ASS. REC. BY: Marcus REF: CS/ CT/	200/0737/uyd3
	IGNMENT '
From: Date:	Veh No: SKQ 6497R Yr Regn: 12 14 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD IN P DWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or A
To Inspect Vehicle No: SKQ6497R	Make: Toyota previa c.c 2362
at Workshop m/s Ethot Tampines	Colour A/C: Insured / Std / NI / NA
of C.D.2	Sp.Reading 67276 T/Radio: Insured / Std / NI / NA
Insured: 51 P 3179 X	Eng/No:
Policy No.	C/No: JTEGD54M90A047028
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Iporder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil SIRim / STD A/Rim or
	Tyre Size: F: 215/5-5-17
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA (MDE / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front 9 Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. / mm R/Bal. / mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 1/10/20 D.O.I. 19/10/20
Lum Sum: 90 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Que 1 W.	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction 19/11/20 L/S \$250 Confirmed w	h Janny (Red \$2876-28, 53%)
¥-	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
The state of the s	Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return to?	Transportation:
2) 29/10/20 Typist Add Fe	ee: : Site Insp (\$)S+RS,SI
11.12	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
(Jump Sum / IRI / S C/S \$2550E)	·Wookend (\$

TOTAL

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report

01/10/2020 16:17

Date Of Accident

01/10/2020 11:50

Exact Location Of Accident

ALONG THOMSON RD BEFORE 510 THOMSON ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKQ6497R

isured/Policyholder

Name Of Registered Owner

YAP HOE KIAT

NRIC No SXXXX673Z

Email Address

AYAP1969@GMAIL.COM

Mobile Phone No

(LOCAL) +65-97219188

Alternative Phone No

OFFICE-97219188

Vehicle Particulars

Manufacturer

ATOYOTA

Model

PREVIA 7 SEATER CVT

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

nsurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA519339/1

Cover Note Number

16/12/2019-15/12/2020

Driver

Name of Driver

YAP HOE KIAT

NRIC No Date Of Birth SXXXX673Z 06/12/1969

Occupation

INDOOR

Date Of Driving Pass

03/08/1990

Driving Experience

30 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-97219188

Fax Number

Contact Number

OFFICE-97219188

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NO

YES

NO

2

NAME:

: NG CHO HENG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP3179X

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

XIE HAI YAN Name of Driver

NRIC/Passport Number

SXXXX279D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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) 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:

Driver's Signature

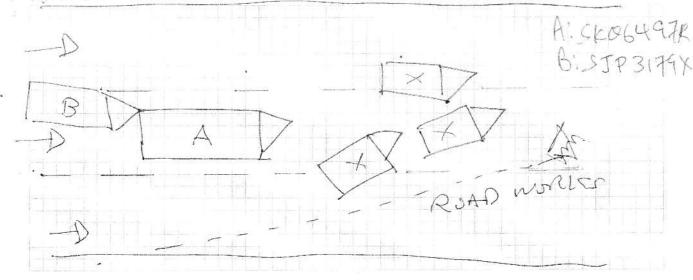
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUIVISTANCES OF THE ACCIDENT		
I was driving my car (SKQ 6497	R	along THOMSON
Road at around 11:50 an Made a 50	at	e due to confe
Engestion du infrant. Thece was	9	road work.
Cubsequently Vehicle STP 3179X	S	mash into the
tast back of my vehicle on the	14	It back.
We stopped vehicle to exchange	20	V+ culars
musife and (may seek medica	1	angultation
as we having soffer backaches.		

121 Part 1990 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
22	W-2-1-11	
	· [Reporting Only
You had been advised by workshop that in the event that you wish to claim		Claim OD
against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from	-	Claim TP
the day of occurance.		Claim OD / TP at other workshop
	-	

DECLARATION

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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Poljeyholder's Signature
Date & Time:

15+0 CT 2020 4: 44pm

DENTITY CARD NO. \$6941673Z



YAP HOE KIAT (YE HAOJIE)

葉 Bace 浩

CHINESE Date of birth

06-12-1969 Country/Place of birth SINGAPORE

M



FOR ACCIDENT CLAIM USE ONLY



Licence Number S 6 9 4 1 6 7 3 Z

YAP HOE KIAT (YE HAOJIE)

Birth Date: 06 Dec 1969 Issue Date: 04 Jul 2003



5565931



24-02-2016

BEDOK NORTH DRIVE -30 GAPORE 465498

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

Class 3

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

FOR ACCIDENT CLAIM USE ONLY

> 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 01 Oct 2020

Singapore NRIC

673Z

SKQ6497R

Yes

07 Oct 2020

TOYOTA

PREVIA 7 SEATER CVT

Grey 2014

2AZJ125070

JTEGD54M90A047028

125.0 kW (167 bhp)

\$37,090.00

16 Dec 2014

16 Dec 2014

0

\$43,926.00 21963

Yes

15 Dec 2024

\$30,748.00

15 Dec 2024

B - Car above 1600cc or 97kW (130bhp)

10

\$74,389.00

\$31,155.00

\$61,903.00

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CORE 17

Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD! Audi Q7 2.0 In Mint Condition.



70k Mileage, Original White Colour Direct Owner StarAd

PRIME MOTOR & LEASING [CHENG YONG CREDIT ENTERPRISES PTE LTD GROUP OF COMPANIES] With over 200 units of vehicles to choose from, ranging from all European to Japanese Makes

Post an Ad

Ways of Selling

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Previa

Model

Depreciation

Eng Cap

Mileage

Veh Type

Any

Submit (

Status

✓ 20 results/page

Search Selection

2 vehicles

Previa

2014

2,362 cc

80,000 km

Toyota Previa 2.4A

\$73,800

\$13,590 /yr

27-Jun-2014

Sort by Date Posted

Advanced Search 📓

MPV

Available

Available

1 Owner, New Road Tax, Beautiful White With Cream Leather Interior, Well Maintained, Just Done Full Servicing, Accident Free, Excellen...

Posted: 09-Oct-2020 Tags: 2014 Toyota Previa, Toyota Previa, Toyota, Previa



Toyota Previa 2.4A

\$71,700

\$12,720 /yr

29-Jul-2014

2,362 cc

76,000 km

MPV

Available

1 Owner Only! Electric Tailgate! Low Mileage Of 76000km! Fully Maintained By Agent, Borneo Motors. Excellent Original Condition. Twin...

Posted: 30-Sep-2020 Tags: 2014 Toyota Previa, Toyota Previa, Toyota, Previa

Save this search criteria, to get email alerts whenever a match is found.

Make

Model

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

20

Status

✓ results/page

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Date

19/10/2020

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

: YAP HOE KIAT

AXA INSURANCE PTE LTD

Certificate No

GA519339/1

Accident Date

01/10/2020

Vehicle No

SKQ-6497-R

Make & Model

TOYOTA PREVIA 2.4 (A) 7 SEATER

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$) SURVEYOR APP.
1	TAILGATE	1 ,436.20 ★
1	TAILGATE WEATHERSTRIPE	الام 419.30 ×
1	TAILGATE LOCK	1 1 1 1 3 5 . 2 0 ★
1	TAILGATE LOGO	Nu 74.40
1	TAILGATE EMBLEM "TOYOTA"	73.60
1	TAILGATE EMBLEM "PRVIA"	14 72.90
1	TAILGATE EMBLEM "GL"	1M 69.40
1	REAR FENDER (LH)	RESTORE \mathcal{R}

LKK Auto Consultants hence notify the Repairer of the following:

- · To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

PAGE:

2



PLEASE ARRANGE TO SURVEY VEHICLE AT 22 TAMPINES ST 92 (S 528876)

Jimmy Goh Kl

CLAIM DEPARTMENT

DID: 66547618

Date

19/10/2020

FAX:

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

YAP HOE KIAT

AXA INSURANCE PTE LTD

Certificate No

GA519339/1

Accident Date

01/10/2020

Vehicle No

SKQ-6497-R

Make & Model

TOYOTA PREVIA 2.4 (A) 7 SEATER

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY	DESCRIPTION		REPAIRER AMT (\$) SURVEYOR AP
List I	tem		
1	REAR BUMPER		D.S 654.20
1	REAR BUMPER BRACK	CET (LH)	118.90 X
1	REAR BUMPER SIDE R	ETAINER LH (1)	108.80 X
1	REAR BUMPER SIDE R	ETAINER LH (2)	1 86.70 ≥
1	REAR BUMPER SPONG	BE .	700 93.40 -
1	REAR BUMPER REFLE	CTOR LH	300 92.80
1	REAR BUMPER TOW C	COVER LH	₹ ~ 80.90
10	REAR BUMPER CLIPS		1et 45.00
1	REAR END PANEL	648.10	326,07648.10

PAGE:



Date

19/10/2020

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

YAP HOE KIAT

AXA INSURANCE PTE LTD

Certificate No

GA519339/1

Accident Date

01/10/2020

Vehicle No

SKQ-6497-R

Make & Model

TOYOTA PREVIA 2.4 (A) 7 SEATER

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY DESCRIPTION REPAIRER AMT (\$) SURVEYOR APP. Sub Total 3861.70 Discount 25% On Parts (965.43)Special Nett Item 1 REAR WINDSCREEN SEALANT 1 REVERSE SENSOR 200.00 **Sub Total** 260.00 Labour & Misc 900.00 LABOUR TO FACILITATE REPAIR

LABOUR TO FACILITATE REPAIR

TO DETACH & RENEW REVERSE SENSOR

TO REMOVE & INSTALL REAR WINDSCREEN GLASS

40.00

PAGE:

ETHOZ

Date

19/10/2020

То

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

YAP HOE KIAT

AXA INSURANCE PTE LTD

Certificate No

GA519339/1

Accident Date : 01/10/2020

Vehicle No

SKQ-6497-R

Make & Model

TOYOTA PREVIA 2.4 (A) 7 SEATER

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY DESCRIPTION	REPAIRER AMT (\$) SURVEYOR APP.
TO REMOVE & INSTALL ALL TAILGATE FITTING	スペ 100.00 ×
TO APPLY ANTI RUST COATING ON AFFECTED AREAS	60.00 30
TO CHECK AND RECONNECT ALL NECCESSARY WIRINGS	30.00 20
TO SPRAY PAINT ON AFFECTED AREAS	1,000.00
Sub Total	2270.00

Remarks:	4/5 5	2550	Holays	5,426.28	
	•		SUB TOTAL GST 7.0 %	379.84	7,1902.70
	Not Author	ored	TOTAL	5,806.11	
Surveyor's name:	moreus	19/10/20	Ä.		1-1427.07
Principal's name:	YAP HOE KIAT	The photo	the regai		-3217.0 25%
Survey Date & Time):				-362

PAGE: