

Surveyor: Guo Ding

REF: CS3/ASM18017024/GH301

Special Instruction:

ASSIGNMENT (Office)

From (Person): Xin Yi

of Sea Hong

Date/Time: 11/12/2019

HS: \$ 5600.00

Estimated Cost:

Bill to:

Third Parties:

Claimant:

Surveyor: PAR Automotive

Workshop: Twincar Automotive

OT-TP Re-inspection Evaluation

To Inspect Vehicle No:

SLS 9720D

Insured: SFB 5166R

at Workshop m/s:

Twincar Automotive

Tel: 68420051

of

2 Kaki Bukit Ave 2 #01-18 Autohub

Policy No: 88M00VOR

Claim No: 19.27384

Sum Insured:

Excess:

Make of Veh:

D.O.A. 15/09/2018

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time:

Confirmed with

Final Fig

days (Red \$ / %; Original 7 days)

Date/Time:

4/12

Submit Final Fig

2900

days

(Red \$ 2400 / 48 %; Original 7 days)

Date/Time

Action/Instruction

SLS 9720D - CS3 / ASM18017024 / Lichee

SFB 5166R - CS3 / ASM18017024 / Lichee

BOA: 15/09/2018

DOA: 15/09/2018

RECEIVED 5 FEB 2020

4/12/2020

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

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

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

150

150

1) Date/Time

4/12/2020

File Pass to Typist

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

13/09/2003

ASS. REC. BY:

REF: CS3 / ASM18017024 / G dbr

Special Instruction:

SUITABLE

ASSIGNMENT (Office)

From (Person): Cynthia Loh of ASM Date/Time: 18/09/2018 4.06pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLS 97700 Insured: SFB 5166Rat Workshop m/s: Twincar Automotive Tel: 68420051of 2 Kaki Bukit Ave 2 #01-17Policy No: _____ Claim No: SSM0000R

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/09/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS

19-09-2018

H.O.D. Endorsement: _____

Date/Time: 18/09/2018 4.17pm Person Contacted: Elynn Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	<u>SLS 97700 - X</u>
	<u>SFB 5166R - X</u>

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Wednesday, 11 December 2019 3:59 PM
To: 'Admin-D (LKKAuto)'; 'Admin A'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; gideon@seahong.com.sg
Subject: SOP file ref: 19.27384 | Claim by TAY CHIT LUR (OWNER of SLS 9720D) | Accident on 15.09.18 | SLS 9720D

Dear Nivitha

MC/MC SUIT NO. 15730 OF 2019
CLAIMANT : TAY CHIT LUR (OWNER)
VEHICLE NUMBER : SLS 9720D
ALLEGED ACCIDENT DATE : 15.09.2018
AXA VEHICLE NUMBER : SFB 5166R

- 1) Our client, AXA, informed us that you were engaged to do PRI for this claim.
- 2) Claimant's LOD and other supporting documents can be downloaded via https://1drv.ms/b/s!AtyQSG-oo66hk_hUbwKqz7oJQpQnUA.
- 3) Can we have the PRI report? Please also let us know if RI is required.
- 4) If you have conducted post repair inspection already, please let us have your survey report soonest. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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VISION LAW LLC

Advocates & Solicitors - Notaries Public - Commissioners for Oaths
(Incorporated with limited liability)

ERIC NG CHENG BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI DIO MUNANDY
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
TAN YINGXIAN, SELWYN
CHEONG YUNHUI, CLAUSSA
EDISON TAM CHYI EU
SONIA LIM WEI LEI

Unique Entity Number: 200721148H

Head Office: 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh
#03-11 HDB Hub (Biz 3 Lobby 1)
Singapore 310490



Branch
TEL : (65) 63580703

3019640870---

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE - Please to HEAD OFFICE for this matter

Our Ref : AM-atv-Ins-T140-109657-19
Your Ref : SFB 5166 R

Date: 2 April 2019

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attn: Motor Claims Department

YEOW KIM HOO
2A Kovan Road
Singapore 548009

URGENT

**WITHOUT PREJUDICE
BY HAND**



CERTIFICATE OF POSTING
[For your information only]

Dear Sir,

CLAIMANT : TAY CHIT LUR
ACCIDENT INVOLVING SLS 9720 D & SFB 5166 R ON 15-SEP-2018 ALONG JALAN LINGKARAN DALAM IN MALAYSIA AT ABOUT 2230HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **15-SEP-2018 ALONG JALAN LINGKARAN DALAM IN MALAYSIA AT ABOUT 2230HOURS** involving our client's vehicle registration number **SLS 9720 D** and vehicle registration number **SFB 5166 R** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured 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:-

01.	Cost of Repair	\$5,992.00
02.	Rental fees	\$ 840.00
03.	Loss of Use for 2 days at \$120.00 per day	\$ 240.00
04.	Survey report fees	\$ 641.00
05.	Towing fees	\$ 100.00
06.	GIA & LTA search / report fees	\$ 43.98
07.	Cost Contribution (at this stage)	\$1,605.00
08.	Disbursements (at this stage)	\$ 50.00
TOTAL		\$9,511.98

.../2 to be continued next page

VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AM-atv-Ins-T140-109657-19
Your Ref : SFB 5166 R

Date: 2 April 2019

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Attn: Motor Claims Department

YEOW KIM HOO

2A Kovan Road
Singapore 548009

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA report lodged by driver of SLS 9720 D & SFB 5166 R;
 - (b) Photographs taken at scene of accident;
 - (c) LTANet Search;
 - (d) Certificate of Insurance;
 - (e) Registration Card;
 - (f) Towing receipt;
 - (g) Rental agreement, rental invoice & rental receipt;
 - (h) Final Repair Bill;
 - (i) Surveyor's report & invoice; and
 - (j) 61 coloured photographs depicting the damages to motor vehicle SLS 9720 D.
- (P.S:- Original photographs will be sent to insurance co. only)

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

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 of this letter 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. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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

Anjali M
(HEAD OFFICE)

Enc.

cc: client Tay Chit Lur

As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.



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-18-147941

Date of Request: 25/09/2018

Your Ref No: WALK IN LEONG

TWINCAR AUTOMOTIVE PTE LTD
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: SLS9720D
Date of Accident: 15/09/2018
Place of Accident: JLN LINGKARRAN DALAM
Involving Vehicle No: SFB5166R

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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-18-147942

Date of Request: 25/09/2018

Your Ref No: WALK IN LEONG

TWINCAR AUTOMOTIVE PTE LTD
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB
SINGAPORE 417921

Dear Sir/Madam,

Date of Accident: 15/09/2018

Vehicle No: SLS9720D

Place of Accident: JALAN LINGKARAN DALAM (PETRONAS JALAN BUKIT CHAGAR

Involving Vehicle No: SFB5166R

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SFB5166R	JALAN LINGKARAN DALAM (PETRONAS JALAN BUKIT CHAGAR	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

PAR Automotive Consultancy

Regn. No: S2986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0109-19-TCA

04 March 2019

ACCIDENT VEHICLE SURVEY REPORT

Tay Chit Lur
70 Sengkang Square #01-46
Singapore 544705

VEHICLE INFORMATION:

Vehicle Reg No.:	SLS9720D	Odometer:	096088km
Make & Model:	Honda CRZ 1.5L CVT	Colour:	Silver
Chassis number:	JHMZF1420CS202396	Date of accident:	15/09/2018
Year of Regn.:	19/09/2012	Date inspected:	19/09/2018
Repairer at:	Twincar Automotive Pte Ltd 2 Kaki Bukit Ave 2 #01-17 Kaki Bukit Auto Hub Singapore 417921	Date inspected (After Repair):	24/09/2018

STATIC CHECKS, where applicable:

Steering :	serviceable
Footbrake :	serviceable
Handbrake :	serviceable
Paintwork :	Good
General condition :	Good

TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	<u>Size</u>
Front:	5mm/Yokohama	5mm/Yokohama	195/55R16
Rear:	5mm/Bridgestone	5mm/Bridgestone	195/55R16

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the rear RH portion.
Please see details as described in the Annex for parts and labour.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

Parts and Labour Assessment

PARTS

Description of part	Qty	Condition	Repairer's estimate	Our adjustment
REAR AXLE CARRIAGE	1	distorted	1,335.90	1,335.90 X SVC
REAR BUMPER	1	squashed	603.10	603.10 /
REAR BUMPER LOWER GARNISH	1	deformed	191.80	191.80 X SVC
REAR BUMPER RH END SEAL COVER	1	reuse	60.60	SVC 0.00
REAR BUMPER SIDE RETAINER L/R	2	necessary	32.60	32.60 16.3
REAR RH 16" SPORT RIM	1	abraded	791.40	791.40 /
REAR RH ABS SENSOR	1	shorted	173.50	173.50 X SVC
REAR RH FENDER	1	repair	791.40	0.00
REAR RH FENDER AIR VENT	1	warped	27.20	27.20 X SVC
REAR RH FENDER GLASS MOULDING	1	reuse	48.60	SVC 0.00
REAR RH SHOCK ABSORBER	1	bent	217.10	217.10 /
REAR RH WHEEL BEARING	1	dislodged	279.30	279.30 /
REAR TAILLAMP L/R	2	R-fractured	1,331.60	665.80 /
Subtotal before discount			S\$ 5,884.10	S\$ 4,317.70 2573
Percentage discount 20% and 20%			S\$ 1,176.82	S\$ 863.54
Sub-total 1			S\$ 4,707.28	S\$ 3,454.16 258.4
REAR BUMPER CLIPS - SET	1	necessary	50.00	50.00 /
REAR BUMPER REVERSE SENSOR	1	shorted	350.00	350.00 X SVC
REAR RH 195/55/16 TYRE	1	abraded	400.00	400.00 150
REAR RH FENDER GLASS SEALANT	1	reuse	100.00	0.00 } SVC
REAR RH FENDER INNER TRIM GARNISH CLIPS - SET	1	reuse	50.00	0.00 /
REAR RH FENDER SHIELD	1	fractured	30.00	30.00 /
REAR RH FENDER SHIELD CLIPS - SET	1	necessary	50.00	50.00 /
REAR TAILLAMP CLIPS L/R - SET	2	necessary	40.00	40.00 X SVC
RH SIDE ROCKER PANEL GARNISH CLIPS - SET	1	necessary	50.00	50.00 X SVC
Subtotal before discount			S\$ 1,120.00	S\$ 970.00 280
Sub-total 2			S\$ 1,120.00	S\$ 970.00
Parts-total			S\$ 5,827.28	S\$ 4,424.16


LABOUR

To remove, reinstall electrical wiring harness, check lighting and rewire for parking sensor.	100.00	50.00	✓
To remove, reinstall fender glass	100.00	0.00	
To remove, change rear suspension parts, axle carriage, absorber, lower arm, top arm, trailing arm, knuckle arm, wheel bearing, bearing hub and etc.	400.00	350.00	200
To road test driving, check and resetting wheel alignments system.	180.00	180.00	60
To remove, reinstall roof top trim upholstery, cushion seat, trim garnish, trim liner carpet. (to FR)	150.00	60.00	✓
To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	900.00	660.00	400
To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	1,000.00	750.00	500
To apply anti-rust chemical on repaired and replaced panel.	100.00	60.00	X
Labour Total	SS 2,930.00	SS 2,110.00	
Parts & Labour Total	SS 8,757.28	SS 6,534.16	1270

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on Lump Sum repairs is : SS 5,600.00
and the recommended number of working days for the repairs is within 7 day(s).


B J Loi (I Eng., MIMI, AIRTE)
Automotive Appraiser

3608.4
20%: 2900
5 Days

WINČAR RENTAL

Business Registration Number : 53092815M

: 2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

: 68420051 Fax : 67410510 email: sales@n51.com.sg

oice To :

Y CHIT LUR
SENGKANG SQUARE
1-46
SINGAPORE 544705

INVOICE

Invoice No. 13-2343

Date 24/9/2018

[illegible]

WINCAR RENTAL



leh

Authorised Signature

PAR Automotive Consultancy

Regn. No: S2986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0109-19-TCA

04 March 2019

Tay Chit Lur
70 Sengkang Square #01-46
Singapore 544705

INVOICE No. 0109-19-TCA

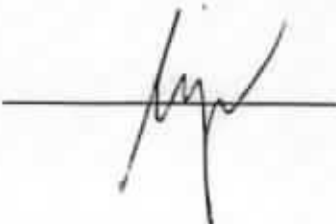
Vehicle No. SLS9720D

<u>S/NO.</u>	<u>SERVICES RENDERED</u>	<u>Amount due</u>
1	Being accident vehicle appraisal services, transport, photographs and re-inspection (work in progress and post repair inspection).	\$641.00
Total amount payable		<u>\$641.00</u>

Kindly cross your cheque in favour of "PAR Automotive Consultancy"

We thank you in anticipation for your prompt payment.

PAR Automotive Consultancy



PAR Automotive Consultancy

Regn No: S2986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0109-19-TCA

04 March 2019

ACCIDENT VEHICLE SURVEY REPORT

Tay Chit Lur
70 Sengkang Square #01-46
Singapore 544705

VEHICLE INFORMATION:

<i>Vehicle Reg No.:</i>	SLS9720D	<i>Odometer:</i>	096088km
<i>Make & Model:</i>	Honda CRZ 1.5L CVT	<i>Colour:</i>	Silver
<i>Chassis number:</i>	JHMZF1420CS202396	<i>Date of accident:</i>	15/09/2018
<i>Year of Regn.:</i>	19/09/2012	<i>Date inspected:</i>	19/09/2018
<i>Repairer at:</i>	Twincar Automotive Pte Ltd 2 Kaki Bukit Ave 2 #01-17 Kaki Bukit Auto Hub Singapore 417921	<i>Date inspected (After Repair):</i>	24/09/2018

RE-INSPECTION

We had carried out re-inspection during works in progress and post repair inspection on the above vehicle. Attached in Annex B are the re-inspection photos, showing the work in progress and our re-inspection to the hidden part that were damaged.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 04963

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)

Policy details

Policyholder name	YEOW KIM KHOO	Certificate number	GA342159 / 1
Cover	Comprehensive	Chassis number	ACR500029328
Plan name	Essential	Engine number	2AZF007347
NCD applicable	10%		
Vehicle registration number	SFB5156R		
Period of insurance	from 26/04/2018 to 25/04/2019 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (i) The Policyholder
 (ii) Any Named Driver as stated in the Policy:
 1. KAREN TED CHEW YIN
 (iii) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS	Basic Own Damage Excess	S\$0 800.00
	Windscreen Excess	S\$0 100.00

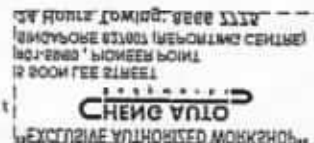
An Additional Excess is applicable as follows:

- S\$500 for unnamed Authorized Driver
- S\$500 for declared Young and Inexperienced Driver
- S\$5,000 for undecclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).



AXA Insurance Pte Ltd

Authorized signature

Important note

Policyholders are 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 the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.



TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

TC

VHA No: 71818

SL5 97207

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

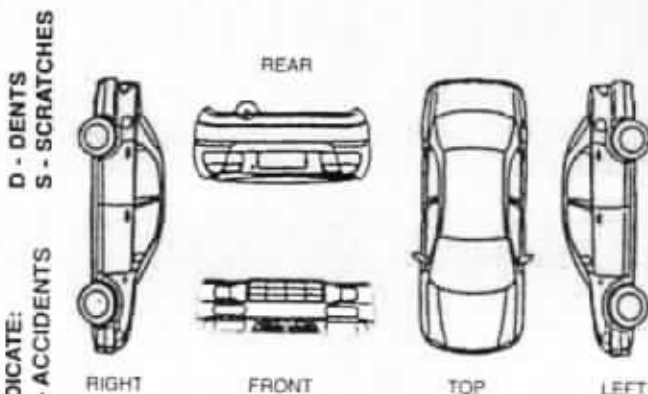
Name: (as in I/C) THY CHI LUR
NRIC/PASSPORT No: S 1599618H
Address (Res): 70 SENGKANG SQUARE
#01-46 S (544705)
Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____
Driving Licence No: _____ D/L Type: Local / International
Pass Date: _____ Date of Birth: 31/03/1963
Tel: (O) _____ (R) _____ HP 9825 1098

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) SIM SIANG BOON REUEL
NRIC/PASSPORT No: S 9308181 A
Address (Res): 70 SENGKANG SQUARE
#01-46 S (544705)
Driving Licence No: S9308181A D/L Type: Local / International
Pass Date: 17/03/2014 Date of Birth: 09/03/1993
Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST



ACCESSORIES CHECK

☐ Ashtray ☐ Cig Lighter ☐ S/Tyre
☐ STD Tools ☐ Jack ☐ Hub Caps
☐ Radio / Cass ☐ CD ☐ Cartridges

Vehicle No: SKW 3546X Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: TOYOTA AXIO ☒ Auto / Manual
Group: _____
OUT: Date 17/3/14 Time: 1645 HRS
HIRE/PERIOD EXPIRY _____
NON-WAIVER EXCESS : \$ _____

CHARGES

Daily	@ \$	<u>120</u>	per day	<u>7</u>	<u>840</u>	<u>00</u>
Weekly	@ \$		per week			
Monthly	@ \$		per month			
Hours	@ \$		per hour			
Others	@ \$					
CDW	@ \$		per day/month			
PAI	@ \$		per day/month			
Delivery Service						
SUB-TOTAL \$						

PETROL LEVEL

Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

EXTENSION

Collection Service _____

Misc. _____

TOTAL CHARGE \$ 840 00

Rented out by: _____

Hirer's Signature 

Addition Driver's Signature 

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBAY @ Kaki Bukit
Singapore 417883
Tel: 9015 8686 (Ah Boon)

CASH SALE

No. _____

Date: 17/9/18

Sold to: _____

SLS 9720 D

(Twincor)

CROWN

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Auto Bay		100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
Issued by: _____			Total :	100

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub

2 Kaki Bukit Ave 2

#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27

Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510

E-Mail : sales@n51.com.sg

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

TAY CHIT LUR

70 SENGKANG SQUARE #01-46

SINGAPORE 544705

Contact : 96756510, 98251098

TAX INVOICE

Date : 07/03/2019

Date in : 17/09/2018

Vehicle Num. : SLS9720D

Make/Model : HONDA CR-Z 1.5L CVT-2012

Chassis/Eng# : JHMZF1420CS202396/LEA12006137

Accident Date : 15/09/2018

Claim No : CLM14210

Reference : SEPT-08/2018

Policy No. : D18MTPV01003611 (11/02/2019)

Amount S\$

5,600.00

LUMPSUM REPAIR BILL

AS PER SURVEYOR REPORT

REF : 0109-19-TCA DATED 04/03/2019

BY PAR AUTOMOTIVE CONSULTANCY

E. & O.E. Sub S\$: 5,600.00

Add GST (7 %) S\$: 392.00

Total Amount S\$: 5,992.00



ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident Time 15/9/18 2345		2 Exact location of accident Petronas Jalan Bukit (Angkor JB.)		To be signed by BOTH drivers 3 Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SFB5166R

6 Insured / policyholder (see insurance cert.)
 Name Yeow Kim Hoo
 (capital letters)
 Address _____
 NRIC / Passport no. S26390293
 Tel no. (from Sam Hill Spm) _____
 HP 96602969

7 Vehicle
 Make, type _____

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☐
 Policy No. GA342159/1

9 Driver ☒ Same as Owner
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence 3
 HP _____
 Gender Male ☒ Female ☐

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Hood to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening door of vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Thief

Registration No. (VEHICLE B) SLS 9720D

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)
 Address _____
 NRIC / Passport no. _____
 Tel no. (from Sam Hill Spm) _____
 HP _____

7 Vehicle
 Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
 Policy No. (if available) _____

9 Driver (See driving licence)
 (if different from insured B above)
 Name SIM SIANG BOON
 (capital letters) REUEL
 NRIC / Passport no. S9308181A
 Class of licence 78251098
 HP _____
 Gender Male ☒ Female ☐

← State TOTAL number of boxes marked with a cross →

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

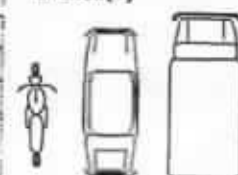


Alternatively, please mark a sketch on one of the sketches on page 4

15 Signatures of drivers

A [Signature]

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

* In the event of repairs or in the event of damage to property other than to vehicles A and B, give information thereof

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or approved workshop (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (if more than one, state all)		Enrol: <u>Department of Transport</u>		
	2. Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity		
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire				
	<input type="checkbox"/> Others - please specify				
	5. Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If no, state where it is at present Tel no. _____				
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A				
	<input type="checkbox"/> B				
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
	7. Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Driver or person in charge of vehicle at the time of accident (including insured)	Indoor / Outdoor				
	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?
					Yes No Yes No
					Yes No Yes No
					Yes No Yes No
					Yes No Yes No
					Yes No Yes No
Damage to property & vehicles (other than vehicle 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, please state which Police station _____				
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, against whom? _____				
	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others _____				
	15. Road surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____				
Accident details	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)				
Declaration	22. State number of passengers (including Driver) _____				
	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____ Date _____				
	Driver's signature (if driver is not the policyholder) _____ Date _____				

SOMPO

Sompo Insurance Singapore Pte. Ltd.
Sompo Plaza, 100-110 Robinson Road, Singapore 068902
Tel: 6226 3323 Fax: 6226 3322 E-mail: sompo@sompo.com.sg
G.P. Reg. No.: 19490142007 GST Reg. No.: A1500673-90

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)

Cert No./Policy No. D12MTPV01003611
Insured TAY CHIT LUR
Motor Car (Registration No.) SL59720D
Cover Comprehensive - ExcelDrive FOCUS
Policy Commencement Date 12 FEBRUARY 2018 00:00
Policy Expiry Date 11 FEBRUARY 2019 23:59
Maximum Liability (Section I) Market value at time of loss
Excess* \$500 - Section I
(Valued up to 50% or maximum \$5600 whichever is lower if accident repair is done at ExcelDrive Workshops for the first claim per policy year)
Voluntary Excess* N/A
Windscreen Excess* \$5100.00 - Waived if Repair at ExcelDrive Workshop
Loss of Use N/A
* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Car during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP 27

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue: 12 FEBRUARY 2018 14:50

IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Car.
- b. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- c. On the sale of the Motor Car or if for any reason the insurance is terminated during its currency, the Insured 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 (Chapter 189).
- d. This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 9618H

Vehicle Details

Vehicle No.: SL59720D
Vehicle to be Exported: No
Intended Deregistration Date: 17 Sep 2018
Vehicle Make: HONDA
Vehicle Model: CR-Z 1.5L CVT
Primary Colour: Silver
Manufacturing Year: 2012
Engine No.: LEA12006137
Chassis No.: JHMZF1420CS202396
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$28,658.00
Original Registration Date: 19 Sep 2012
First Registration Date: 19 Sep 2012
Transfer Count: 2
Actual ARF Paid: \$17,195.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 18 Sep 2022
PARF Rebate Amount: \$12,036.00

Intended COE Rebate Details

COE Expiry Date: 18 Sep 2022
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$68,000.00
COE Rebate Amount: \$27,218.00
Total Rebate Amount: \$39,254.00

The information contained herein is correct as at 17 Sep 2018

OK

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	17/09/2018 17:23
Date Of Accident	15/09/2018 22:30
Exact Location Of Accident	JALAN LINGKARAN DALAM (PETRONAS JALAN BUKIT CHAGAR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9720D
Insured/Policyholder	
Name Of Registered Owner	TAY CHIT LUR
NRIC No	S1599618H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96756510
Alternative Phone No	OFFICE-96756510

Vehicle Particulars

Manufacturer	HONDA
Model	CRZ
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01003611
Cover Note Number	

Driver

Name of Driver	SIM SIANG BOON REUEL
NRIC No	S9308181A
Date Of Birth	09/03/1993
Occupation	INDOOR
Date Of Driving Pass	17/03/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98251098
Fax Number	
Contact Number	

Address	70 SENGKANG SQUARE #01-48
Postcode	544705
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	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	
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : FEMALE

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

I WAS STATIONARY STOP AND QUEUING UP FOR THE NEXT AVAILABLE PUMP STATION AT PETRONAS (JALAN BUKIT CHAGAR). WHILE I WAS WAITING, SUDDENLY A VEHICLE CAME OUT FROM THE PETROL STATION, INSTEAD OF TURNING OUT FROM THE PETROL STATION, HE MADE A RIGHT TURN AND HIT ONTO THE RIGHT REAR PORTION OF MY VEHICLE. AS THERE WAS VEHICLE IN FRONT OF ME, I COULDN'T SHIFT MY VEHICLE TO AVOID THE COLLISION. AND THE SUDDEN TURN BY VEHICLE (SFB5166R) TO MY DIRECTION WAS TOO SUDDEN, I ALSO COULDN'T REACT IN TIME. I ALIGHTED FROM MY VEHICLE AND REALISED IT WAS A VEHICLE WITH LICENCE PLATE (SFB5166R) THAT COLLIDED ONTO MY VEHICLE WHEN HE MADE A RIGHT TURN GOING AGAINST THE FLOW AND HIT ONTO THE RIGHT REAR OF MY VEHICLE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFB5166R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

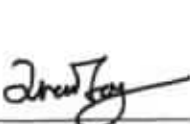
SKETCH PLAN


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:

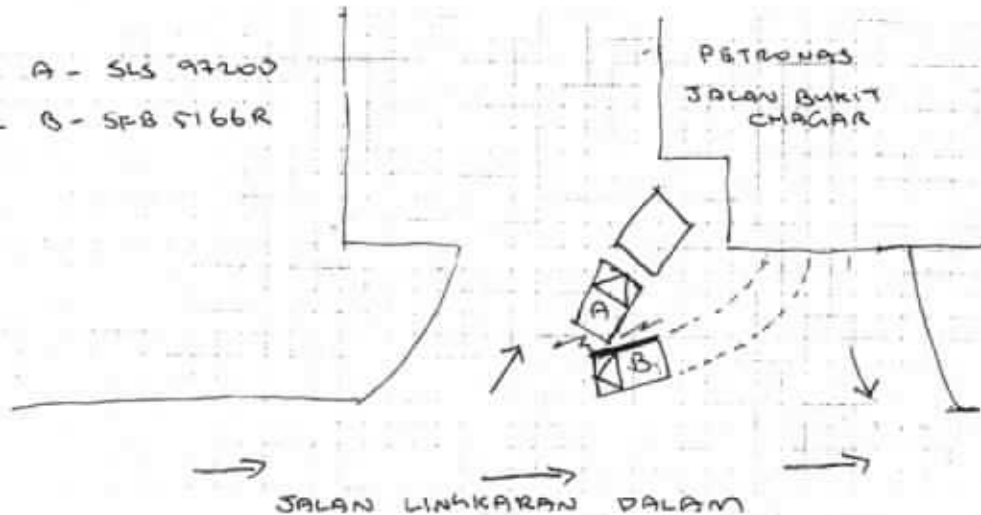

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2 Pg. 1

SKETCH PLAN

VEHICLE A - SLS 9720D
VEHICLE B - SFB 5166R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AND QUEUING UP FOR THE NEXT AVAILABLE PUMP STATION AT PETRONAS (JALAN BUKIT CHAGAR)
WHILE I WAS WAITING, SUDDENLY A VEHICLE CAME OUT FROM THE PETROL STATION, INSTEAD OF TURNING OUT FROM THE PETROL STATION, HE MADE A RIGHT TURN, AND HIT ONTO THE RIGHT REAR PORTION OF MY VEHICLE.
AS THERE WAS VEHICLE IN FRONT OF ME, I COULDN'T SHIFT MY VEHICLE TO AVOID THE COLLISION, AND THE SUDDEN TURNED BY THE VEHICLE (SFB 5166R) TO MY DIRECTION, WAS TOO SUDDEN THAT I ALSO COULDN'T REACT ON TIME.
BACKWARD FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SFB 5166R) THAT COLLIDED TO MY VEHICLE, WHEN HE MADE A RIGHT TURN GOING AGAINST THE FLOW AND HIT ONTO THE RIGHT REAR OF MY VEHICLE.
VEHICLE A - SLS 9720D
VEHICLE B - SFB 5166R

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

INSURANCE

Sampo Insurance Singapore Pte. Ltd.
 100, North Bridge Road, #12-01, Singapore 079100
 Tel: 339 3333 Fax: 339 3337 E-mail: sampo@sg.sampo.com.sg
 Website: www.sampo.com.sg

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 139)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1950 (MALAYSIA)

Policy No.	Q10MTXV010C3011
Owner	TAY CHIT LUR
Car (Registration No.)	SL 587500
Driver	Comprehensive ExcessDrive FOCUE
Policy Commencement Date	12 FEBRUARY 2018 00:00
Policy Expiry Date	11 FEBRUARY 2019 23:59
Maximum Liability (Section 1)	Market value at time of loss
Excess*	\$500 - Section 1 (Waived up to 50% or maximum \$500 whichever is lower if accident repair is done at ExcessDrive Workshops for the first claim per policy year)
Voluntary Excess*	N/A
Windscreen Excess*	\$300.00 - Waived if Repair at ExcessDrive Workshop
Limit of Use	N/A
* Waived to 100% wherever applicable	

Therefore all Classes of Persons entitled to drive*

1. The Insured;
2. Any other person who is driving on the Insured's order or with his permission in the event of the death of the Insured;
3. Any member of the Insured's family, or a paid driver who has been driving the Motor Car during the life of the Insured and permitted to drive has not been withdrawn prior to the death of the Insured; and
4. Any other person who has been given permission to drive the Motor Car prior to the death and such permission has not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car. And provided further that the Motor Car is registered under the Motor Traffic Act (Chapter 278) and is registered under the Road Traffic Act (Chapter 278) has not been recalled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, corporate and pleasure purposes and for the insured's business. The Policy does not cover use for hire or reward, racing, pack-hauling, speed and/or reliability trial, the carrying of goods other than mail or in connection with any trade or business or use for any purposes in connection with the Motor Cycle.

Journal of Management Education 34(1)

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Centre with the Member within 72 hours of the accident or by the next working day thereafter.

All accident repairs to the Merit Car must be carried out at Excel Drive Workshops, otherwise the claim is not covered under the Policy. For Road Traffic Insurance (PIA), accident repairs to the Merit Car can be carried out at any workshop other than Excel Drive Workshops.

For related information, Reporting Centres and Technical Reports, please visit our website at www.mmpc.com.my or call 03-89999999.

[illegible]

Sungro Insurance Singapore Pte. Ltd.

Stallach

Autoregulated Signaling

Delivery of test: 12 FTBLA 4th Grade 1400

CONSTITUTIONAL MOTIVATION

- [illegible]

Illegals Can Cross & Hide, INSADP-4, ENVIRONMENTAL ACTION, CIC/INT. REGISTRATION

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	17/09/2018 11:29
Date Of Accident	15/09/2018 23:45
Exact Location Of Accident	PETRONAS JALAN BUKIT CHAGAR (JB)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB5166R
Insured/Policyholder	
Name Of Registered Owner	YEOW KIM HOO
NRIC No	S2639029Z
Email Address	GOLDENCONSTRUCTIONPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96607969
Alternative Phone No	OFFICE-96607969

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (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?	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	GA342154/1
Cover Note Number	

Driver

Name of Driver	YEOW KIM HOO
NRIC No	S2639029Z
Date Of Birth	20/10/1962
Occupation	INDOOR
Date Of Driving Pass	23/02/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96607969
Fax Number	
Contact Number	OFFICE-96607969

Address	2A KOVAN ROAD
Postcode	548009
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	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	
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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS9720D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM SIANG BOON REUEL
NRIC/Passport Number	S9308181A
Contact Number	98251098
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1


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:



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



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

SKETCH PLAN

Vehicle
A - SPB 516GR
B - SLS 9720D

Petronas IB

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was exiting from Petronas Station of Jalan Bukit Chagar JB. The traffic was heavy so I moved slowly. Due to the queuing vehicle front beam light too bright, I unable to expect the vehicle B locate and knock onto the rear right portion of the vehicle B.

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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Common Statement Pg. 1

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident <u>15/9/18</u> Time <u>3:45</u>		2 Exact location of accident <u>Petronas Jalan Bukit (hagar) (JB.)</u>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SFB5166R

6 Insured / policyholder (see insurance cert.)
 Name Yeow Kim Hoo
 (capital letters)
 Address _____
 NRIC / Passport no. S26390292
 Tel no. (from 9am till 5pm) _____
 HP 96602969

7 Vehicle
 Make, type _____

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☐
 Policy No. GA342159/1

9 Driver ☒ Same as Owner
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence 3
 HP _____
 Gender Male ☒ Female ☐

12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|------------------------------|--------------------------------------------------------------------------|
| A | <input type="checkbox"/> Chain Collision |
| <input type="checkbox"/> C1 | <input type="checkbox"/> Collided into Bicyclist |
| <input type="checkbox"/> C2 | <input type="checkbox"/> Collided into Motorcyclist |
| <input type="checkbox"/> C3 | <input type="checkbox"/> Collided into Parked Vehicle |
| <input type="checkbox"/> C4 | <input type="checkbox"/> Collided into Pedestrian |
| <input type="checkbox"/> C5 | <input type="checkbox"/> Collided into Property |
| <input type="checkbox"/> C6 | <input type="checkbox"/> Collision - Change/Cross Lane |
| <input type="checkbox"/> C7 | <input type="checkbox"/> Collision - Cross Junction |
| <input type="checkbox"/> C8 | <input type="checkbox"/> Collision - Head on Collision |
| <input type="checkbox"/> C9 | <input type="checkbox"/> Collision - Head to Rear |
| <input type="checkbox"/> C10 | <input type="checkbox"/> Collision - Major/Minor Rd |
| <input type="checkbox"/> C11 | <input type="checkbox"/> Collision - Opening Door of Vehicle |
| <input type="checkbox"/> C12 | <input type="checkbox"/> Collision - Roundabout |
| <input type="checkbox"/> C13 | <input type="checkbox"/> Collision - U-Turn |
| <input type="checkbox"/> C14 | <input type="checkbox"/> Drink Driving / Drug Influence |
| <input type="checkbox"/> C15 | <input type="checkbox"/> Fire, Explosion or Lightning |
| <input type="checkbox"/> C16 | <input type="checkbox"/> Flood |
| <input type="checkbox"/> C17 | <input type="checkbox"/> Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> C18 | <input type="checkbox"/> Hit by Fallen Trees / Other Objects |
| <input type="checkbox"/> C19 | <input type="checkbox"/> No Collision |
| <input type="checkbox"/> C20 | <input type="checkbox"/> Side Swipe |
| <input type="checkbox"/> C21 | <input type="checkbox"/> Theft |
| <input type="checkbox"/> C22 | |

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SLS 97204

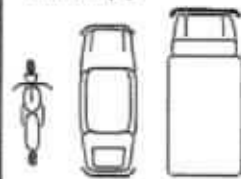
6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)
 Address _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP _____

7 Vehicle
 Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
 Policy No. (if available) _____

9 Driver (See driving licence) (if different from Insured B above)
 Name SIM SIANG BOON
 (capital letters)
 NRIC / Passport no. S9308181A
 Class of licence _____
 HP 98251098
 Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
 Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A

[Signature of Driver A]

B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Totes or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (if more than one, state all) _____ Email: <u>guy@totes.co.uk</u>				
	2. Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity _____		
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify _____				
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> 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 licence pass _____	Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input type="checkbox"/> 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				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____				
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____				
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others _____				
	15. Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____				
	16. Speed of vehicle <input type="checkbox"/> A _____ km/hr <input checked="" type="checkbox"/> B _____ km/hr				
	17. What warnings were given by driver or other party? _____				
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> _____				
	(We declare the foregoing particulars are true in every respect)				
Policyholder's signature _____ Date _____					
Driver's signature (if driver is not the policyholder) _____ Date _____					



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 ☎ (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

account number
 04983

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987 - Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1988 (Malaysia)

Policy details

Policyholder name	YEOW KIM KHOO	Certificate number	GA342158 / 1
Cover	Comprehensive	Chassis number	ACR500029328
Plan name	Essential	Engine number	2AZF007347
NCD applicable	10%		
Vehicle registration number	SFB5186R		
Period of Insurance	from 26/04/2018 to 25/04/2019 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (i) The Policyholder
- (ii) Any Named Driver as stated in the Policy:
 - 1. JAREN TED CHEW YIN
- (iii) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

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

This 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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
 * Additions, any not to be included under those headings.

EXCESS	Basic Own Damage Excess	SGD 600.00
	Windscreen Excess	SGD 100.00

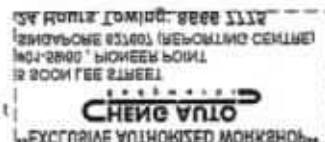
An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorized Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).



AXA Insurance Pte Ltd

Authorized signatory

Important note

Policyholders are 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 the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



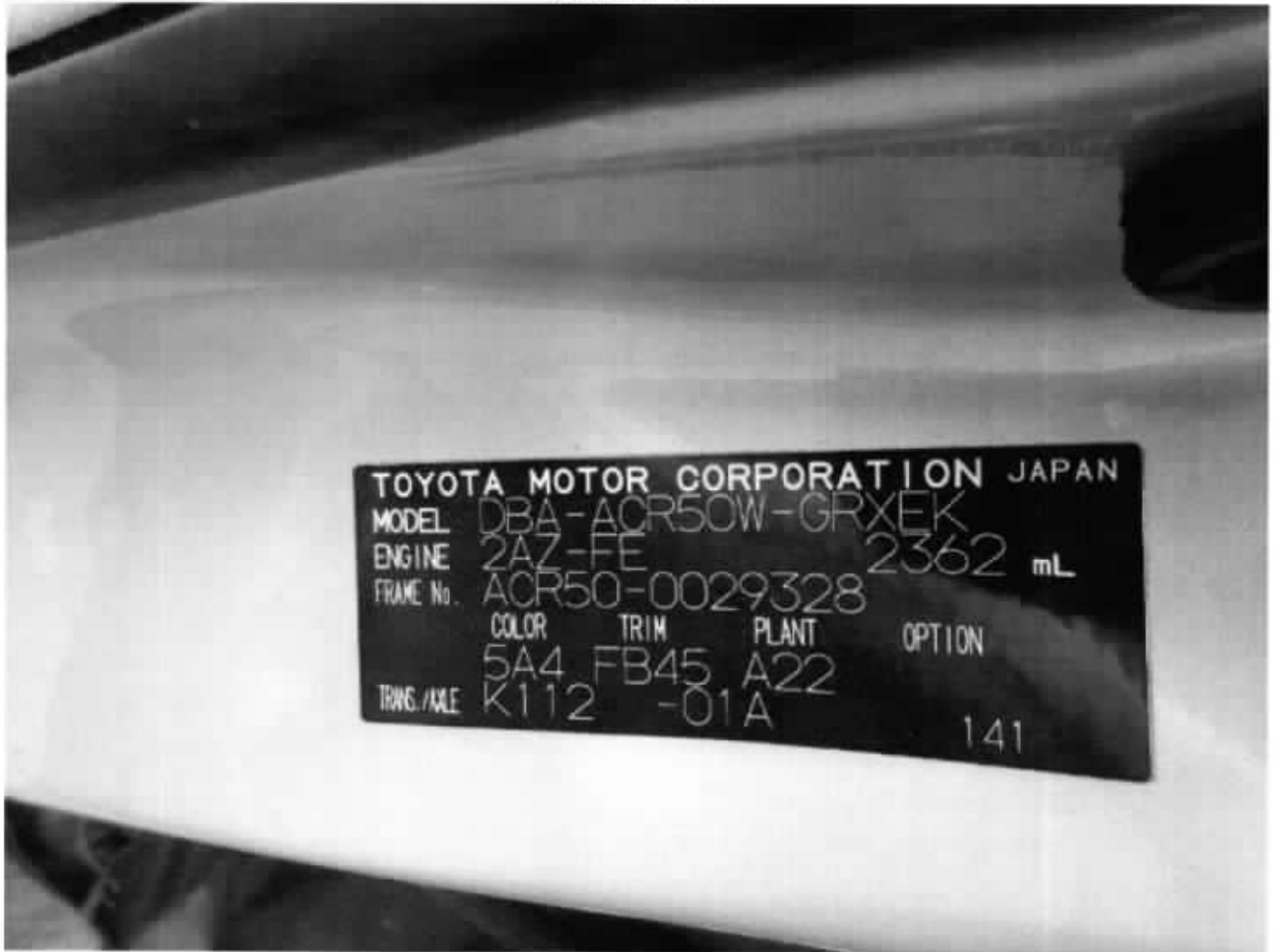
Accident Photo



Accident Photo



Accident Photo





Your Ref: 19.27384

Date: 06th Feb 2020

Our Ref : CS3/ASM18017024/Gtd3e2-1

M/s AXA Insurance Pte Ltd
C/O: Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SLS 9720D
INSURED VEHICLE: SFB 5166R
ACCIDENT DATE: 15/09/2018

We thank you for your instruction on 11/12/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SLS 9720D from M/s PAR Automotive Consultancy.
- b) Singapore Accident Statement of Vehicles SLS 9720D and SFB 5166R.
- c) Final Repair Bill of SLS 9720D from M/s Twincar Automotive Pte Ltd.
- d) Colour damaged vehicle photographs of SLS 9720D.

Pre-Repair Inspection Date : 19/09/2018 at M/s Twincar Automotive Pte Ltd, Kaki Bukit Autohub,
2 Kaki Bukit Ave 2, #01-17 / #01-18, Singapore 417921.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SJS 9720D
Make & Model	: Honda CR-Z 1.5L CVT
Year of Registration	: 2012
Chassis Number	: JHMZF1420CS202396
Engine Capacity	: 1497 cc
2. We recommend that the repairs of the entire damage require about 5 (Five) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 9720D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR AXLE CARRIAGE	SERVICEABLE	1,335.90	-
1	REAR BUMPER	SQUASHED	603.10	603.10
1	REAR BUMPER LOWER GARNISH	SERVICEABLE	191.80	-
1	REAR BUMPER RH END SEAL COVER	SERVICEABLE	60.60	-
2	REAR BUMPER SIDE RETAINER L/R	N/S SERVICEABLE / O/S DEFORMED	32.60	16.30
1	REAR RH 16" SPORT RIM	ABRADED	791.40	791.40
1	REAR RH ABS SENSOR	SERVICEABLE	173.50	-
1	REAR RH FENDER	TO REPAIR SEE LABOUR	791.40	-
1	REAR RH FENDER AIR VENT	SERVICEABLE	27.20	-
1	REAR RH FENDER GLASS MOULDING	SERVICEABLE	48.60	-
1	REAR RH SHOCK ABSORBER	BENT	217.10	217.10
1	REAR RH WHEEL BEARING	DISLodge	279.30	279.30
2	REAR TAILLAMP L/R	O/S FRACTURED	1,331.60	665.80
	LESS 20% DISCOUNT		-1,176.82	-514.60
			4,707.28	2,058.40
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	350.00	-
1	REAR RH 195/55/16 TYRE (SN)	ABRADED	400.00	150.00
1	REAR RH FENDER GLASS SEALANT (SN)	SERVICEABLE	100.00	-
1	SET REAR RH FENDER INNER TRIM GARNISH CLIPS (SN)	SERVICEABLE	50.00	-
1	REAR RH FENDER SHIELD (SN)	FRACTURED	30.00	30.00
1	SET REAR RH FENDER SHIELD CLIPS (SN)	NECESSARY	50.00	50.00
2	SET REAR TAILLAMP CLIPS L/R (SN)	SERVICEABLE	40.00	-
1	SET RH SIDE ROCKER PANEL GARNISH CLIPS (SN)	SERVICEABLE	50.00	-
			1,120.00	280.00
LABOUR				
	TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING AND REWIRE FOR PARKING SENSOR.		100.00	50.00
	TO REMOVE, REINSTALL FENDER GLASS.	NOT NECESSARY	100.00	-

Report Ref No. CS3/ASM18017024/Gtd3e2-1



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE, CHANGE REAR SUSPENSION PARTS, AXLE CARRIAGE, ABSORBER, LOWER ARM, TOP ARM, TRAILING ARM, KNUCKLE ARM, WHEEL BEARING, BEARING HUB AND ETC.		400.00	200.00
	TO ROAD TEST DRIVING, CHECK AND RESETTING WHEEL ALIGNMENTS SYSTEM.		180.00	60.00
	TO REMOVE, REINSTALL ROOF TOP TRIM UPHOLSTERY, CUSHION SEAT, TRIM GARNISH, TRIM LINER CARPET. (TO FR)		150.00	60.00
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT.		900.00	400.00
	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR RH FENDER.		1,000.00	500.00
	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL	NOT NECESSARY	100.00	-
			2,930.00	1,270.00
	GRAND TOTAL		8,757.28	3,608.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,900.00

Report Ref No. CS3/ASM18017024/Gtd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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