| Date In: 7/2/20-1618 | Jcb description | Date & Time Completed | Done by | |
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| ROSNO: HALINCOODSHATDZY | SAS e-filing | | | |
| Veh No: JFN 36 721 | E-mail (within Shrs, AIC 2hr | s) | | 10 |
| D.O.A: 1/3/20-010 | i-Motor Claim Form | M7/1297832-001 | W/2/20 16: | 31 |
| OP : TP : ! Reporting Only | I-Motor W/O (Within: OD | | | -1 |
| Job : 17 Acporting Only | i-Photo Uploaded | | | |
| TP Insurer: | Assessment/Survey Repo | rt | MI CONSTITUTE OF THE STATE OF T | 0.50% |
| 11 Illutter. | Ass't Report by Fax / Ha | nd to Owner/Wksp | | **** |
| Preferred Wksp / INC Assign Wksp / QW; (| | Tel: F | ax: | |
| TP Particulars: Veh No: | DAZZC . INC | C()/Non-INC(). | | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () F | Period: (|) Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO): N: 0 | 0-20%; P: 21-79%. F: 30-1 | 00%] | - 1 |
| Year of Registration: () | Warranty: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$1. | ,000 ()/\$2,000 () | | | |
| General Remarks: | ON THE SERVICE OF SERVICE PROPERTY PROPERTY OF THE SERVICE OF THE | | | Section 10 |
| () Walk-In Customer: Customer's inf | | | Switz String | |
| The state of the s | | Strictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insu | | | | |
| Drive-In ()/ Towed-In (); Invoice | ce: YES() / NO() | ; Towing Co: (| |) |
| Remarks: (INC hoffine: 6788 6616) | | Date & Time Completed | Done by | |
| The same of the sa | | Date of The Course of | New York STANDARD LLY | |
| 1) Apply for Transport Allowance ()/ | Courtees Cos () | 1.5 | | |
| | Courtesy Car () | . 5 | | nen |
| 2) QC Check / Post Repair Inspection | () | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$ | () | | | |
| 2) QC Check / Post Repair Inspection | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: | () | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$ | () | | Emalica de arci | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: | () | | San Sicretivas | 7, 2 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: | () | | Statistics and | 7.7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: | () | | Sha Sirik var | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | () | reparation Checklist. | Section 1977 Control of the section | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions | () | 22.0 | ACTOR STATE OF THE | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Fime Actions Actions aimant's Particulars: | () (3000] () (invoice P (1) AR : Accid (2) DA : Dame | ent Reporting (\$30); ge Assessment (\$100); INC (\$80 | Třiğiji Ad | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions aimant's Particulars: | () (3000] () (invoice P (1) AR : Accid (2) DA : Dama (3) TF : Towin | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40/ | Třiğiji Ad | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions aimant's Particulars: | [] [] [] [] [] [] [] [] [] [] | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40/ -Through Survey \$ -Through Survey (Resurvey) | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions aimant's Particulars: iver/Owner: | () () () () () () () () () () | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40/ -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions aimant's Particulars: iver/Owner: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ius | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40/ -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions aimant's Particulars: iver/Owner: Intact No: maged Portion: | Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40/ -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection | | |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions dimant's Particulars: iver/Owner: Intact No: Imaged Portion: | Invoice P 1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add OI)* * N5: Courte * N6: Repair | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40 -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ itional Services ssy Car / Tpt Allowance Co-ordination | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Fime Actions alimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): | Invoice P 1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idac D 8) NTUC Add QI)* * N5: Courte * N6: Repair * N7: Fost R | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40 -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ itional Services:- ssy Car / Tpt Allowence Co-ordination epair Inspection | | ar (J |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Fime Actions aimant's Particulars:- iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): ditors! Comments:- | Invoice P | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40) -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ itional Services | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | Invoice P | ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40) -Through Survey \$ -Through Survey (Resurvey) g against JNC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ itional Services sy Car / Tpt Allowanue Co-ordination epair Inspection Collect Excess Coordination TP (Non INC) against INC | | d B |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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 | 24/07/2020 16:18 |
| Date Of Accident | 24/07/2020 13:00 |
| Exact Location Of Accident | KAMPONG BAHRU RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SFN3613S |
| Insured/Policyholder | |
| Name Of Registered Owner | SHU POH SHEN (XU BAOSHEN) |
| NRIC No | SXXXX322B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96622235 |
| Alternative Phone No | OFFICE-96622235 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | TOURAN 1.4 TSI AT 1T32B4 FL |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5112254319 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SHU POH SHEN (XU BAOSHEN) |
| NRIC No | SXXXX322B |

 NRIC No
 SXXXX322B

 Date Of Birth
 09/04/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/02/1992

Driving Experience 28 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96622235

Fax Number

Contact Number OFFICE-96622235

EMail Address NOEMAIL

Address BLK 21 TELOK BLANGAH CRESCENT

#12-58

Postcode 090021

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 Registration Number of Driver's Own

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)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD7552C

Vehicle Make/Model/Colour HYUNDAI ELANTRA

Details Of Properties

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)

Page 2 of 16

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.
- 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.
- 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:
 - 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:

(If driver is not the policyholder)

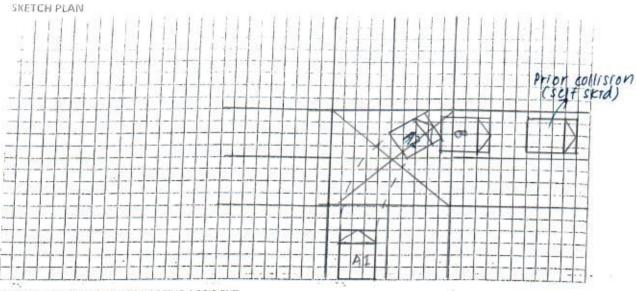
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

vehicle A: SFN 3613A vehicle B: SMD7552C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| on the stated time and date, | |
|-----------------------------------------------------|------|
| I was driving my vehrcle bearing carplate number | |
| SFN36155 on Kampong Bahru Road. Right after 1 turn | |
| right, I noticed that the traffic ahead was conge | stea |
| I tried to brake but to no avail and collided out | 0 |
| the car ahead of me. I alighted from my vehicle t | -0 |
| realise that there was another accident ahead hence | 0 |
| explaining why the cars ahead are stationary. | |
| | |
| | |
| | |

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personna's Signature Name:

NRIC/FIN No :

WHAT STATEMENT OF STATE

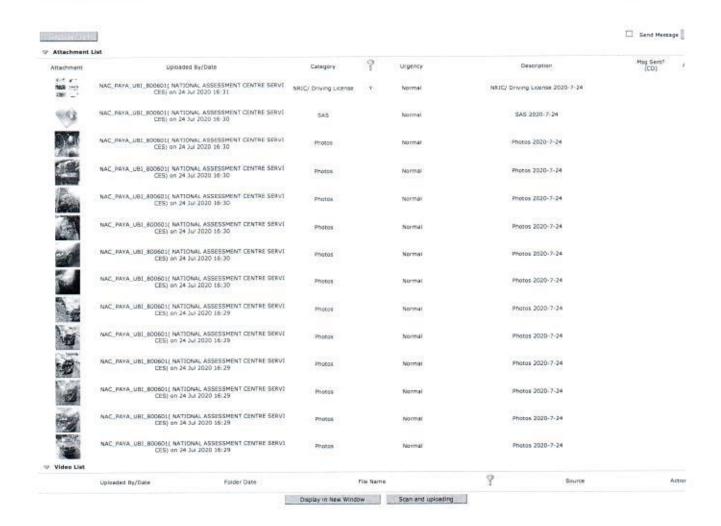
| Date of Accident | 24 7 WW Accident Time: 13 HV3 (24-HR-Formet) |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Accident Place | : Kampong Bahru Road (24-HR-Format) |
| Vehicle Reg. No. (Car Plate No.) | SFN36135 |
| Vehicle Make/Model | Volkswagen Touran |
| Insurance Company | NTU(Policy No. |
| Owner or Company Name /IC No. | Shu Poh shen (xu Bao sen) S7411322B |
| Owner or Company Contact No. | 96622235 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | : Shu Poh Shen (xu Bao Sen) |
| DRIVER'S Date Of Birth | 09-04-197 DRIVER'S License Pass Date 17-02-1992 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: |
| DRIVER'S Address | : BIK 21 TCIOK Blangah Crescent # 12-58 |
| DRIVER'S Contact No./ Alt No. | :1) 96622235 2) |
| DRIVER'S Occupation | : INDOOR \ OUTDOOR (e.g. working inside or outside office) |
| Email Address | : Admin @ my car sq |
| Weather & Road Surface | : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET |
| Reporting Type | : Reporting Only \ Claim Other Party \ Claim Own Insurance |
| Number of Passengers (Including Dr | iver): Ol |
| Was there any video Captured by car Exact purpose for which vehicle was | camera: YES\NO being used at the time of accident: Private use\Work purpose |
| Other P | arty Driver's Particular (if any) |
| Vehicle Reg. No: SMD7552C | Vehicle Reg. No: |
| Vehicle Reg. No: SMD7552C Vehicle MakeWodel: Hyundai | Elantra Vehicle MakelModel: |
| Name Driver; | Name Driver: |
| IC No. Driver: | |
| Driver's Contact & Add: | |

2 1

| Hello, NAC_PAYA_UBI_800 | 501 | | | | | | · Change | Language | • Chan | ge Password | · Log Ou |
|-------------------------|----------|----------------|-----------------------|--------------------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-----------------|
| My Desktop | | cy Query | | | | | 5750.853 | | 3 (518) | | (=0.948); () |
| Notice of Loss | Policy N | io. | | | | Date o | f Accident | 2 | 4/07/2020 1 | 3:00 | |
| | Vehicle | No (For Motor) | SFN361 | 35 | | Certific | cate Number | | | | |
| | | | | | 80 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5112254319 | | SHU POH SHEN (XU BAOSEN) | S7411322B | GPC | drivo CLASSIC | SFN36135 | SFN36135 | 28/09/2019 | 27/09/2020 |

| Policy No. | 5112254319 | Policyholder Name | SHU POH 9 | SHEN (XU BAOSEN) | Policyholder NRIC | S7411322B | |
|-----------------------------------|----------------------------|-----------------------------------|-----------------|-------------------|----------------------|--------------|------------------------------|
| Certificate No. | | 1000000000 | | | 3333.7 | | |
| Address | BLK 21 #12-58 TELOK BLANGA | H CRESCENT S | INGAPORE | 090021 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 28/08/2019 | Effective Date | 28/09/201 | 9 00:00 | Expiry Date | 27/09/2020 2 | 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Young | g/Inexperience Driver Excess |
| Agent | I INSURANCE AGENCY | Agent Tel. | 66411407 | | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | older Mailing Address | | | | | | |
| Address 1 | BLK 21 #12-58 | Addre | ss 2 | TELOK BLANGAH C | RESCENT | Address 3 | SINGAPORE 090021 |
| Address 4 | | Addre | ss Type | Singapore address | | Post Code | 090021 |
| Unit No. | | Relate | ed Policy er | 5112254319 | | | |
|) Insured | d Object: SFN3613S | | | | | | |
| | ements | | | | | | |
| ▼ Endorse | | | | | | | |

| Claim Handling | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Accident MT/1097832 | | | | | |
| Policy No. | 5112254319 | Vehicle No. | SFN3613S | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SHU POH SHEN (XU BAQSEN) | | | Policyholder NRIC | 574113228 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | privo CLASSIC | Loading | 0 |
| Contact No. (Mobile) | 96622235 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | Fig. V |
| KFK | ® No ○Yes | TCA | ® No ○ Yes | eCode Reason | A. Carrier and C. Car |
| NCO Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | Vac |
| Accident Details | | | × | V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 V - 1 | Yes |
| Report Date | 24/07/2020 16:27 | Acodem Report Within 24 hrs. | Yes | Accident Type | Addition to the property |
| Date of Accident | 24/07/2020 | Time of Accident Inhome | 13:00 | | Collision - Head to Rear |
| Reporting Centre | | | 13:00 | Country of Accident | Singapore |
| Accident Location | CHAMPONE SALES OF STATE | Orange Force | | 1CM No. | |
| ♥ Total Excess Applicable | KAMPONG BAHRU RD | | | | |
| | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| DO Standard Excess | 2,000.00 | TO Change of E | 980000 | | |
| VIED OD Excess | | TP Standard Excess | 1,500,00 | | |
| | 0.00 | YSED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total DO Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | | |
| ♥ Benefits | | | | | |
| GST Registered Inform | | | | | |
| GST Registered | No | | GST Registration Date | | |
| GST Registration No. Modification History | | | GST Status Verified | Yes | |
| A CONTRACTOR OF THE PARTY OF TH | | | | | |
| Policyholder Hailing Ac | idress | | | | |
| Address 1 | BUX 21 #12-58 | 10404010411 | V420 4400 000000000000000000000000000000 | | |
| | BUR 21 #12/58 | Address 2 | TELOK BLANGAH CRESCENT | Address 3 | SINGAPORE 090021 |
| Address 4 | | Address Type | Singapore address | Post Code | 090021 |
| Unit No. | | Related Policy Number | 5112254319 | | |
| OI Driver Info | | | | | |
| Driver Name | SHU POH SHEN(XU BAOSEN) | Driver Type | Main Driver | | |
| Unnamed driver Name | | DYVER MRIC | 574113228 | Driver DOB | 09/04/1974 |
| Register Date of Driver License | 17/02/1992 | Driver Age | 46 | Driving Expenence | 28 |
| Contact No. (Mobile) | 96622235 | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| Address 1 | 9KK 51 | Address 2 | TELOK BLANGAH CRESCENT | Address 3 | SINGAPORE 090021 |
| Address 4 | | Address Type | Singapore address | Post Code | 09002s |
| Unit No. | 12-58 | | | | |
| Does he own a Singapore Registered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 img | Any injury? | ○ Yes No | | |
| | | | COPYCION TOUR CO. | | |
| | | | | | |
| Modification History | | | | | |
| Claim 001 New | | | | | |
| - Marine | | | | | |
| | | | | | |
| Claim Type * | OD-MD ♥ | Insured Name | SHU POH SHEN (XU BAOSEN) | Insured NRIC | 574113229 |
| Contact No.(Mobile) | 96622235 | Contact No. (Home) | 62739828 | Contact No.(Office) | 62309431 |
| Email Address | EDMUNDSHU@YMAIL.COM | Of Vehicle Number | SFN3613S | TP Vehicle Number | SMD7552C |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name + | 22 | Claimant NRIC + | | | |
| Claimant Address | | | | | |
| Claim Description | SPN36135 / SMD7652C ON 24 Jul 2020 | | | Name of Preferred Workshop | MY CAR CONSULTANT PTE LTD |
| Preferred Workshop Contact | 96888885 | Insured Liability * | Fully at Fault V | | THE LIP |
| No. Require Finalisation | Yes | | | - TT | |
| Date Registered | | | Preferred Workshop (refer below) | GIA report | Received |
| | 24/07/2020 16:29 | Claim Close Date | | Date Received | 24/07/2020 00:00 |
| Report Taken By | Jackson | | | Sparger Statement and Statement and | |
| Print AK letter | | | | OD Excess Collected by Workshop | |
| | | 100 | China Statement | | |
| Machanet | | 3 | Save Submit | | |
| Attachment | | | | | |
| 7 | | | | | |
| Accident No. | MT/1097832 | Filtran No. | 004 | | |
| Accident No. Last Doc Received | | Claim No. | 001 | | |
| LES JUL PELENTS | ● Yes ○ No | Upload Date | 24/07/2020 16:31 | | |
| | Poth * | Project Cyrestill | Category • | Confidential Urger | ncy • Description • |
| | The state of the s | Browse | Clear Please Select | V Normal | |
| | | Browse | Clear Please Select | ▼ Normal | 9 |
| | | Browse | Clear Please Select | ▼ Normal | <u> </u> |
| | | Browse | Clear Please Select | Normal | ₩ |
| | | Browse | Clear Please Select | V Normal | |
| | | Browse | Cear Disass Salari | V Inc. | |



REF:

Assessor: Mobile:

YES / NO

ASSIGNMENT (IDAC)

| By CSO- Nature of Accident | <u>:</u> | | | By Assessor- 1) Vehicle Information |
|------------------------------------|-------------------------|-------|----|--------------------------------------------------------------------|
| 1) Vehicle hit Vehicle: | 2) Vehicle hit ?? | | | Veh No: SFN 36138 Yr Regn: 2012 / Sept |
| a) Motorcar () | a) Pedestrian | (|) | Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV |
| b) M/cycle () | b) Animal | (|) | / Truck / Trailer or |
| c) Bicycle () | | | | Make & Model: Volkswagen Towan c.c 1598 |
| 3) Vehicle hit Road Side Objects: | | | | Colour Drown Transmission Type: Auto / Manual |
| a) Govrn.Property () | b) Road Work Object | (|) | Eng/No: CAV438744 Sp.Reading: 221162 |
| (Eg: signboard, barrier, tree etc) | c) Private Property | (|) | C/No: WVGZZZITZDW013890 |
| 4) Vehicle drop into drain | | (|) | Gen, Cond: Good / Fair / Poor / Burnt or |
| 5) Damage due to Act of God: | | | | Steering: Inorder / Jammed / Leaked / Burnt or |
| a) Fallen Object () | b) Flood | (|) | Brake: Inorder / Jammed / Leaked / Burnt or |
| c) Other, | | | | Modi : Nil (S/Rim) / STD A/Rim or |
| 6) Parked & Found Damaged: | | | | Tyre Size: F: 225/40 R 18 |
| a) Vandalism () | b) Hit by Moving Object | (|) | R: |
| 7) Theft Case | | | | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| a) Stolen () | b) Damage found | (|) | TOYO/YOKO or Westlake |
| <i>z</i> / <i>z.s.s.</i> . (| when recovered. | 53 | £2 | Front Rear |
| 8) Fire | | | | R/Bal. 6 mm R/Bal. 6 mm |
| a) Whilst driving () | b) Parked | (|) | L/Bal. 6 mm L/Bal. 6 mm |
| | | | | |
| 9) Accident date more than 24hrs | | (|) | Parallel Import: Yes No Towed-In: Yes No |
| | | | | Repair Type: (LS) I.B.I Towing Required: (Yes) No |
| Remarks for internal information | | | | No of Repair Days: \$\text{Vehicle in Idac: (Yes)} / No |
| | | | | D.O.I. 27/07/22 Time: 1200 kms |
| | | | | By Assessor- 2) Comments |
| | | | | 1) Damages not due to recent accident. |
| | | | | 2) Damages do not seem hit onto: |
| Remarks to appear in Works Ord | er & Assessment report | | | a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian() |
| Potential Total Loss (| 1 | one: | | e.Animal () f.Govrn Object () g.Road Work Object () |
| 2) SRS Light on (| 1 | - | | h.Private Property () i.Drain () j.Road Kerb/Grass Verge () |
| 3) ABS Light on (| 1 | | | 3) Vehicle does not seem damaged as a result of: |
| of Abo Eight on | | Trail | | a.Fallen Object() b.Flood() c.Vandalism() d.Fire() |
| | | | | e.Moving Object () f.Stolen () g.Stolen & Recovered () |
| | 8. | 1700 | | Time Started: Time completed: |
| | | | | 1) CSO |
| | | | | 2) ASS |
| | | | | 4) Maa |

3) Entire Operation Completed Time:

> Back to OneMotoring

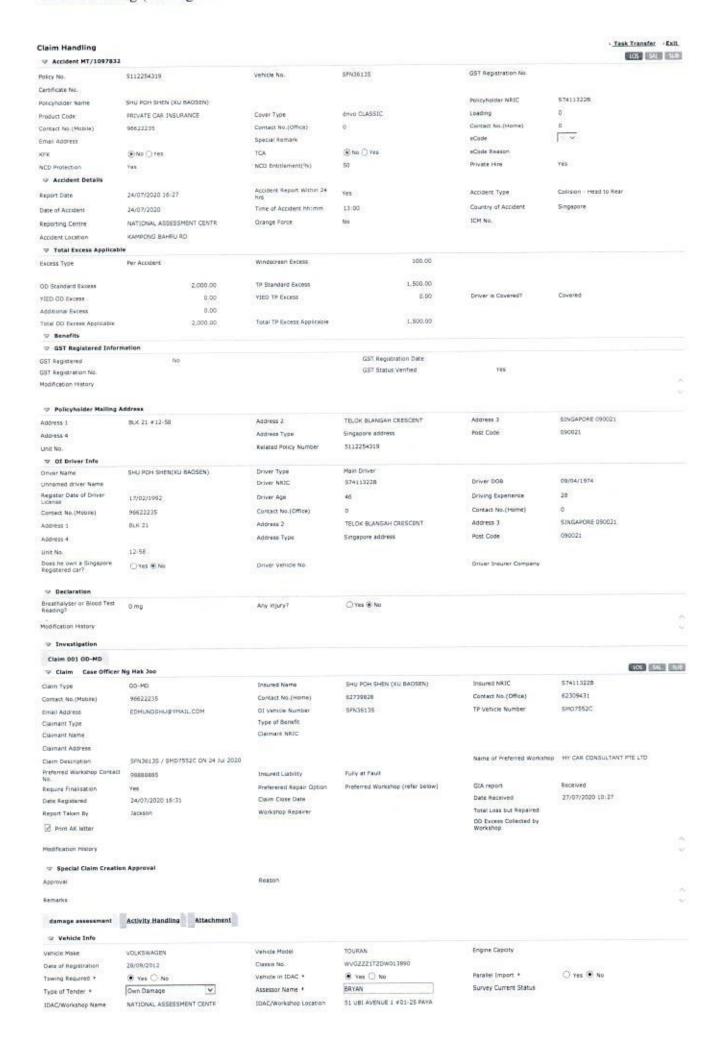
Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|----------------------------------------------------|-----------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: Vehicle Details | 322B |
| Vehicle No.: | SFN3613S |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 27 Jul 2020 |
| Vehicle Make: | VOLKSWAGEN |
| Vehicle Model: | TOURAN 1.4 TSI AT 1T32B4 FL |
| Primary Colour: | Brown |
| Manufacturing Year: | 2012 |
| Engine No.: | CAV438744 |
| Chassis No.: | WVGZZZ1TZDW013890 |
| Maximum Power Output: | 103.0 kW (138 bhp) |
| Open Market Value: | \$22,674.00 |
| Original Registration Date: | 28 Sep 2012 |
| First Registration Date: | 28 Sep 2012 |
| Transfer Count: | 0 |
| Actual ARF Paid: Intended PARF Rebate Details | \$22,674.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Sep 2022 |
| PARF Rebate Amount: Intended COE Rebate Details | \$13,604.00 |
| COE Expiry Date: | 27 Sep 2022 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 10 |
| QP Paid: | \$59,003.00 |
| COE Rebate Amount: | \$12,783.00 |
| Total Rebate Amount: | \$26,387.00 |

The information contained herein is correct as at 27 Jul 2020

Is Front LH Jender XI repair 27 RISH Front door X 1 repair 3.) But Bonnet lock catch X 1 repor 4) Front Bonnet hinge X 2 region 5) Print bonnet X 1 65 Pront RH Lender X1 35 __ 11 _ inner shield X 1 delamed 8. Y Pront Reductor grille X 1 Cut I morrotry broken 9.7 Rout bumps x 1 10.7 - 11- RH retainer +1 B+ - 11- RH Juglemp rown X 1 ouslanger - 11- RH Jiglimp X 1 monday broken 13.8 ___ 11- Perking Senson X 2 pcs Dam 145 ___ 11 _ tow hook rown x 1 re- Ste repair 15. - 11- sponge x 1 16x ____ 11 __ Veinforcement × 1 ?

17.) Front RH Top penel X 1 Denter 19.) Front Support penel X 1 Denter 20.) Pront RH headlemp X 1 broken



| ARR BLOWER ARR BLOWER 5 16005901 BLIMPER REINFORCEMENT (FRONT) 1 Uncenfirm ARR BOX ARR CHAMBER BOX ARR CLAMBER BOX ARR CLAMBER BOX ARR COMPRESSOR ARR COMPRESSOR ARR CON (VAN) ARR DOS TRIBLETOR ARR DISTRIBUTOR ARR DISTRIBUTOR ARR FLOW | Windscreen Parts & Labour Cost | | | Total Loss • | ☐ Yes 	® No | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|-------------------------------------------|
| REMARK NO OF PROBABIDAY IS DAYS, 1 X RXT BONNET LOCK CATCH. SERVED, 1 X RXT BONNET CRITED, 1 X RXT BUT PENDER, THEN PENDER JANGE AND | Market Velue(5) | | | Scrape Value(\$) | | Economical Repair valuers | 15 | |
| Description | Remark | BUMPER PARKING SENSO | DAY: 5 DAYS. 1 X 1 FRY BUMPER OR - DIM: 1X FRY | FRT BONNET LOCK CATCH - TORN, 1 X FRT RH BUMPE RH BUMPER TOW HOCK CO | REPAIR. 1 X PRT BONNET - DENTED. 1 RETAINER - BT. 3 X PRT RH BLIMPER PO VER - REPAIR. 1 X WIPER TANK - DETME | X FRT RH FENDER - DENTED. 1 X FRT R | H FENDER INNER SHIELD - DET | MED. 1 X FRT 4 2 X FRT N 1 X FRT RH |
| cost No. Part No. Description Qty * Repair Code * Not Applicable 1 25400102 FENDER (FRONT LEFT) 1 Repair V ABB 2 23300202 DODR (FRONT RIGHT) 1 Repair V ACCILLIBATOR 3 14902001 BONNET HINGE (LEFT) 1 Repair V ACCILLIBATOR 4 14902202 BONNET HINGE (RIGHT) 8 Repair V APPLIET SEMENT STOKER 4 14902202 BONNET HINGE (RIGHT) 8 Repair V AIR BLOWER BLOWER 5 16005901 BUMPER SPONGE (FRONT) 5 Unconfirm V AIR BLOWER BOX AIR CLEANER AR COMPRESSOR AIR COMPRESSOR | temark for Supplementary | | | | | | | |
| Not Applicable | | | | | | | | |
| Net Applicable | | | No. | Part No. | Description | · · | Province Contract | |
| ABB ABSORBER 2 23300202 DODR (FRONT RISHT) 1 Repair V ACCLURATOR 3 14902203 BONNET HINGE (LEFT) 1 Repair V ACTUATOR ADVERTISEMENT STICKER 4 14902202 BONNET HINGE (RIGHT) 3 Repair V ARBAGO 5 L8005901 BUMPER SPONGE (FRONT) 1 Unconfirm V AIR BLOWER AIR BLOWER BOX AIR CHAMBER BOX AIR CHAMBER BOX AIR CON VANI AIR CON VAN | | ^ | 1 | 25400102 | | | 27557706065070 | - |
| ADVERTISEMENT STICKER 4 14902202 BONNET HINDEX (RIGHT) I Repair AN RIGHT STICKER 5 16005901 BUMPER SPONGE (FRONT) I Unconfirm AN RIGHT STICKER 5 16005901 BUMPER REINFORCEMENT (FRONT) I Unconfirm AN RIGHT STICKER SIX ARC CLEANER RIGHT STICKER STICKE | | | 2 | | | | - | 1 3 |
| ADVERTISEMENT STICKER. 4 14902202 BONNET HINDE (RIGHT) A) BAG S 16005901 BUMPER SPONGE (PRONT) A) BROWER A) BOX A) BLOWER BOX A) CHAMBER BOX A) CHAMBER BOX A) COMPRESSOR A) R COMPRESS | | | 27 | | 450000000000000000000000000000000000000 | | | <u> X </u> |
| ADVERTISEMENT STICKER. 4 14902202 BONNET HINDE (RIGHT) A) BAG S 16005901 BUMPER SPONGE (PRONT) A) BROWER A) BOX A) BLOWER BOX A) CHAMBER BOX A) CHAMBER BOX A) COMPRESSOR A) R COMPRESS | | | | 14902201 | BONNET HINGE (LE | FT) 1 | Repair | × |
| AIR BAG 5 L6005901 BUMPER SPONGE (PRONT) 1 Unconfirm AIR BLOWER AIR SOX AIR CHAMMER BOX AIR CHAMMER BOX AIR COMPRESSOR AIR COMPRESSOR AIR COMPRESSOR AIR COMPRESSOR AIR CON AIR CON (VAN) AIR GOOLER AIR DOLER AIR BISTRIBUTOR AIR FLICER AIR FLOW | | CKER | 4 | 14902202 | BONNET HINGE (RIG | (HT) 1 | Repair | V x |
| AIR BOX AIR CHAMBER BOX AIR CHAMBER BOX AIR CLEANER AIR COMPRESSOR AIR COMPRESSOR AIR COMPRESSOR AIR COMPRESSOR AIR CON (MAI) AIR CON (MAI) AIR COLER AIR BOSTRIBLITOR AIR FLOW AIR FLOW AIR FLOW AIR FLOW | | | 5 | 16005901 | BUMPER SPONGE (FR | ONT) 1 | | |
| AIR CHAMBER BOX AIR CLEANER AIR COMPRESSOR AIR CON (VAN) AIR COLOLE AIR DOSTRIBUTOR AIR RITER AIR FLOW | | | 6 | 16005001 | BUMPER REINFORCEMENT | (FRONT) | | 7 30 |
| AR HORN | AIR CHAMBLE BOX AIR CLEANER AIR COMPRESSOR AIR CON (VAN) AIR COOLER AIR DISTRIBUTOR AIR FILTER AIR FLOW AIR GOILLE | v | | Transfer to | | (7007) | Junscentern 3 | |

LKK Paya Ubi

From: Ng Hak Joo <hakjoo.ng@income.com.sg>

Sent: Tuesday, 28 July 2020 3:59 pm

To: Su Brothers
Cc: LKK Paya Ubi

Subject: FW: SFN3613S UNDER OD CLAIM: MT/1097832

Importance: High

Dear Su Bro

please tow this vehicle from Idac and contact owner Mr Shu at 96622235 when the repair is done as we have informed him the OD excess of \$2140.

Our Ref: MT/CA/OD/051/1097832-001/NHJ

28 Jul 2020

SU BROTHERS MOTOR WORKSHOP

BLK 5034 #01-341/3 AMK IND PARK 2 SINGAPORE 569537

Dear Sir

CLAIM NUMBER: MT/1097832-001

REPAIR OF VEHICLE NUMBER: SFN3613S

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as

follows:

Award Date: 28 Jul 2020 Make: VOLKSWAGEN Model: TOURAN

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A Excess Applicable: 2000.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 7890 or email us at motor@income.com.sg.

Yours sincerely Jenny Pe

Deputy Vice President Motor Insurance Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines

T+65 64307890 www.income.com.sg













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NATIONAL ASSESSMENT CENTRE SERVICES



(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

Vehicle Movement Form.

| Vehicle Check-In | | | inter a | |
|-----------------------------------------------------------|--------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Vehicle No: SFN 3 6135 | Date In: | eltines : | Time In: | with Keys: Yes / No |
| | | | For Office us | e |
| | 0 | | Attended by:_ | |
| Workshop Collection of Vehicle | | | | |
| Workshop: SU Broth | es. | - | | |
| Collection Date: 29 /07/20. | 20_ Time: _ | 1015 | vith Keys: (Les) No | |
| Tow Truck No: 4N85192 | _ Tow Man: _ | neetli | NRIC: | 369435/2 |
| Signature: Wy | | | | |
| For office use | 16872 8 61 | | | |
| Attended by: Ruslinda | | | Approved by: | |
| Workshop Return of Vehicle | | | | |
| Workshop: | | | | |
| Returned Date: | | | | |
| * Tow In / Drive In Tow Man / Workshop Representative: | | | NRIC: | |
| | | | For office use | |
| Signature: | | | restation of the second of the | E2 52 |
| | | | Attended by: _ | |
| Owner Collection of Vehicle | | | | |
| Collection Date: | Time: | w | ith Key: Yes/No | |
| Owner: | | NRIC: | | |
| ignature: | | | | |
| For office use | | | | |
| Attended by: | EH DEC | 8 | Approved b | y: |