

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

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)

Invoice

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. GA 007929 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.


20/6/19
Customer's Signature / Date
(PLEASE SIGN AND RETURN)

11101425

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 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
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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

Vehicle
A -
B -

Legend

 
Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PACKED MY CAR ALONG JALAN LUKAN
BOTOSIDIS. OVERALL 147. ON 21ST MAY
2019.

WOKED UP AND SAW MY CAR BEING
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

Licence Number: S6917580E

Name: KHOR TECK KHIM

Birth Date: 04 Jun 1969

Issue Date: 24 Mar 2004

901174872D

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

06917580E

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

Class	Description	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

4568710

NRIC No. S6917580E

Date of issue: 29-04-2010

55 TAI KENG GARDENS
SINGAPORE 535336

NRIC No: S6917580E

Date: 01/11/2017 (R)

Common Statement

ACCIDENT ATTEMPTED TO KILL

There is NO mention of illness, 'dieting', but a series of 'diet' and 'diet' were all agreed upon in the medical records.

1) Date of accident 2/1/19		2) Exact location of accident Main St		To be signed by BOTH drivers Improvement if subject No ☒ Yes ☐	
4) Material damage No vehicle other than vehicles A and B No ☒ Yes ☐		No damage other than vehicles No ☒ Yes ☐		5) Witness' names, address, and tel. no. to be contacted if subject is party to accident or involved in it Vehicle Video Camera Available Yes ☐ No ☒	
Participating No ☒ Yes ☐					

Registration No. (VEHICLE A)		51477-811
6) Insured policyholder (see page 1001)		
Name: Peter Wick Klyn		
Address:		
Telephone: 56917580		
Date of birth: 9795 2263		
7) Vehicle		
Make/Type: Land Rover Range		
Color: Blue		
8) Insurance company		
Name: DE DITTE DE		
Date of contract: 1997		
Policy No: 6000000000		
9) Driver		
Name: [Signature]		
Date of birth: 1975		
10) Second driver		
Name: [Signature]		
Date of birth: 1975		

12. CIRCUMSTANCES	
A	1. In the morning
B	2. In the afternoon
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AA	27. In the evening
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↓ Registration No. 10-1000000
(VEHICLE E)
5 Insured / policyholder last name and initials
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6 Name _____
7 Surname _____
8 Address _____
9 City _____
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REFER TO ATTACHED

Individual Statement

tkkhor@outsourcesignindustries.co

INDIVIDUAL STATEMENT (Part II)		Date Workshop Email / Fax (if any)	
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. CC		If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes ☒ No ☐ If no, state Relationship of Driver with owner		state the vehicle number and name of owner 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.		
Of which vehicle are you the owner?	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)		
	7 Date of birth	Occupation	Date of licence pass
	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		
Driver or person in charge of vehicle at the time of accident (including insured)	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
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
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)?		
Declaration	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		
	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature _____ Date 22/5/19 2:20pm		
	Driver's signature (if driver is not the policyholder) _____ Date		