OYOTA

: 196700086Z MR-8500000-9

P CLAM ESTIMATE

Borneo Motors (Singapore) Pte Ltd

Online Service Booking: www.toyota.com.sg Toyota Bodycare Centre No. 2 Fandan Crescent Singapore 128462 Tel no.: 6631 1188

Account Detail		Account No	The state of the s		Custor	6631 116 mer Detail	
THIRD PARTY CLAIM		Document No Document Date 08/04/	0				
ear Make Mod	el Reg Date	Veh Reg No	Kilometers	W	TP No	Order No	/Remarks
	NSP151R 29/01/2018	SLW0631R	0		54789	84/TP	P/SLW0631R
	ne No	Terms	Service Enginee	ır V∈	ehicle In	Collected	1 On
2B23F3X01105010	2NRX253358	60 Joe	e Tan Joo Sen	g/	// O	1.00/	// 0.0
Cd	Job/Parts Descri	ption		Qty	Unit Price	Disc %	Amount
B BP-LAB2 BP-SLANT BP-LAB2 EPLACE, REPAI BOOT LID AND BP-RES2 PORTION OF C	DATE SURVER DATE SURVER DAYS: AUTHORISED TO CHECKE WIRING, LAW TEST. TO RESET ECU AND RESUPPLY REAR REGN PETO REMOVE AND TRANSED MECHANISM TO NEW TO DRILL HOLE AND SUPPLY SEALANT (NEW TO REMOVE ALL NECESIR END PANEL REINFORD AFFECTED REAR PORTO SPRAY PAINT ON TO	ON: IGHTINGS AND EPROGRAMME LATE (PO# SFER REAR BO BOOT LID. RE-INSTALL F TT) SSARY DAMAGE RCEMENT, REAF TION OF CAR. DAMAGED AFFE) OOT LID REAR SENSOR ED PARTS, R R BUMPER, . ECTED REAR		10/06/20 5 day 10/06/20 @ 1145 survey Selon	20	122.4 180.1 80.360. 180. 1440 3600.
For & on behalf of Borneo Motors	Customer's Signatu		Change Summa	iry	Total		
	Please acknowledge receipt	Labou Materi	ur rials cation/Fluid		Less Amount Du	e	
					1		4219178

TO SECURITY GUARD

4219178

PLEASE ALLOW THE UNDERMENTIONED VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE TIME

08/04/2020 12:40

VEHICLE NO

SLW0631R

CUSTOMER

SIGNATURE

FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Motors

196700086Z MR-8500000-9

ESTIMATE

My Toyota SG" app on Playstore or Appstore to access your Toyota ME account & more!

Borneo Motors (Singapore) Pte Ltd

Online Service Booking:

www.toyota.com.sg

Toyota Bodycare Centre No. 2 Pandan Crescent

Singapore 128462 Tel no.: 6631 1188

Account No **Customer Detail** Account Detail S1000020/TPCLAIM Mr Ang Kian Kee HIRD PARTY CLAIM Document No 87 Zion Road **#23-176** Singapore 160087 **Document Date** Mobile: 90107005 08/04/2020 Kilometers WIP No Order No/Remarks Veh Reg No Model Reg Date Make **Ye**ar 17 AEXRKT E1 54789 84/TP/SLW0631R NSP151R 29/01/2018 SLW0631R Vehicle In Collected On Service Engineer Terms Chassis No **Engine No** --/--/--- 0.00 --/--/---0.00 MR2B23F3X01105010 2NRX253358 60 Joe Tan Joo Seng Unit Price Disc % Amount Otv Job/Parts Description L Cd1.00 526.00 526.00 COVER, RR BUMPER L/C 10 1 S52159-0U963 332.70 332.70 S52023-0D090 REINFORCEMENT SUB-AS 1.00 11 2 41.00 10.00 4.10 12 3 S52161-0K040 PIECE, RR BUMPER AL 100.80 \$75895-0D270 TAPE, MOULDING, NO. 1 No. 2.00 50.40 13 4 1.00 154.80 154.80 14 5 S52576-0D330 RETAINER, RR BUMPER RETAINER, RR BUMPER? 154.80 1.00 154.80 S52575-0D340 15 6 BACK SENSOR 1D4 SILVER METALLI AUS 1.00 193.90 193.90 SPC507-0D015 17 16 7 72.00 72.00 T89997-30100 ANTENNA, ELECTRICAL 1.00 17 8 137.40 2.00 68.70 18 S52015-0D130 ARM SUB-ASSY, RR BUM 1.00 742.30 742.30 0 PANEL SUB-ASSY, BODY 19 S58307-0D480 793.20 20 S64401-0D360 PANEL SUB-ASSY, LUGG 1.00 793.20 1 399.50 399.50 1.00 21 S64600-0D040 LOCK ASSY, LUGGAGE C REAR BOOT LID EMBLEM, NE 1.00 50.70 50.70 22 3 T90975-02063 45.60 PLATE, LUGGAGE COMPT ** 45.60 1.00 23 4 S75442-0D400 PLATE, LUGGAGE COMPT 35.50 1.00 35.50 24 5 S75444-0D690 245.80 1.00 245.80 LAMP ASSY, RR, RH 25 6 S81580-0D500 245.80 LAMP ASSY, RR, LH ? 245.80 1.00 26 S81590-0D500 Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply. For & on behalf of 12,494.20 Change Summary Total Customer's Signature Borneo Motors Jeage receipt of vehicle Parts 874.59 4,271.80 GST 7.00% LKK Auto Consultants hence notify Labour 8,142.40 the Repairer of the following: Less 0.00 Materials . To resurvey before/after spray painting 80.00 Lubrication/Fluid To display damaged part(s) during resurvey 0.00 Others · Parts prices are subject to confirmation 0.00 **Amount Due** 13,368.79 Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed. 4219179 · Supplementary item(s) must be resurveyed and LEASE TEAR ALONG PERFORATED LINE is subject to final approval from Insurance Company 4219179 TO SECURITY &UARD nowledged by Repairer 08/04/2020 DATE Signature: PLEASE ALLOW THE UNDERMENTIONED TIME 12:40

VEHICLE NO

VEHICLE TO LEAVE THE COMPANY PREMISES.

SLW0631R

SIGNATURE FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Motors

BM 220041192 / Borneo Motors (S) Pte Ltd - Pandan EMTRY DATE & TIME: 08/04/2020 12:27 SYBMITTED BY: Ching Khay Yin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for This report will be foliabled by the firstlers of the Gir Records interagement centre established by the Ge
 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

ACCIDENT STATEMENT

Date Of Report

08/04/2020 12:27

Date Of Accident

08/04/2020 07:45

Exact Location Of Accident

HAVELOCK RD NEAR BEO CRESCENT

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLW631R

Insured/Policyholder

Name Of Registered Owner

ANG KIAN KEE

NRIC No

SXXXX565B

Email Address

ANGKIANKEE@GMAIL.COM

Mobile Phone No

(LOCAL) +65-90107005

Alternative Phone No

OFFICE-90107005

Vehicle Particulars

Manufacturer

TOYOTA

Model

VIOS-1.5 (A)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA314639/1

Cover Note Number

Driver

Name of Driver ANG KIAN KEE NRIC No SXXXX565B

Date Of Birth 07/04/1955 Occupation INDOOR Date Of Driving Pass 03/12/1984

35 YEARS AND 4 MONTHS **Driving Experience**

Gender

MALE

Mobile Number

(LOCAL) +65-90107005 -

Fax Number

Contact Number

OFFICE-90107005

EMail Address

ANGKIANKEE@GMAIL.COM

ddress

BLK 87 ZION ROAD #23-176

Postcode

160087

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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: 141

Vehicle Registration Number

GBB3617S

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

E3		
PE OF CLAIM: DOD DOD/UL DDS		MCA: JOE TAN
·Mor	OR ACCIDENT REPORT	MCA: _ < 3005 W/V
	Im Date Of Accident : Of 14 /20	Time: 7.45
	d hear Rev Creces	L 1.45
Country/State of Loss: Singapore / / Wilayah Persekutuan [] /S	clangor Darul Ehsan [] / Negeri Sembilan [/ Melaka [] / Pahang [] / Jo
OWN VEHICLE D	ETAILS (INSURED/POLICY HOLDER)	Management of the second secon
Vehicle Registration Number: SLW 631R	Co. Reg. No(for Co. Vehicle)/NRIC/PP/FII	NO: SIW 8565 B
Name Of Registered Owner: Ans Kick	L 20	0 20 3 . 3
Mobile Number: 40 10 7005 Alternative No:	Email Address: Que	ion keegmail.
Vehicle Particulars	can's Fi	an i-egma, ju
Manufacturer: Toyotal Lexus Suzuki Hino	Model: VICS	
Exact Purpose for which vehicle was being used at time of accident.	and the second s	y)
Are you claiming under your own insurance policy for repair to your	vehicle? Yes [Reporting Only []	Third Party
Vehicle Category: Private Car W Commercial Vehicle []	Others []	
Insurance Company		
Name of Insurance Company: AXA		
	ird Party Fire and/or Theft []	
Fleet Policy: Yes 13 No []	Policy / Cover Note No: GA 31	46 39/1
DRIVER DE		
		56513
Name of Driver: Ang Kian Kee Date Of Birth: 7/4 1955 Date Of Driving Pass: 6212159916		door []
Date Of Driving Pass: 021219966	Gender: Male Female []	
Date Of Driving Pass: 03/12/1984 Mobile Number: Gu (U 70.5 Fax No:	Alternative	
Address: BUKFT ZION RD #23-1	76	Postal Code: 160087
Email Address:	1 1110	,
Email Address: ANG Kich Kee @ Cinc Was driver an employee of the Insured's Company? Yes 1 No	+State relationship of the driver with the ir	sured: CHINER
Vehicle Registration Number of Driver's Own Vehicle (if applicable):		000100.
Insurance Company of Driver's Own Vehicle (if applicable):		
	FORMATION OF THE ACCIDENT	- Fee-Fe
GENERAL IN		
GENERAL IN		se fill ANNEX B
Type Of Accident: PEAR COULSION Number of Passengers in the above vehicle (Including Driver):	FORMATION OF THE ACCIDENT	se fill ANNEX B
GENERALIN Type Of Accident: REAR COU(SIDN Number of Passengers in the above vehicle (Including Driver):	FORMATION OF THE ACCIDENT: / If more than 2 Pax Plea PASSENGER 1 Gender: Male Female	se fill ANNEX B
GENERALIN Type Of Accident: P=AR COU(SIDN Number of Passengers in the above vehicle (Including Driver): Name: Weather Conditions: Clear✓ Raining □ Others □ (If others,p	/ If more than 2 Pax Plea Gender: Male Female please state condition):	se fill ANNEX B
Type Of Accident: P=AP COU(SIDN Number of Passengers in the above vehicle (Including Driver): Name: Weather Conditions: Clear Raining □ Others □ (If others,p	/ If more than 2 Pax Plea Gender: Male Female please state condition):	se fill ANNEX B
GENERALIN Type Of Accident: PAR COUISION Number of Passengers in the above vehicle (Including Driver): Name: Weather Conditions: Clear Raining □ Others □ (If others, please state) Was any body injured in the Accident? No Yes □	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male Female please state condition): condition):	se fill ANNEX B
Type Of Accident: PEAR COULSIAN Number of Passengers in the above vehicle (Including Driver): Name: Weather Conditions: Clear Raining □ Others □ (If others,please state) Was any body injured in the Accident? Now Yes □ Was any injured conveyed to hospital by ambulance? Now Yes □	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male Female please state condition): condition):	se fill ANNEX B
Type Of Accident:	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male Female Delease state condition): (es []	se fill ANNEX B
Type Of Accident: PAR COUISION Number of Passengers in the above vehicle (Including Driver): Name: Weather Conditions: Clear Raining □ Others □ (If others, please state) Was any body injured in the Accident? Now Yes □ Was any injured conveyed to hospital by ambulance? Now Yes □ Was any foreign vehicle involved in this accident? Now Yes □ Number of vehicles involved in the accident.	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male Female please state condition): condition): Yes Vehicle No:	
Type Of Accident:	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male Female please state condition): condition): Yes Vehicle No:	
Type Of Accident:	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male Female please state condition): condition): Yehicle No: vitness details column below Email:	
Type Of Accident: Part Coursian	/ If more than 2 Pax Plea PASSENGER 1	/ehicle type·
Type Of Accident: Paralle Passengers in the above vehicle (Including Driver): Name Weather Conditions: Clear Raining Others (If others, please state Was any body injured in the Accident? No Yes	FORMATION OF THE ACCIDENTS / If more than 2 Pax Plea PASSENGER 1 Gender: Male □ Female □ please state condition): condition): //es □ Vehicle No: witness details column below [Email:] Are accident scene photos available for	/ehicle type·
Type Of Accident:	/ If more than 2 Pax Plea PASSENGER	/ehicle type·
Type Of Accident: Part Coursian	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male	/ehicle type·
Name: Name: Weather Conditions: Clear Raining Others (If others, please state Was any body injured in the Accident? Now Yes) Was any foreign vehicle involved in this accident? No Yes Number of vehicles involved in the accident? Was there any witness? No Yes If yes, please furnish vehicles involved in the accident. Was there any other vehicle or property damaged? No Yes Was there any video captured by Car Camera? No Yes Was notice of intended Prosecution given? No Yes If yes Was notice of intended Prosecution given? No Yes If yes Was notice of intended Prosecution given? No Yes If yes Was notice of intended Prosecution given? No Yes If yes Was notice of intended by unknown person(s) soliciting/offering and the police?	FORMATION OF THE ACCIDENTS / If more than 2 Pax Plea PASSENGER 1 Gender: Male □ Female □ please state condition): condition): //es □ Vehicle No: // Email: Are accident scene photos available for estimates state which Police Station): estimates state against whom): condent claims assistance. No Yes □	/ehicle type: t attachment? No l ; Yes ✔
Type Of Accident: Page Coulsian	/ If more than 2 Pax Plea PASSENGER 1	/ehicle type: t attachment? No l ; Yes ✔
Type Of Accident:	FORMATION OF THE ACCIDENTS / If more than 2 Pax Plea PASSENGER 1 Gender: Male □ Female □ please state condition): condition): //es □ Vehicle No: // Email: Are accident scene photos available for estimates state which Police Station): estimates state against whom): condent claims assistance. No Yes □	/ehicle type: t attachment? No l ; Yes ✔
Type Of Accident: Part Coulsian	/ If more than 2 Pax Plea PASSENGER 1	/ehicle type: t attachment? No l ; Yes ✔
Type Of Accident:	/ If more than 2 Pax Plea PASSENGER 1	/ehicle type: t attachment? No l ; Yes ✔
Type Of Accident: Page Coulsian	/ If more than 2 Pax Plea PASSENGER 1	/ehicle type: t attachment? No l ; Yes ✔
Type Of Accident: Page Coulsian	/ If more than 2 Pax Plea PASSENGER 1 Gender: Male Female please state condition): condition): // Yes Vehicle No: witness details column below	/ehicle type: t attachment? No l ; Yes ✔

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.
- 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.
- 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:
 - 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: 0 stoute

10.30Qv

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

A- SLW G3117 B-treffix listet Rev Grecent Here luck DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: 08/04/20 (If driver is not the policyholder) Name: Date & Time: (0,30an. NRIC/FIN No .:

n

➤ Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID:	Singapore NRIC 565B		
Vehicle No.:	SLW631R		
Vehicle to be Exported:	No		
Intended Deregistration Date:	10 Jun 2020		
Vehicle Make:	TOYOTA		
Vehicle Model:	VIOSE (AUTO)		
Primary Colour:	Silver		
Manufacturing Year:	2017		
Engine No.:	2NRX253358		
Chassis No.:	MR2B23F3X01105010		
Maximum Power Output:	79.0 kW (105 bhp)		
Open Market Value:	\$13,876.00	$ N_{L}$	
Original Registration Date:	29 Jan 2018		
First Registration Date:	29 Jan 2018		
Transfer Count:	0		
Actual ARF Paid:	\$13.876.00		
######################################			
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	28 Jan 2028		
PARF Rebate Amount:	\$10,407.00		
COE Expiry Date:	28 Jan 2028		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	10		
QP Paid: COE Rebate Amount:	\$38,200.00	en la companya de la	
Total Rebate Amount:	\$29.153.00		
The information and the distribution	\$39,560.00		

ОК



Toyota Vine 1 -4 G

Overview F		imilar Researc	h Photos Map
Price	\$59,800		
Depreciation ②	\$6,670 /yr View models with similar depre	Reg Date	26-Mar-2018 (7yrs 9mths 15days COE left)
Mileage	29,000 km (13.1k /yr)	Manufactured ②	2017
Road Tax (*)	\$682 /yr	Transmission	Auto
Dereg Value	\$42,024 as of today (change)	OMV (*)	\$15,677
COE	\$38,830	ARF	\$15,677
Engine Cap	1,496 cc	Power	79.0 kW (105 bhp)
Curb Weight	1,100 kg	No. of Owners	1
Type of Vehicle	Mid-Sized Sedan		

Features

Reliable And Responsive 1.5L DOHC With Dual VVT-i Engine, CVT Auto Transmission, Multi Function Steering Control, ABS, Keyless Entry, SRS Airbags. View specs of the Toyota Vios (2017)

Accessories

Sports Rims, Leather Seats, Factory Fitted Touch Screen Audio System, Bluetooth, Reverse Camera, Auto Headlamp, Fog Lights, Knockdown Seats.

