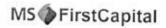
22/07/2002 ASS, REC, BY:		REF: CS3 PC	19004111/Jed	Special Instructi	on:	
Surveyor : 1	twee Jie		ENMENT (Office)			
	); OWS.	of	<b>\$CI</b>	Date/Time	: 613 (	@10.21an
Estimated Co.			Bill to:			
		RES/EVA/INV/	MV / CS			
To Inspect Ve	chicle No: SM	C 2118L		_ Insured: LH	A 3 20B	
		Soon Paint		Tel:		
of	BIK 4 Y	N Tee ind	est			
Policy No:	- 12-00m		Claim No:	D19001569	MFSH	
Sum Insured:			Excess:	the fixed states		
Make of Veh	Assessment to the first term of the second			D.O.A.	3/3/19	
CA / REV	/ REP. / REV 2	THRS [WP]		H.O.D. E	ndorsement:	
Date/Time:	Control of the Contro	Person Conf	acted;	Vehicle_IN	LOUT	
Date/Time	Action/Instructi	on ( ) Es	limate.			
	SMC21181	-X			8 1	
	SHA 320B	- X				
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	4	1-1				
ANS TOUR						

		ASSIGNMENT
From:	Date	
Estimated Cost:	. 0002	Veh No. SMC 2118 L Yr Regn: 22 Jun 201
OD/TP/WS/TP RES/OD RES	J/EVA/INV/MV	Type: M.Capi M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	77777777	Truck / Trailer or
at Workshop m/s		Make: Toyota C-HR cc 1197.
01		Colour Grey A/C: Insured / Std / NI / NA
Insured:	1779 1994	Sp.Reading 9529 T/Radio: Insured / Std / NI / NA
Policy No.		Eng/No:
Claims No.		C/No: JTNKY3BX701008244
Sum Insured;	Even	- John Strip Good / Pair / Poor / Burnt
(Client's Record)	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh;		Brake: Inorder / Jammed / Leaked / Burnt or
		Modi: Nil / S/Rim / STD A/Rim or
(Policy Condition	200	Tyre Size: F: 215/60 R17
(Policy Condition) emark: The veh had commenced		R:
repair at the time of Insp		O/S BS LOUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
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	onsistent? : Yes or No	L/Bal. 6 mm L/Bal. 6
st. Repairs:days	Res.: Yes or No	DOA 3/21.0
m Sum: %	3 Val.: Yes or No	6 7 11 12 1
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te: Person Conta	Vehicle: IN / C	OUT O/S / N/S / U/C / Rooflop or
ate / Time   Action / Instruction		The U/C / Chassis frame / Body Structure affected due to collision.
Action / Instruction	7 me	y and court of an ected due to comision.
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: Fren	l Report	Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )S+PSSI  Interview (\$ ) Photos
Final : Final	l Report	Resurvey No. of Trip:  Survey Fee:  Transportation:  Interview (\$ )S+PSSI



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

## MOTOR SURVEY ASSIGNMENT

Date

04-03-2019

Our Ref No. D19001569MFSH

Accident Date

03-03-2019

Claim Type. Third Party

Insured Vehicle

SHA0320B

Third Party Vehicle. SMC2118L

Survey Location

BLK 4 YEW TEE IND EST 393-J WOODLANDS ROAD

Contact Person.

ST

Contact No.

67606271/65366026

Fax No. 65362279

Survey Type

WITHOUT PREJUDICE:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

NA

## FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop

ENG SOON PAINTING

SERVICES

Attention. NIL

Cc : TP Solicitor

BONNIE KWOK LLC

TP Solicitor Fax No. NA

Officer Incharge

HENRY KAO

## IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 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. 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	04/03/2019 10:12
Date Of Accident	03/03/2019 00:20
Exact Location Of Accident	ALONG BKE TOWARDS SLE (TPE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC2118L
Insured/Policyholder	
Name Of Registered Owner	TOH ENG CHYE
NRIC No	S1593109D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94553901
Alternative Phone No	OFFICE-94553901
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR 1.2 TURBO ACTIVE (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
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	CN893475
Cover Note Number	
Driver	
Name of Driver	TOH TIAN FENG
NRIC No	S9115322Z
Date Of Birth	01/05/1991
Occupation	INDOOR
Date Of Driving Pass	02/03/2010
Driving Experience	9 YEARS AND 0 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-82683908

JONATHANTOHTF@GMAIL.COM

Address

62 CHESTNUT AVENUE #22-09

Postcode

679518

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: ANNA YEUNG TIK SEH

GENDER:

: FEMALE

Passenger 2

NAME:

: LEUNG SZE YAN ZOE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ROCHER N.P.C

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT

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

SHA320B

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

CHAN TIAN JIAN TONY

NRIC/Passport Number

S8014480F

Contact Number

81289700

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHD4860S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LEE ENG KUAN

NRIC/Passport Number

S1718620E

Contact Number

93245760

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

TOH TIAN FENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMC2118L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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.
- 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.
- 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)

Lunderstand, 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 :
  - 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:
  - 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.:

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ccident Date & Time	1: 3/3/2019	0018				
ccident Location :	BICE Towards	SLE (TRE)	401			
	As per police	1890+1				
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	Reporting Only	Own Damage	Third Party		ner workshop	
CLARATION		* IMPORT	ANT NOTE:	The event that you wish to d	om accept your own policy (	(OD/f
CLARATION		* IMPORT	ANT NOTE: en advised by the workshop that it OURTEEN (14) days dayse wit	The event that you wish to d	om accept your own policy (	(OD/f
CLARATION		* IMPORT You had be every respect. ************************************	ANT NOTE: en advised by the workshop that it OURTEEN (14) days dayse wit	The event that you wish to d	om accept your own policy (	(OD/f
Ve declare the folegoing	particulars are true in	every respect. IMPORT	ANT NOTE: en advised by the workshop that in COURTREN (14) days disuse with	The event that you wish to observe the clear must be made	aim against your own policy () within the stipulated timeline	OD/
CLARATION Ve declare the folegoing	particulars are true in	every respect. IMPORT	ANT NOTE: on advised by the workshop that a DOMTREN [14] days decise with	The event that you wish to d	aim against your own policy () within the stipulated timeline	(OD/f)





Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

1 of 4 Report No. T/20190303/2089

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 17:43	Made:	Vide Report No.:	Station Diary No.:	
China and	alia Zanio	(Marie Planters Press)		Company of the state of the	
Name of	Informant: AN FENG		Address: 62 CHESTNUT AVENUE #22	2-09 SINGAPORE 679518	
	/ ID No.: D / S91153:	22Z	Contact No.: Home/Office:	Mobile: 82683908	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 01/05/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupat ADMIN S			Driving Licence Information:	Date of Evning	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2019 00:20	Type of Location: Straight Road
	(PRESSWAY	t)	1 03/03/2019 00.20	
Weather: Clear	150000000000000000000000000000000000000	Road Surface:	· F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		raffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear	a	inyone conveyed by mbulance:

ALC: NO.	Charles 1	Supplied to the second		Cole/*	Condition	No of Pagenge
SHA320B	Taxi	ТОУОТА	PRIUS HYBRID 1.8 CVT	Yellow	Seriously Damaged	1
SHD4860S	Taxi	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999



2 of 4

Report No. T/20190303/2089

#### CONTINUATION OF REPORT

MC2118L	Car	TOYOTA	C-HR 1.2 TURBO ACTIVE (AUTO)	Grey	Slightly Damaged	2
---------	-----	--------	---------------------------------------	------	---------------------	---

The second secon	volved: No	1100	Use of Ped	aetrian	Cross	ing: NA
No. of Pedestrian	s injured. NIL		Use of Fed	estriari	SI COSS	
Name	CHAN TIAN JIAN TON	ſ		ID No.	Hallman or	S8014480F
Related Vehicle	SHA320B (Taxi)	4)		Contac	t No.	81289700
Hospital/Clinic				Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days grant		NIL	Degree of		NIL	16
COLUMN TO STATE					Jac W	
Name	LEE ENG KUAN		ID No.		S1718620E	
Related Vehicle	SHD4860S (Taxi)		Contact No.		93245760	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran		NIL	Degree of		NIL	
Passenist 114		STATE OF		77 79		
Name	ANNA YEUNG TIK SE	Н		ID No		S9370572F
Related Vehicle	SMC2118L (Car)			Contact No.		91797021
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
Date Headingh		NIL	Degree of		NIL	





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road

Report No. T/20190303/2089

3 of 4

11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

#### CONTINUATION OF REPORT

Name	TOH TIAN FENG			ID No.		S9115322Z
Related Vehicle	SMC2118L (Car)	<u> </u>	2	Conta	ct No.	82683908
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Passengar To					100	
Name	LEUNG SZE YAN ZO	DE		ID No.		S9371488A
Related Vehicle	SMC2118L (Car)			Conta	ct No.	91682819
Hospital/Clinic	NIL		.12	Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	W	Date Disch	narge	NIL	
Ma of Davis son	ted Medical Leave	NIL	Degree of	Injuny	NIL	

#### Brief Details.

On 3/3/2019 at about 0018hrs, I was driving along BKE towards SLE (TPE) whereby I was driving thru the slip road; entering SLE and one blue taxi suddenly came to a halt.

Initially, I managed to jammed brake my car, to avoid hitting the first taxi in front of me. However, one yellow taxi was unable to stop and thus hit the rear side of my car. Apparently, my car then hit the rear bumper of the blue taxi in front of me.

After the impact, all of the vehicles involved stop at the side of the road and exchanged our contact details. One LTA Marshal dropped by and rendered some assistance.

I wish to state that there were no visible injuries on the drivers and passengers involved and we left the scene after exchanging our contact details.

I am hereby lodging this report for my personal reference as well as necessary follow up action.





4 of 4

Report No. T/20190303/2089

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

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: A / Staff Sgt TAUFIQ BIN JUPRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2019 17:43
Officer In Charge Of Case: TP / GtA / Contact Next	Classification Of Case:
Authentication Stamp  NP188 Singapore Police Force	

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: <b>Vehicle Det</b> ails	3109D
Vehicle No.:	SMC2118L
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR 1.2 TURBO ACTIVE (AUTO)
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	8NRU198419
Chassis No.:	JTNKY3BX701008244
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$25,647.00
Original Registration Date:	22 Jun 2018
First Registration Date:	22 Jun 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$27,906.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Jun 2028
PARF Rebate Amount: Intended COE Rebate Details	\$20,929.00
COE Expiry Date:	21 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,426.00
COE Rebate Amount:	\$33,835.00
Total Rebate Amount:	\$54,764.00

The information contained herein is correct as at 07 Mar 2019

ОК

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# **ANNOUNCING Autotrust Traders Pte Ltd**

as sgCarMart Premium Dealer for the 3rd Consecutive Year



Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD! New 5 Years COE Renewal Toyota Vios 1.5A.



GV Credit Pte Ltd Stanford



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3 vehicles

C-HR 1.2 TURBO

Model

36

Price

Depreciation

2018

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Veh Type

Search Selection

C-HR 1.2 TURBO

Any

Any

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Toyota C-HR 1.2A Turbo

\$96,888

\$8,790 /yr

26-Apr-2018

1.197 cc

8,000 km

SUV

One And Only Unit In The Market! Agent Unit! Fully Serviced And Maintained By Borneo Motors With Warranty! Loan Up To 90%, Super Low M Done, Like New, Immaculate Condition, New Carplate Number! V...

TTS Eurocars

Posted: 25-Jan-2019 Tags: 2018 Toyota C-HR, 2018 toyota CHR, Toyota C-HR, toyota CHR, Toyota, C-HR, CHR, Used Toyota



Toyota C-HR 1.2A Turbo

\$98,900

11-Jun-2018

\$9,170 /yr

1.197 cc

SUV

Almost New Borneo Motor Toyota C-HR! Toyota Compact Crossover With Head Turning Appearance, Smart Cabin, Great Ride And Outstanding Handling. High Trade In, Attractive Financial Options Available. Cal...

Pang's Motor Trading Pte Ltd

Posted: 14-Jan-2019 Tags: 2018 Toyota C-HR, 2018 toyota CHR, Toyota C-HR, toyota CHR, Toyota, C-HR, CHR, Used Toyota



Toyota C-HR 1.2A Turbo

\$92,800

\$8,460 /yr

28-Jun-2018

1,197 cc

15,000 km

SUV

High ARF Of \$27,906, Cheapest Depreciation In The Market. 5 Years Manufacturer Warranty By Borneo Motors, Agent Unit. Almost New Condit Original Yellow Hornet Paintwork. Brand New Tyres. Free 6 Mo...

Posted: 09-Feb-2019 Tags: 2018 Toyota C-HR, 2018 toyota CHR, Toyota C-HR, toyota CHR, Toyota C-HR, CHR, Used Toyota

Save this search criteria, to get email alerts whenever a match is found.

Model

Depreciation

Eng Cap

Veh Type

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# LETTER OF AUTHORIZATION

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#### LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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#### PRE-REPAIR INSPECTION REPORT MS FIRST CAPITAL INSURANCE LTD CS3/FCI19004111/Jcd3s2 36 ROBINSON ROAD Date: 29-03-2019 #16-01 CITY HOUSESINGAPORE 068877 Code: FCI2 1. Policy Particulars :- (THIRD PARTY CLAIM) Insured Veh. **SHA 320B** Veh. Inspected SMC 2118L Policy No. 0.00 Coverage (\$) D19001569MFSH Claim No. 0.00 Excess (\$) Assign From HENRY KAO Assign Date 06/03/2019 2. Vehicle Particulars & Condition TOYOTA C-HR Make & Model C.C 1197 HIDDEN Year of Reg. Engine No. 2018 JTNKY3BX701008244 GREY Chassis No. Colour 9529 KM Odometer Steering IN ORDER IN ORDER Brakes Modification SPORTS RIM GOOD General 3. Conditions of Tyres Size Make Balance R/H Front Tyre 215/60R17 DUNLOP 6 mm L/H Front Tyre 215/60R17 DUNLOP 6 mm R/H Rear Tyre 215/60R17 DUNLOP 6 mm L/H Rear Tyre 215/60R17 DUNLOP 6 mm **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. 5. General Information 03/03/2019 **Accident Date** Inspect Date / Time 06/03/2019 ( 12:25 PM ) Survey held at ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969 5a. Remarks 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. D)MARKET VALUE:\$91,000.00

Report Ref No. CS3/FCI19004111/Jcd3s2

Inspected By

00

ONG HWEE JIE

t

K.K.LAU CPT(RET)

Automotive Assessor

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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