MOTOR EDGEVANTAGE PTE LTD
160 Sin Ming Drive, Sin Ming AutoCity #03-01/02, Singapore 575722 & GST 201534758N
+65 6453 7683 clientservices@edgevantage.com www.edgevantage.com

Invoice

Mr Khor T K
SFY9938H
LAND ROVER RANGE ROVER SPORT 3.0S/C TSS 7S
AXA Insurance Pte Ltd
8 Shenton Way,
#24-01
AXA Tower,
Singapore 068811
Tel: 97932263

Attn: Khor T K (97932263)

Inv No. : INV19060267
Invoice Date : 28 Jun 2019
Ref : WJ1905274
Terms : COD
Mechanic : Nicholas Lee
Mileage In : 95382 KM

#	Description	Qty	UOM	U/P	Amt
1	LR front bonnet 3.0S/C	1.00	PCS	2,640.00	2,640.00
2	LR front bumper 3.0S/C	1.00	PCS	1,430.00	1,430.00
3	LR bumper mounting bracket 3.0S/C	1.00	PCS	159.50	159.50
4	LR front bumper lower cover 3.0S/C	1.00	PCS	385.00	385.00
5	LR front radiator grille gloss black	1.00	PCS	660.00	660.00
6	LR front headlamp XenonRH 3.0S/C	1.00	PCS	2,310.00	2,310.00
7	LR front headlamp Xenon LH 3.0S/C	1.00	PCS	2,310.00	2,310.00
8	LR front bonnet logo Rover	1.00	PCS	110.00	110.00
9	LR front bonnet logo Range	1.00	PCS	104.50	104.50
10	LR front grille badge	1.00	PCS	66.00	66.00
11	LR parking aid bezel black cap	2.00	PCS	9.90	19.80
12	LR license plate bracket	1.00	PCS	66.00	66.00
13	To supply front number plate	1.00	PCS	35.00	35.00
14	To replace , remove /install , repair front bonnet, front bumper, front tow cover, both front headlamp , front radiator grille , reinforcement bar, etc	1.00		750.00	750.00
15	To putty, respray front bonnet and front bumper	1.00		500.00	500.00
16	Insurance excess cost	1.00		-700.00	-700.00

This is a computer generated Invoice. No Signature is required.

Subtotal :	S$ 10,845.80
GST 7.0% :	S$ 759.21
Total :	**S$ 11,605.01**

Motor Edgevantage Pte Ltd.

SATISFACTION CERTIFICATE

I/We Ichor Teck Chim hereby state that the repairs to my/our Range Rover 3.0 Vehicle No. SFY9938H have been carried out to my/our entire satisfaction and I/We agree that the discharge to the account of Messrs. Motor Edgevantage Pte Ltd for S$ 11605.01 by the AXA Insurance pte Ltd shall be in full discharge of all claims under Policy No. GA007929 in respect of damage to my/our vehicle, as the result of an accident which occurred on or about the 22 day 05 Month 19 Year.

11 10 hrs.

2/6/19

Customer's Signature / Date
(PLEASE SIGN AND RETURN)

MPA219066182 / Progressive Car Care Pte Ltd - HQ
ENTRY DATE & TIME: 22/05/2019 14:41
SUBMITTED BY: Ng Pei Wen

SINGAPORE ACCIDENT STATEMENT

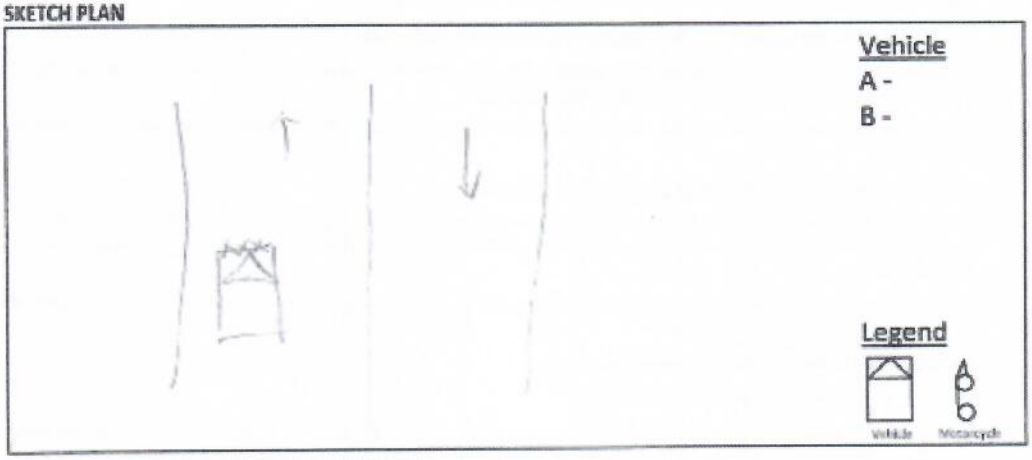
IMPORTANT NOTICE

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 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	22/05/2019 14:41
Date Of Accident	22/05/2019 07:30
Exact Location Of Accident	JALAN LOKAM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFY9938H
Insured/Policyholder	
Name Of Registered Owner	KHOR TECK KHIM
NRIC No	S6917580E
Email Address	TKKHOR@OUTSOURCEASIAINDUSTRIES.COM.SG
Mobile Phone No	(LOCAL) +65-97932263
Alternative Phone No	OTHERS-97932263
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	RANGE ROVER-3.0 SC TSS SR (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA007929
Cover Note Number	
Driver	
Name of Driver	KHOR TECK KHIM
NRIC No	S6917580E
Date Of Birth	04/06/1969
Occupation	INDOOR
Date Of Driving Pass	14/01/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97932263
Fax Number	
Contact Number	OTHERS-97932263
EMail Address	TKKHOR@OUTSOURCEASIAINDUSTRIES.COM.SG

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PARKED MY CAR ALONG JALAN LOKAM ROAD S(D.S. OVERNIGHT. ON 21ST MAY 2019.

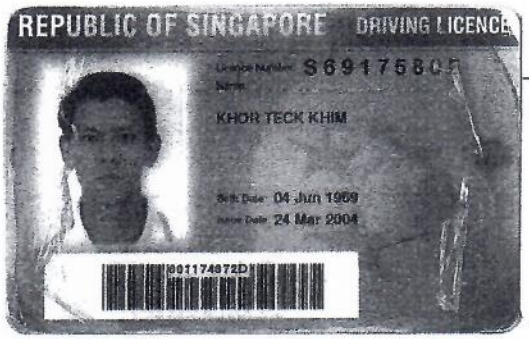
WOKE UP AND SAW MY CAR BACK DAMAGED AT THE FRONT. ON 22ND MAY 2019.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature Date & Time: 22/5/19 1426 hrs.	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

DRIVER NRIC & LICENSE Pg. 1


REPUBLIC OF SINGAPORE DRIVING LICENCE

KHOR TECK KHIM

Birth Date 04 Jun 1969

Issue Date 24 Mar 2004


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6917580E

Name

KHOR TECK KHIM

许 德 金

Race

CHINESE

Date of birth

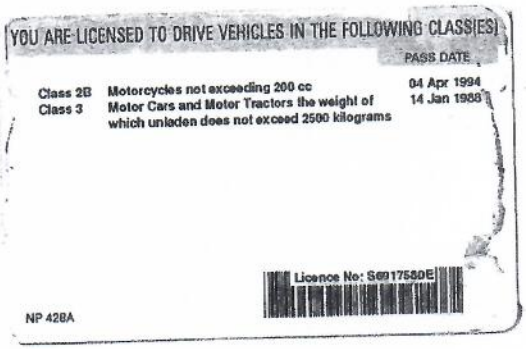
04-06-1969

Sex

M

Country of birth

SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Apr 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Jan 1988

Licence No: S6917580E

NP 428A


4566710

NRIC No. S6917580E

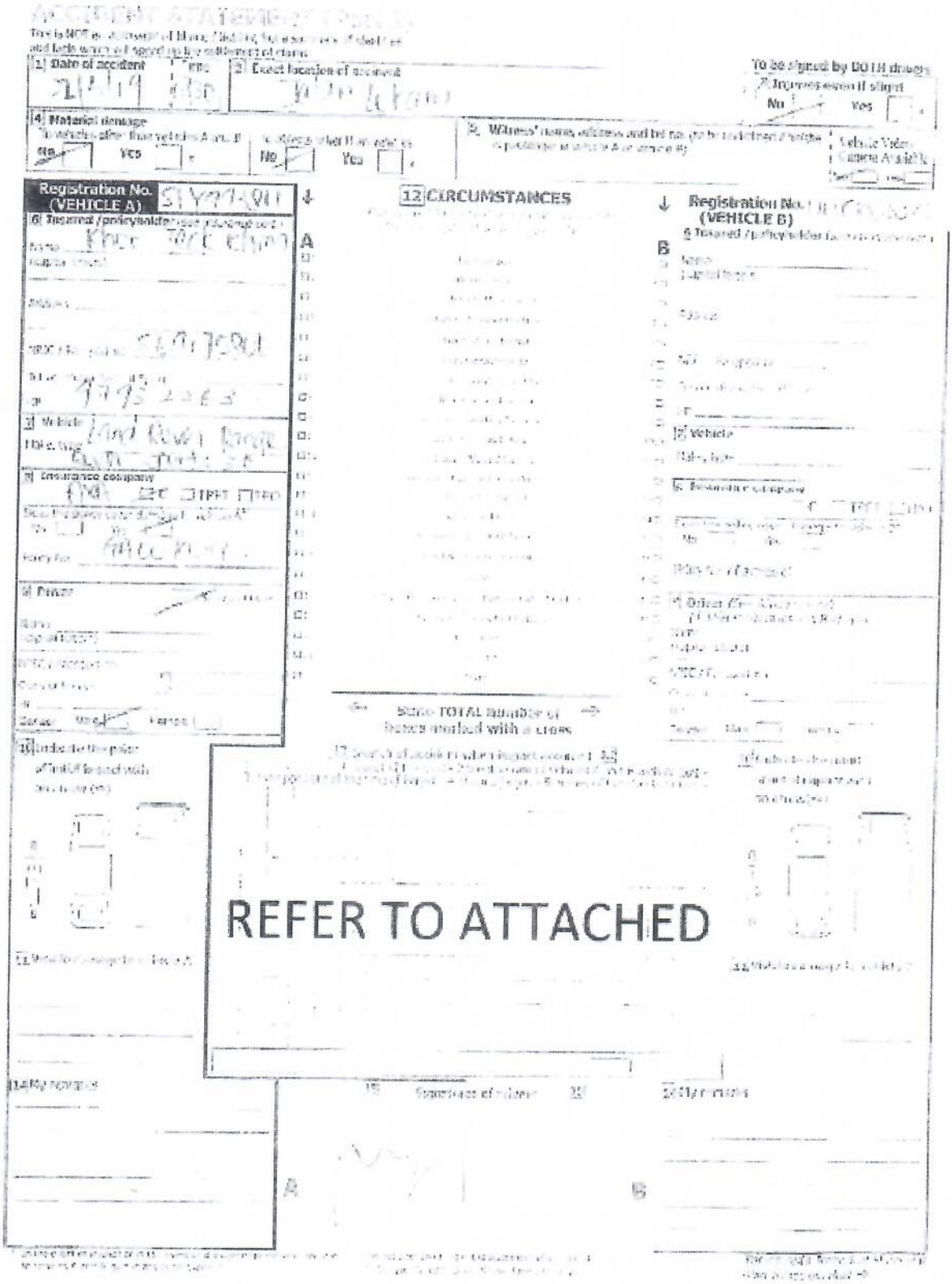
Date of issue

29-04-2010

55 TAI KENG GARDENS
SINGAPORE 535336

NRIC No: S6917580E

Date: 01/11/2017 (R)


Registration No. (VEHICLE A)
12 CIRCUMSTANCES
Registration No. (VEHICLE B)
REFER TO ATTACHED

tkkhor@outsourceasiaindustries.co-

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any) 8.

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one, state all) _____ Email: _____

2 Vehicle registration no. | c.c. | If commercial vehicle, state permissible carrying capacity

Of which vehicle are you the owner?

☑ A

☐ B

3 Is driver the owner? Yes | No | If no, State Relationship of Driver with owner | State the vehicle number and name of insurer of driver's own vehicle (where applicable)

4 Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire

☐ Others - please specify _____

5 Is the vehicle still in use? Yes | No | If no, state where it is at present _____ Tel no. _____

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes | No

If no, state action to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth	Occupation		Date of license pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
4/6/69	Indoor	Outdoor	14/1/88	Yes	No	Yes	No

8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)

Police action

12 Was the accident reported to the Police? Yes | No

If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes | No

If yes, against whom? _____

Accident details

14 Weather conditions Clear | Raining | Others

15 Road surface Wet | Dry | Others

16 Speed of vehicles A _____ km/hr | B _____ km/hr

17 What warnings were given by driver or other party? _____

18 Were street lights illuminated? Yes | No

19 What lights were displayed on your vehicle/the other vehicle(s)? _____

20 If your vehicle is commercial, state weight of load carried at time of accident _____

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (including Driver) 0

Declaration

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

Policyholder's signature _____ **Date** 22/5/19 2:24pm

Driver's signature (if driver is not the policyholder) _____ **Date** _____