grm</u>
	<u>Rgn ~ limit 1.5K</u>

COPY SENT

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

(RED: 6,825.00 58%)

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

15/2

1) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____

ISSUE

INS CASE OWNER:

Xingon
LATELS3 &
- ASM
ec 4 AXA1801

1304, Debbs

LKK

IDAC

Surveyor:

Bryan

DOI:

ASSIGNMENT

7/6/18

Date / Time:

21/6/18

Registered in Merit:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFV 7711Z

Name of Insured:

UM Ema Mark

Insured Tel No.:

HP: 97953455

Excess Sec II : \$5

D.O.A: 18/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SCMOULST / 5246

Policy No.:

D7041270

Make / Model:

TUGOTA

Place of Accident:

HANE WICK RD TAMS BIK 96

MSCP

If NO, Driver Name / Age:

Driver Tel No.:

(VA) YES / NO

OI GIA REPORT YES / NO

TP GIA REPORT YES / NO

Insured Liability:

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

21/6/18
Parker

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

STAGE

DATE / PIC

Non-Reporting 1st (1st)

Non-Reporting 1st (2nd)

Non-Reporting 1st (Final)

Notification 1st (if non-pickup)

Call OI

After call 1st to OI

Documentation Check List: Handler Typist

Notification 1st (if non-pickup)

After call 1st to OI

Authorisation To Act

Release Voucher

Final Repair Bill

Car Rental Invoice

Towing Invoice

LTA / GIA

Medical Bill

PIR

Mandate/Reject Instruction

LOD

Payment Breakdown Form

Post-Repair Photos

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

\$5

(days) Reduction:

%

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

50

(Agreed / Assessed) BOLA S/N No.:

11

Repair Cost:

\$5

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5

(5 x days)

Loss of Income (LOI):

\$5

(5 x days)

LOR only ☐ LOU only ☐

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

Legal Cost:

\$5

(e.g. Tow/ Independent)

Total:

\$5

Global Sum \$5:

1) Claim status: Normal/Reject/Private Settle/asp

2) Report Format:

TV

3) Survey fee:

\$100

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

COPY SENT
21/6/18

REF:

ASSIGNMENT

COR Nov 2021

Form Date

Continued Last

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Fr / Ins / Vehicle No

W / Workshop no

W

Insured

Policy No

Vehicle No

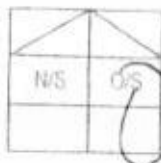
Sum Insured Excess

(Client's Record)

Make of Veh

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value

IDAC Accident Report

Consistent? Yes or No

QIA / PR Seen

Consistent? Yes or No

Est. Repair

5

days

Res.

Yes or No

Lump Sum

20

%

3. Val.

Yes or No

CA / REV / REP / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

AXA SFV 7711 Z PRS

MV 17K

LTA 15.5K

KL 1.5K

Tyr unit with 5 days of rep.

21/6/2018 Dismantle

6/12/2018 Alter Repair

1K - 1.5K 5 yrs.

Date/Time: File Pass to:

☐

Prel. Report

☐

Final Report

To:

Date/Time: File Return to:

S:

Report Format:

Lump Sum / L.B. K (K)

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech. Insp \$

☐

Wheel and \$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transport:

1. 3-4 hrs

2. Photo

3. New

4. ...

5. ...

Vehicle 8GN8209G

Fr / Reg Nov 2006

Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make Toyota V109

1497

Colour Black

A/C Insured / Std / NI / NA

Sp. Reading 203372

T/Radio Insured / Std / NI / NA

Engine 1N2X498232

Chassis MR053HY4204210345

Gen. Cond Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size F:

175/65 R14

R:

- 11 -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Radial

Front

Rear

R/Bal

S

mm

R/Bal

S

mm

L/Bal

S

mm

L/Bal

S

mm

D.O.A

18/06/2018

D.O.I

21/06/2018

Survey held at

Teamwork Tyre Ubi

11:49pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision:

MAKET VALU: +17,000

LTA REPAIR: +15,265

NET VALUE: +1331

Nivitha (LKK Auto)

From: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Sent: Monday, 25 February 2019 8:43 AM
To: assignments
Subject: FW: Acknowledgement Your ref : AA.21487.18.TW Our ref : S8M00L87MC/XY

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CHEN Xinyou <chen.xinyou@axa.com.sg>
Sent: Saturday, 23 February 2019 3:02 AM
To: Admin A <admin-a@lkkauto.com>
Cc: 'xinyi@seahong.com.sg'
Subject: RE: Acknowledgement Your ref : AA.21487.18.TW Our ref : S8M00L87MC/XY

Dear LKK

Please assist with re-inspection on 26 Feb 2019 (Tues) at 11am.

Thank you.

Best Regards



Chen Xinyou
Senior Executive, Claims (Litigation) Department
AXA Insurance Pte Ltd

8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Email: chen.xinyou@axa.com.sg
Customer Care hotline 1800-880 4888
www.axa.com.sg



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From: TEAMWORK GARAGE CLAIMS [<mailto:claims@teamworkgarage.com>]

Sent: 22/02/2019 3:54 PM

To: 'Aridas & Associates' <aridasv@singnet.com.sg>; VISHNU BATHAM Shekhar <shekhar.batham@axa.com.sg>

Cc: CHEN Xinyou <chen.xinyou@axa.com.sg>; CHIA Mary <mary.chia@axa.com.sg>; 'xinyi@seahong.com.sg'; 'samson@seahong.com.sg'; 'cheekiong@seahong.com.sg'

Subject: RE: Acknowledgement Your ref : AA.21487.18.TW Our ref : S8M00L87MC/XY

Importance: High

Hi AXA,

Please arrange next Tuesday @ 11AM for re-inspection.

Darren Ng

Teamwork Garage Pte Ltd

53 Ubi Avenue 1

#01-24 Paya Ubi Industrial Park

Singapore 408934

Tel: 68442475

Fax: 68442474

From: Aridas & Associates [<mailto:aridasv@singnet.com.sg>]

Sent: Monday, December 17, 2018 4:17 PM

To: 'VISHNU BATHAM Shekhar' <shekhar.batham@axa.com.sg>

Cc: 'CHEN Xinyou' <chen.xinyou@axa.com.sg>; 'CHIA Mary' <mary.chia@axa.com.sg>; 'xinyi@seahong.com.sg'; 'samson@seahong.com.sg'; 'cheekiong@seahong.com.sg'; claims@teamworkgarage.com

Subject: RE: Acknowledgement Your ref : AA.21487.18.TW Our ref : S8M00L87MC/XY

ATTN: VISHNU BATHAM SHEKHAR

Please note that the vehicle number SGN 8209G will be back today at the Car Rental Workshop. Kindly arrange for re-inspection as soon as you can. Please liaise with Darren/ Adeline at telephone number 68442475. Thank you.

Regards,

Aridas & Associates

From: Aridas & Associates [<mailto:aridasv@singnet.com.sg>]

Sent: Friday, December 14, 2018 4:39 PM

To: 'chen.xinyou@axa.com.sg'; 'VISHNU BATHAM Shekhar'

Cc: 'CHEN Xinyou'; 'CHIA Mary'; 'xinyi@seahong.com.sg'; 'samson@seahong.com.sg'; 'cheekiong@seahong.com.sg'; 'claims@teamworkgarage.com'

Subject: RE: Acknowledgement Your ref : AA.21487.18.TW Our ref : S8M00L87MC/XY

ATTN: Chen Xinyou

Please note that vehicle number SGN 8209G will be back in the workshop on Monday afternoon, as it is a Car Rental Company, could you kindly arrange a date and time at the soonest for your re-inspection. Please liaise with Darren from TeamWork Garage directly at telephone number 68442475. Thank you.

Regards,

ARIDAS & ASSOCIATES

From: VISHNU BATHAM Shekhar [<mailto:shekhar.batham@axa.com.sg>]

Sent: Tuesday, December 11, 2018 2:14 PM

To: 'aridasv@singnet.com.sg'

Cc: CHEN Xinyou; CHIA Mary; 'xinyi@seahong.com.sg'; 'samson@seahong.com.sg'; 'cheekiong@seahong.com.sg'
Subject: Acknowledgement Your ref : AA.21487.18.TW Our ref : S8M00L87MC/XY

chen.xinyou@axa.com.sg **ACCIDENT INVOLVING SFV7711Z AND SGN8209G ON 18/06/2018**

Without Prejudice

We acknowledge receipt of your letter dated 05/12/2018 and the enclosures on 07/12/2018

We would like to conduct a re-inspection of your client's vehicle **SGN8209G**. Please let us know a suitable date and time.

We would appreciate that in letting us know the date, your client could allow us at least 10 days of lead-time. This is to allow us to co-ordinate with the surveyor concerning the re-inspection date and time.

May we hear from you in due course.

For future correspondence, please reply to CHEN Xinyou at chen.xinyou@axa.com.sg

Regards,
Shekhar Batham



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ARIDAS & ASSOCIATES

ACRA REG. NO : 53131060D
NOTARY PUBLIC
COMMISSIONER FOR OATHS
ADVOCATES & SOLICITORS



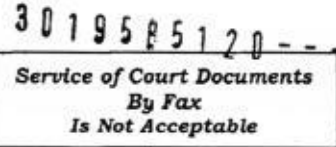
75 BUKIT TIMAH ROAD, #05-18, BOON SIEW BUILDING, SINGAPORE 229833

TEL : 6337 6359 (3 LINES) FAX : 6338 2713

E-mail : aridasv@singnet.com.sg.

VYILINGAM ARIDAS

LLB (Hons) Lond. M.A.
Barrister, (Lincoln's Inn)



60124001

Our Ref : AA.21487.18.TW

Your Ref: Please advise

5 DECEMBER 2018

**Certificate of Posting
WITHOUT PREJUDICE**

LIM ENG HOCK

BLOCK 94 HAVELOCK ROAD,

#17-577,

SINGAPORE 160094.

Owner of vehicle no: SFV 7711Z

AXA INSURANCE (S PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: CLAIMS DEPT

Dear Sirs,

CLAIMANT :

ADDRESS :

ROSET LIMOUSINE SERVICES PTE LTD

BLOCK 53 PAYA UBI AVENUE 1,

INDUSTRIAL PARK,

#03-47,

SINGAPORE 408934.

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 18 JUNE 2018 at 18:50 at 96 Havelock Road involving our client's vehicle registration number **SGN 8209G** and vehicle registration number **SFV 7711Z** driven by you at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows :

1.	Cost of repair	\$ 8835.00
	7% GST	\$ 665.00
2.	Rental \$120.00 x 10 days (pre repair inspection)	\$ 1200.00
3.	Assessor's fees	\$ 477.00
4.	LTA search fees	\$ 14.94
5.	Courier	\$ 12.00
6.	Legal costs and disbursements	\$ 900.00
		\$12103.94

A copy each of the following supporting documents is enclosed :

1. GIA report and 19 photographs of damage vehicle;
2. Final repair bill;
3. Assessor's report and invoice;
4. 47 original photographs for your perusal and return;
5. A copy of the LTA search particulars;
6. Rental Agreement and invoice;
7. 2 copies of photograph of damage vehicle.

We have on 20/6/2018 notified your insurers, M/s AXA INSURANCE PTE. LTD. of the accident and a pre-repair survey of our client's vehicle was carried out. In the meantime, the parties will commence negotiation to resolve the matter amicably.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,



ARIDAS & ASSOCIATES

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	19/06/2018 17:00
Date Of Accident	18/06/2018 18:50
Exact Location Of Accident	96 HAVELOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8209G
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	DMCFHQ17-000182
Cover Note Number	

Driver

Name of Driver	NG YEN HOW WILFRED (HUANG YUANHAO)
NRIC No	S8020859F
Date Of Birth	27/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91552255
Fax Number	
Contact Number	OFFICE-91552255
Email Address	NOEMAIL

Address	BLK 205 TAMPINES STREET 21 #06-1277
Postcode	520205
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFV7711Z
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
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)	

Accident Sketch Plan

Image As per Original
---CSU---

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please input correctly the details of the accident to speed up the claims process.
- 2 This form must be completed by the Policyholder and/or the Authorized Officer
- 3 Information provided must be as truthful and accurate as possible. Any willful 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 representation 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)
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 used 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

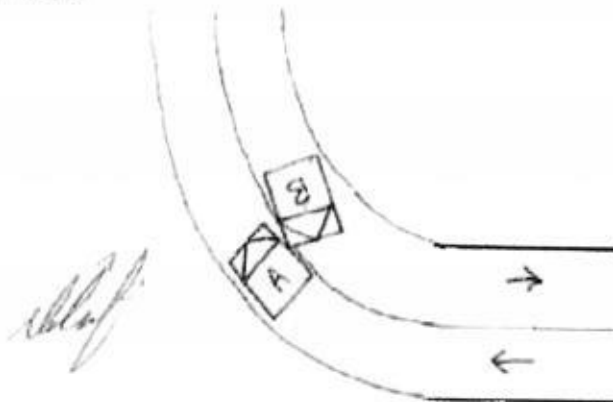
Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

Accident Sketch Plan

Image As per Original
---CSU---

Accident Plan



A - 36N82096
B - SFV77112

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

96 HAVELOCK ROAD

I was travelling out of the 96 Havelock Road carpark and heading towards outside after dropping down a passenger. When I was turning out, vehicle B from the opposite direction came towards me at a fast speed and collided onto my vehicle's right portion. I have video to prove my stand.

[Signature]

DECLARATION

I/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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

> Back to OneMoto:ing

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	6722Z

Vehicle Details

Vehicle No.:	SGN8209G
Vehicle to be Exported:	Yes
Intended De-registration Date:	19 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E A
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	1NZX498232
Chassis No.:	MR053HY4204210345
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,237.00
Original Registration Date:	29 Nov 2006
First Registration Date:	29 Nov 2006
Transfer Count:	2
Actual ARF Paid:	\$9,165.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	28 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,821.00
COE Rebate Amount:	\$17,773.00
Total Rebate Amount:	\$17,773.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Jun 2018

OK

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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