Lennig Soun / 1.12 1: 15

(C.C. 17E.C. BA)	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE						
ASS	IGNMENT 2216 And						
From Dale:	Veh No: SLB 76004 Yr Regn: 2016 April						
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /						
QD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or						
To Inspect Vehicle No:	Make: Chervolet Orlando c.o 1362						
at Workshop m/s	Colour Grey A/C: Insured / Std / NI / NA Sp.Reading SS 5-1-3 T/Radio: Insured / Std / NI / NA						
,							
Insured:	Eng/No:						
	C/No: KLIYA75896K332845						
Policy No.	Gen. Cond Good) Fair / Poor / Burnt						
Claims No. Excess:	Steering horder / Jammed / Leaked / Burnt or						
Suili ilisureu.	Brake: Inorder) Jammed / Leaked / Burnt or						
(Client's Record) Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or						
IVIANCE OF YOUR.	Tyre Size: F: 215/60R16-						
(Pulling Condition)	R: 215/60P16						
(Policy Condition) Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MTG / OHTSU / PIR / SUMI /						
repair at the time of inspection.	TOYO/YOKO or						
	Front Rear						
Bal. or Market Value: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm						
Consistent 2: Voc or No.	L/Bal. O mm L/Bal. o mm						
Page: Yes or No	D.O.A. D.O.I. 09/09/20						
ESI, Repairs.	Survey held at Xin Itua.						
Lum Sum: % S vaii. 165 of NO	Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or						
CA / REV / REP. / 24 HRS Vehicle: IN / OU							
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.						
Date / Time Action / Instruction							
71 Ecgo.							
0							
	400.01/						
mv: 53k lump sum \$10	400, 6days (red: 10268.50;49%)						
Nett: 13.9 K							
7/601 13 1/2							
	Days Of Repair: 6						
Date/Time, File Pass to? : Preli. Report	pays of tropen.						
i) : Final Report	Resurvey No. of Trip: Survey Fee: Transportation:						
Date/Time. File Retrum to? A. A. A. C. A.	CHELLIP						
2) /4-70-9 1	: Interview (\$) Fhotos						
	Tech hivs (S) Others						
Report Former:	Company of the Compan						
Lenny Son / Letters	: Meriené (ii						

701/4.

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 <u>truthful and accurate</u> 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 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

SERVED STREET	ACCIDENT STATEMENT
Date Of Report	29/08/2020 10:17
Date Of Accident	28/08/2020 09:30
Exact Location Of Accident	PIE TOWARDS KPE (ECP) LAMP POST 571512
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

DETAILS OF OWN VEHICL	
	_

Vehicle Registration Number SLB7600U

Insured/Policyholder

Name Of Registered Owner AIDIL BAKHTIAR BIN JOSOH

NRIC No SXXXX554J

Email Address XINHUAWORKSHOP@GMAIL.COM

Mobile Phone No (LOCAL) +65-97711344
Alternative Phone No OTHERS-97711344

Vehicle Particulars

Manufacturer CHEVROLET

Model ORLANDO 1.4AT TURBO

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 AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P1789052

Cover Note Number

Driver

Name of Driver AIDIL BAKHTIAR BIN JOSOH

 NRIC No
 SXXXX554J

 Date Of Birth
 16/07/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 27/10/2006

Driving Experience 13 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97711344

Fax Number

Contact Number OTHERS-97711344

EMail Address XINHUAWORKSHOP@GMAIL.COM

Address

BLK 849 TAMPINES STREET 83

#03-236

Postcode

520849

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 - CHANGE/CROSS LANE

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

NO

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?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

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

YN9031G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIM MING QUEE

NRIC/Passport Number

SXXXX805A

Contact Number

92718010

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (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,
- (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:

Sant Sugarfly on a

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

28/08/2020 09309m vehicle was PIE KPE (E(P) when PEAN reach 571512 Post Vehicle in front me Changed lane the jammed brakp. that applied brake 01 to vehicle Thero is 9 CON Camera recorded this Accident DECLARATION

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

Policyholder's Signature Date & Time:

Contrat Settention of Co.

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

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour: Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value: Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid: **COE Rebate Amount:**

Total Rebate Amount:

The information contained herein is correct as at 28 Aug 2020

Singapore NRIC

554J

SLB7600U

No

28 Aug 2020

CHEVROLET

ORLANDO 1.4AT TURBO

Grey

2016

B14NET153530298

KL1YA7589GK332845

103.0 kW (138 bhp)

\$16,528.00

20 Apr 2016

20 Apr 2016

\$16,528.00

Yes

19 Apr 2026

\$12,396.00

19 Apr 2026

E - Open Category

10

\$48,002.00

\$26,868.00

\$39,264.00

OK

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Browse by Category	•						Sort by Date Po	sted 🗸	20 results/page 💙
4 vehicles		chevrolet orlando						M	
		Model	Price	Depreciation		Eng Cap	Mileage	Veh Type	
Search Selection	chevrolet orl	ando	Any	Any	2016	Any	Any	Any	Available
	Chevrole LS	et Orlando 1.4A Turbo	\$55,800	\$8,160 /yr	08-Jul-2016	1,362 cc	88,434 km	MPV	Available
	Maintained By	ailable, Beautiful White Agen Agent Since Day 1. 1 Owner,	t Unit With 5 \ , Well Maintain	ears Unlimited Milea ed Exterior And Inte	age Agent Warranty rior, Premium Groom	Starting From I ming Before Ha	Registration Date. F nding Over. Confide	Fully ent B	
	1axis Posted: 21	I-Aug-2020 Tags: 2016 Chev	rolet Orlando, C	Thevrolet Orlando, Che	vrolet, Orlando				
	Chevrole LS	t Orlando 1.4A Turbo	\$60,000	\$8,220 /yr	22-Dec-2016	1,362 cc	102,500 km	MPV	Available
	Beautiful White Since Day 1. No	Agent Unit With 5 Years Unlewly Replaced Battery On Jar	limited Mileage n 2020. High L	e Agent Warranty Sta oan Available With L	arting From Registra owest Interest Rate	ation Date. Fully es From 1.98%.	Maintained By Age Trade In Welcome	ent . Wh	CONSISNMENT
	Posted: 20	9-Aug-2020 Tags: 2016 Chevi	rolet Orlando, C	hevrolet Orlando, Che	vrolet, Orlando				
	Chevrole LS	t Orlando 1.4A Turbo	\$60,888	\$8,340 /yr	29-Dec-2016	1,362 cc	62,500 km	MPV	Available
	Flexible Loan A Done Jun'20, N	vallable. Valid Agent Warrant ew Road Tax Till Dec. Design	y Till Dec 202: ned With Famil	1! Genuine Low Milea y In Mind: Handsom	age, Fully Maintaine e SUV Styling, Grea	d By Agent. Ins It Space, Practic	pection/Last Servic al And Comfortable	ed e 3rd	РЭЕМШМ ДО
	Posted: 27	-Jul-2020 Tags: 2016 Chevr	rolet Orlando, C	hevrolet Orlando, Chev	rolet, Orlando				
7.14	Chevrole LS	t Orlando 1.4A Turbo	\$60,000	\$8,380 /yr	10-Nov-2016	1,362 cc	3,500 km	MPV	Available
E	Handsome MPV Fuel Efficiency (Styling, Great Space, Practic Of Its Class And Road Tax Fri	cal And Comfor endly! 100% A	table 3rd Row Seats Accident-Free, Non-A	. Comfort 7 Seater I bused. Call For A N	MPV, Genuine L on-Obligatory V	ow Mileage, Excell iewing Now!	ent	DIRECT OWNER
	Posted: 20	-Jul-2020 Tags: 2016 Chevn	olet Orlando, Cf	nevrolet Orlando, Chev	rolet, Orlando				

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Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time:

28 Aug 2020 / 17:30:19

Receipt Date/Time: 28 Aug 2020 / 17:30:19

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200828-003227

Previous Receipt No.:

r revious receipt No				
S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - YN9031G		(-4)	(-4)	(04)
As at 28 Aug 2020/09:30:00				
Insurance Co: ERGO INSURANCE PTE, L	TD.			
1 Insurance Enquiry - YN9031G				
Enquiry Fee 20200828172911225117		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20200828172925107	Direct Debit: eNE (Internet Banking		7.45
	Total	(terriot Bariking	,	7.45
	Cash Change			
	Tendered Amount			0.00
	Excess Refundable Amount			7.45
	Excess Rejuridable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.