

ApeosPort-V C6680 T2

Transmission Report

G3-ID
Local Name
Company Logo

Date & Time: 27/03/2020 18:19
Page: 1(Last Page)

The job has been sent.
Original Size: A4

SME MOTOR PTE LTD

MS FIRST Capital Insurance Limited
36 Robinson Road #16-01
CITY HOUSE
Singapore 068877

Your Insured Vch No. : SMP9835K
Your Ref :
Our Ref : SKC4036A
Date : 25/03/2020

WITHOUT PREJUDICE

Dear Sir/Madam

Accident involving SMP9835K and SKC4036A
on 02/01/2020 at KJE SLIP ROAD CCK WAY.

Please refer only to the boxes marked (x).

☒ We refer to ☒ the above accident / ☐ your letter dated

☒ We have been authorised by the owner of vehicle number SKC4036A which was damaged by your insured's motor vehicle number SMP9835K in the aforesaid accident.

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

Cost of Repair / Insurance Excess	-
Survey report fees	320.00
Loss of Use: 4 days @ \$80.00 per day	320.00
Car-Rental-Fee/ Towing B/E	30.00
GIA/LTA search fees	-
Total \$S	370.00

☒ We forward herewith the following relevant supporting documents:-


<input type="checkbox"/> Survey Reports & photographs (To be returned within 7 days on demand)	<input checked="" type="checkbox"/> Copy of NRIC/Driving licence
<input type="checkbox"/> Final repair bill(Tax Invoice)	<input checked="" type="checkbox"/> Copy of LTA/GIA vehicle search
<input type="checkbox"/> Bill/Receipt for the excess	<input checked="" type="checkbox"/> Non-injury motor report form
<input type="checkbox"/> Rental Agreement	<input checked="" type="checkbox"/> Letter of Authority
<input checked="" type="checkbox"/> Copy of the Insurance Certificate	

☒ Cheque to be made payable to Messrs SME MOTOR PTE LTD.

☐ Any request for a re-survey of our client's vehicle must be arranged within the 14 days upon receipt of this letter. The re-survey must be conducted at our premises, in the presence of our client.

☒ Please note that you should send to us an acknowledgment of receipt of this letter within 07 days of your receipt of this letter.

Yours faithfully,



SME MOTOR PTE LTD
and

WE HEREBY ACKNOWLEDGE RECEIPT

Date: _____

PLEASE CHOP AND SIGN

MS First Capital Insurance Limited

Claim No.: 02011711000155 Date: 27/03/2020

CHC: Merina Chua

TEL: 6507 3849

☒ We are looking into your claim and will re-call soon.

☐ We wish to re-inspect your / your client's vehicle.

Please give us 1 week notice on date/time/place.

Kindly quote our Claim No. in future correspondence.

1 Kallit Bukit Ave 8, B14 D, #02-15, AutoBay@Kallit Bukit, Singapore 417883. Tel: 6747 6106 (6 Lines) Fax: 6744 2365
Email: service@sme-motor.com.sg Website: www.sme-motor.com.sg
Co. Reg. No.: 201119451E GST Reg. No.: 201119451E

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	8443	867442368	3-27; 18:18	20 Secs	1/1	Super G3		Completed

Chermaine Loo

From: Merina Chia
Sent: Wednesday, March 25, 2020 4:12 PM
To: Chermaine Loo
Cc: Aini Binte; Teo Swee Keong
Subject: FW: ACCIDENT INVOLVING VEHICLE SKC4036A & SHC923B & SMP9835K DOA ON 02/01/2020 Your Ref: D2000171MFSH NTUC Ref: MT/1078955 SME Ref: SKC4036A
Attachments: 1994_001.pdf; SURVEY REPORT FOR SKC4036A.pdf

Dear Chermaine,

New LOD for TPD4.

Thank you.

Best Regards,
Merina Chia (Ms)
Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856
| Fax No. : 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: ying@smemotor.com.sg <ying@smemotor.com.sg>
Sent: Wednesday, 25 March 2020 3:29 PM
To: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Subject: Re: ACCIDENT INVOLVING VEHICLE SKC4036A & SHC923B & SMP9835K DOA ON 02/01/2020 Your Ref: D2000171MFSH NTUC Ref: MT/1078955 SME Ref: SKC4036A

Dear Merina,

"Without prejudice"

UIL CLAIM.

Forward our LOD & other supporting documents to you, kindly let us have your offer soonest possible.

thanks & regards
YING

From: Merina Chia
Sent: Monday, January 20, 2020 4:00 PM
To: Jenny Ho
Cc: Jeff.Lin@income.com.sg ; SMEMtr_Ying

MS FIRST Capital Insurance Limited
36 Robinson Road #16-01
CITY HOUSE
Singapore 068877

Your Insured Veh No. : **SMP9835K**
 Your Ref :
 Our Ref : **SKC4036A**
 Date : **25/03/2020**

WITHOUT PREJUDICE

Dear Sir/Madam

Accident involving SMP9835K and SKC4036A
on 02/01/2020 at KJE SLIP ROAD CCK WAY.

Please refer only to the boxes marked (x).

- ☒ We refer to ☒ the above accident
☐ our/your letter dated
- ☒ We have been authorised by the owner of vehicle number **SKC4036A** which was damaged by your insured's motor vehicle number **SMP9835K** in the aforesaid accident.
- ☒ We are instructed that the accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

Cost of Repair / Insurance Excess	-
Survey report fees	-
Loss of Use(4 days @ \$80.00 per day)	320.00
Car Rental Fees / Towing Bill	50.00
GIA/LTA search fees	-
Total S\$	370.00

- ☒ We forward herewith the following relevant supporting documents:-
- | | |
|--|--|
| <input type="checkbox"/> Survey Reports & photographs (To be returned within 7 days on demand) | <input checked="" type="checkbox"/> Copy of NRIC/Driving licence |
| <input type="checkbox"/> Final repair bill(Tax Invoice) | <input checked="" type="checkbox"/> Copy of LTA/GIA vehicle search |
| <input type="checkbox"/> Bill/Receipt for the excess | <input checked="" type="checkbox"/> Non-injury motor report form |
| <input type="checkbox"/> Rental Agreement | <input checked="" type="checkbox"/> Letter of Authority |
| <input checked="" type="checkbox"/> Copy of the Insurance Certificate | |

- ☒ Cheque to be make payable to **Messrs SME MOTOR PTE LTD.**
- ☐ Any request for a re-survey of our client's vehicle must be arrange within the 14 days upon receipt of this letter. The re-survey must be conducted at our premises, in the presence of our client.
- ☒ Please note that you should send to us an acknowledgment of receipt of this letter within 07 days of your receipt of this letter.

Yours faithfully,



SME MOTOR PTE LTD

encl:

WE HEREBY ACKNOWLEDGE RECEIPT

 PLEASE CHOP AND SIGN Date: _____

TPO4

MS First Capital Insurance Limited

Claim No.: **0201711/COP/SS** Date: **27/3/2020**

O-J-C : **Merina Chia**

TEL: 6507 3848

☐ We are looking into your claim and will revert soon.

☐ We wish to re-inspect your / your client's vehicle.

Please give us 1 week notice on date/time/place.

Kindly quote our Claim No. in future correspondence.



81K 27 Marine Crescent Vile #10-01 Singapore 440027 Co. Reg No. S3152603L HP 900 900 92 Email jtm.koh@hotmail.com Website: <http://www.gaoexpress towing.sg>

CASH SALE/WORK ORDER

寶號 Messrs: CASH (SME)

車號 Vehicle No: SKC4036A 車型 Model No: AA 4036

時間(日/夜) Time (day/night): Contact No:

由 Location: TP POUYU

到 To: SME

Cash \$: 550 其他 Others: Auto Cash 850/-, 14/1/2020

經手人 Authorised By: JTM Tow Truck Driver Name: Shawn (9924)

No. 173141
Date: 28/01/2020

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Muff/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

注意本公司對所拖之車輛,在進行中如有任何損失或破壞,一概由車主自行負責。
Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

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	06/01/2020 13:56
Date Of Accident	02/01/2020 05:40
Exact Location Of Accident	KJE SLIP ROAD CHOA CHU KANG WAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4036A
Insured/Policyholder	
Name Of Registered Owner	BODESTYNE FRANCIS GHAZALIE
NRIC No	SXXXX966J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98891247
Alternative Phone No	OFFICE-98891247

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10612261
Cover Note Number	

Driver

Name of Driver	BODESTYNE FRANCIS GHAZALIE
NRIC No	SXXXX966J
Date Of Birth	24/07/1966
Occupation	INDOOR
Date Of Driving Pass	07/11/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98891247
Fax Number	
Contact Number	OFFICE-98891247
Email Address	NOEMAIL

Address	BLK 145 TAMPINES ST 12 #06-340
Postcode	521145
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20200106/2026

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	SMP9835K
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC923B
Vehicle Make/Model/Colour
Details Of Properties VEH C
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BODESTYNE FRANCIS GHAZALIE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKC4036A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

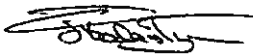
SKETCH PLAN

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.

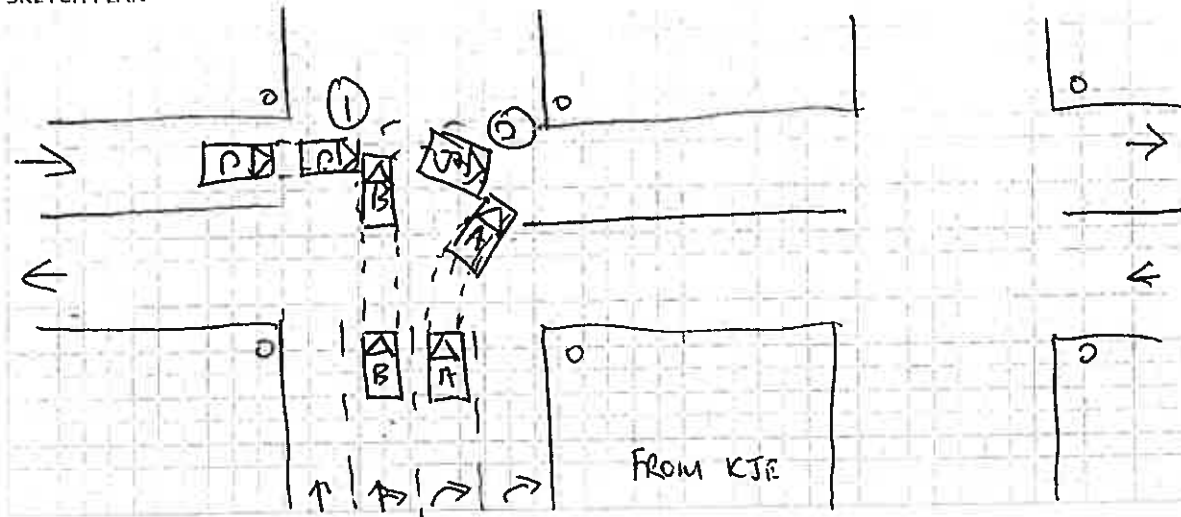


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN




A : SKC4036A
B : SMP9835C
C : SHC923B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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


Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20200106/2026

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200106/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2020 10:20		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: BODESTYNE FRANCIS GHAZALIE		Address: APT BLK 145 TAMPINES STREET 12 #06-340 TAMPINES PARK SINGAPORE 521145		
ID Type / ID No.: NRIC NO / S1780966J		Contact No.: Home/Office: Mobile: 98891247		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 24/07/1966	Type of Informant: Driver	
Race: Eurasian		Language: English	Institution / School Name:	
Occupation: SINGAPORE ARMED FORCES		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/01/2020 17:40	Type of Location:
Location: Along Road 1 CHOA CHU KANG WAY KJE SLIP ROAD INTO CCK WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC923B	Car					0
SKC4036A	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Black		0
SMP9835K	Car					1



**SINGAPORE
POLICE FORCE**



T/20200106/2026

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200106/2026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC4036A	AVIVA LTD	10612261	24/08/2015	23/08/2020

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG SLIP OF KJE TURNING RIGHT INTO JUNCTION OF CHOA CHU KANG WAY I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN UPON TURNING GREEN I STARTED TO MOVE FORWARD WITH ANOTHER VEHICLE(SMP9835K) WHILE I WAS MAKING A RIGHT TURN, I SUDDENLY HEARD A LOUD BANG, A RED CAR(SMP9835K) HAD COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE AFTER IT WAS HIT BY ANOTHER VEHICLE FROM THE OTHER DIRECTION. I WAS THEN CONVEYED TO NG TENG FONG HOSPITAL AND GIVEN 7 DAYS OF HOSPITALIZATION LEAVE FROM 02/01/2020 TO 09/01/2020.



**SINGAPORE
POLICE FORCE**



T/20200106/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200106/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
BERNARD KOH REN JUN

Signature Of Interpreter:
Not applicable

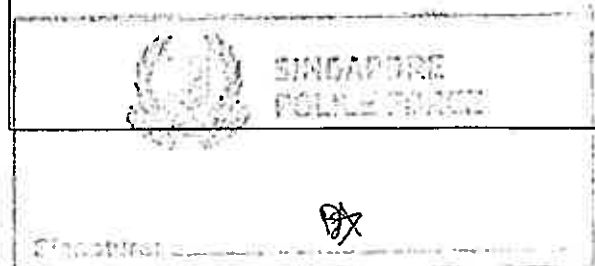
Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476228

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/01/2020 10:20

Classification Of Case:





T/20200106/2047

1 of 3

Report No. T/20200106/2047

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/2020106/2026

Report Number T/20200106/2047

Vide Report Number

Date/Time of Report Made 06/01/2020 11:55

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant BODESTYNE FRANCIS GHAZALIE

ID Type / ID No. NRIC NO / S1780966J

Home/Office

Mobile 98891247

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 02/01/2020 05:40

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC923B	Car					0
SKC4036A	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Black		0
SMP9835K	Car					1



Car Insurance Policy Schedule

POLICYHOLDER

INSURED
OWN NAME Ghazale
OWN NAME Bordestyne Francis
BUSINESS PROFESSION Armed Forces (Regular)

COVER

PLAN TYPE Motor Lite
COVER TYPE Comprehensive
PLAN TERM Annual Plan

EXCESS

OWN DAMAGE EXCESS TAKES \$5,000.00
THEFT AND/OR UNAUTHORIZED DRIVER EXCESS \$25,000.00
 Note: In addition to Own Damage Policy Excess if applicable
UNAUTHORIZED DRIVER EXCESS \$5,000.00
 (Excesses subject to the applicable plan)

USE INSURED AGAINST

Use of the car is limited to the use of the car for personal use only. The car is not to be used for hire or reward, or for any other purpose. The car is not to be used for speed testing or for any other purpose. The car is not to be used for any other purpose. The car is not to be used for any other purpose.

PREMIUM CALCULATION

PREMIUM \$5,720.61
EST @ 2.00% \$5,50.44
TOTAL DUE \$5,771.05
DATE ISSUED 23-Aug-2019 at 05:35hours

POLICY NO

18032261

PERIOD OF INSURANCE
(both dates inclusive)

FROM: 24-Aug-2019 00:00hours
TO: 23-Aug-2020 23:59hours

AGENT'S DETAILS

CODE: 10000001
NAME: DIRECT (GEN-INS)
COMPANY NAME: DIRECT (GEN-INS)

CAR INSURED

MAKE & TYPE OF BODY KIA CERATO FORT 1.8 SX (AGIVE)
REGISTRATION NO S4C0035A
DATE INSURED 23-Aug-2019
YEAR OF REGISTRATION 2011
CHASSIS NO 7101089001
PERIOD OF OWNERSHIP OF CAR 7 to 8 years
REPAIRS No
MODIFICATIONS TO YOUR CAR No
WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA

ADDITIONAL COVERS

(Additional covers are available)

WHO MAY DRIVE YOUR CAR

(Additional covers are available)

NO CLAIMS DISCOUNT

(Additional covers are available)

POLICY OWNERS' PROTECTION SCHEME (PPF)


This policy is protected under the Policy Owners' Protection Scheme (PPF) administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of claims that are covered under the scheme as well as the limits of coverage, where applicable, please contact or visit the G.A. SDIC web site www.gia.org.sg or www.sdic.org.sg.

(ORIGINAL)

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
BODESTYNE FRANCIS
GHAZALIE

NRIC No
S1780966J



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S1780966J**

Name
BODESTYNE FRANCIS
GHAZALIE

Birth Date **24 Jul 1966**

Issue Date **16 Oct 2003**



1000927247K

ORA 1105 00808 10YUB

NRIC No / Colour
S1780966J/ PINK

Date Of Birth
24/07/1966

Service Status
REGULAR

Address
Blk 143 TAMPINES STREET 12
#06-340 SINGAPORE 321145

Race
EURASIAN

Country Of Birth
SINGAPORE

Military Rank Status
WARRANT OFFICER

Blood Group
O (+)

Sex
M

04000050004540



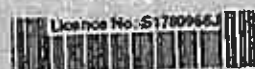
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE
07 Nov 2000

NP 428A

Licence No: **S1780966J**





AVIVA

Claim No: G0065735 Date: 18/03/2020
Repairer: SME MOTOR PTE LTD

REFERENCE

Insured: BODESTYNE FRANCIS GHAZALIE Policy No: 10612261
Date of Loss: 02/01/2020 Nature of Claim: OD

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg. No: SKC4036A
Make & Model: KIA CERATO, 1.6 SX (A) Reg. Date: 23/08/2011
Engine No: G4FCBH360159 Chassis No: KNAFW411MB5459830

CONDITION OF TYRES

Front Tyre Size: 225/45R17 Rear Tyre Size: 225/45R17
Front Left Side: Toyo 5 mm Rear Left Side: Toyo 5 mm
Front Right Side: Toyo 5 mm Rear Right Side: Toyo 5 mm

The above values represent the remaining tyre treads depth

CONDITION OF VEHICLE AT THE TIME OF SURVEY

Footbrake (Serviceable): Yes Engine Modification: No
Handbrake (Serviceable): Yes Steering (Serviceable): Yes Pre-accident Condition: Good

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,788.18	1,837.63	1,950.55	51.49
Miscellaneous Items	0.00	0.00	0.00	
Labour	445.50	202.50	243.00	54.55
Paintwork Labour	464.93	370.73	94.20	20.26
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,698.61	2,410.86	2,287.75	48.69
Approved Total (Overridden) (S\$)		1,950.00		
(S\$)	4,698.61	1,950.00	2,748.61	58.50
+ GST 7.00/7.00% (S\$)	328.91	136.50	192.41	58.50
Nett Amount (S\$)	5,027.52	2,086.50	2,941.02	58.50

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1	NA	*FRONT BUMPER	Cracked	250.00 F	*250.00 F
2	1	NA	*L/FASTENING CLIP	Necessary	20.00 F	*20.00 F
3	1	NA	*L/F BUMPER BRACKET	Necessary	10.00 F	*10.00 F
4	1	NA	*L/F DRIVE SHAFT	Not Necessary	500.00 F	*- F
5	1	NA	*L/F SHOCK ABSORBER	Bent	120.00 F	*120.00 F
6	1	NA	*L/F STEERING KNUCKLE	Warped	160.00 F	*160.00 F
7	1	NA	*L/F WHEEL BEARING	Necessary	75.00 F	*75.00 F
8	1	NA	*L/F WHEELHOUSE COVER	Torn / Deformed	50.00 F	*50.00 F
9	1	NA	*L/F WING	Distorted	165.00 F	*165.00 F
10	1	NA	*L/LOWER CONTROL ARM	Bent	150.00 F	*150.00 F
11	1	NA	*LEFT HEADLAMP ASSY	Cracked	220.00 F	*220.00 F
12	1	NA	*SCREW	Not Necessary	20.00 F	*- F
13	1	NA	*STEERING GEAR	Not Necessary	1,200.00 F	*- F
14	1	NA	*SUNDRY PARTS	Necessary	58.80 F	*31.13 FS
15	1	NA	*FRONT SPORT RIM LH	Cut	250.00 F	*250.00 FS

Supplementary #1

16	1		*FRT LH ABS WIRE	Cracked	195.00 F	*195.00 F
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F=Franchise part. S=SpcNett.

Sub Total (S\$)	3,443.80	1,696.13
+ Margin on L,N Items 10.00/10.00% (S\$)	344.38	141.50
Total Parts (S\$)	3,788.18	1,837.63

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Paintwork Labour</u>				
1	Total Paint Labour	New	328.50	238.50
2	Total Paint Materials	New	136.43	132.23
<u>Labour Items</u>				
3	Total Panel/Mechanical Labour	New	445.50	202.50
Gross Labour Cost (S\$)			910.43	573.23

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