

# NATIONAL Assessment Centre Services

Form 1-10-03

Date In: 16/11/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC 20012551/13	SAS e-filing		
Veh No. SLB7481X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A. : 11/11/20 1345	I-Motor Claim Form	16/11 MT/1110303-001	
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SG1060H	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: ( )	Warranty: YBS ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks	Date	Time	Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )				
2) QC Check / Post Repair Inspection ( )				
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )				

Injury: \_\_\_\_\_

Date/Time	Actions

Client's Particulars:	NA2006242	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:		For claiming against INC Only (wef 10 Jan 2005)		
Cal. 2/3:		6) TR: Re-inspection \$75		
		7) N1: Idno DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON:		
		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (N'n INC) against INC \$20		
		9) N12: Idno Mobile 30		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	16/11/2020 09:40
Date Of Accident	11/11/2020 13:45
Exact Location Of Accident	PASIR RIS ST 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7481X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD KHIDIR BIN ALI
NRIC No	SXXXX401A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96683547
Alternative Phone No	OTHERS-96788512

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094371459-03
Cover Note Number	

### Driver

Name of Driver	SITI RAUDAH BINTE MOHD AMIN
NRIC No	SXXXX715I
Date Of Birth	26/04/1993
Occupation	INDOOR
Date Of Driving Pass	16/03/2018
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96788512
Fax Number	
Contact Number	
Email Address	SITIRAUDAHMOHDAMIN@GMAIL.COM

Address	BLK 143 PASIR RIS STREET 11 #01-115
Postcode	510143
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MUHAMMAD HUZAIFAH BIN MUHAMMAD KHIDIR GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201113/7014

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG1060H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name  
SITI RAUDAH BINTE MOHD AMIN  
Approximate Age  
Injuries Sustain  
SLIGHT  
Injured person in which vehicle?  
SLB7481X  
Were seat belts worn?  
YES  
Was this injured conveyed to hospital by  
ambulance?  
YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name  
MUHAMMAD HUZAIFAH BIN MUHAMMAD KHIDIR  
Approximate Age  
Injuries Sustain  
SLIGHT  
Injured person in which vehicle?  
SLB7481X  
Were seat belts worn?  
YES  
Was this injured conveyed to hospital by  
ambulance?  
YES  
Address  
Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

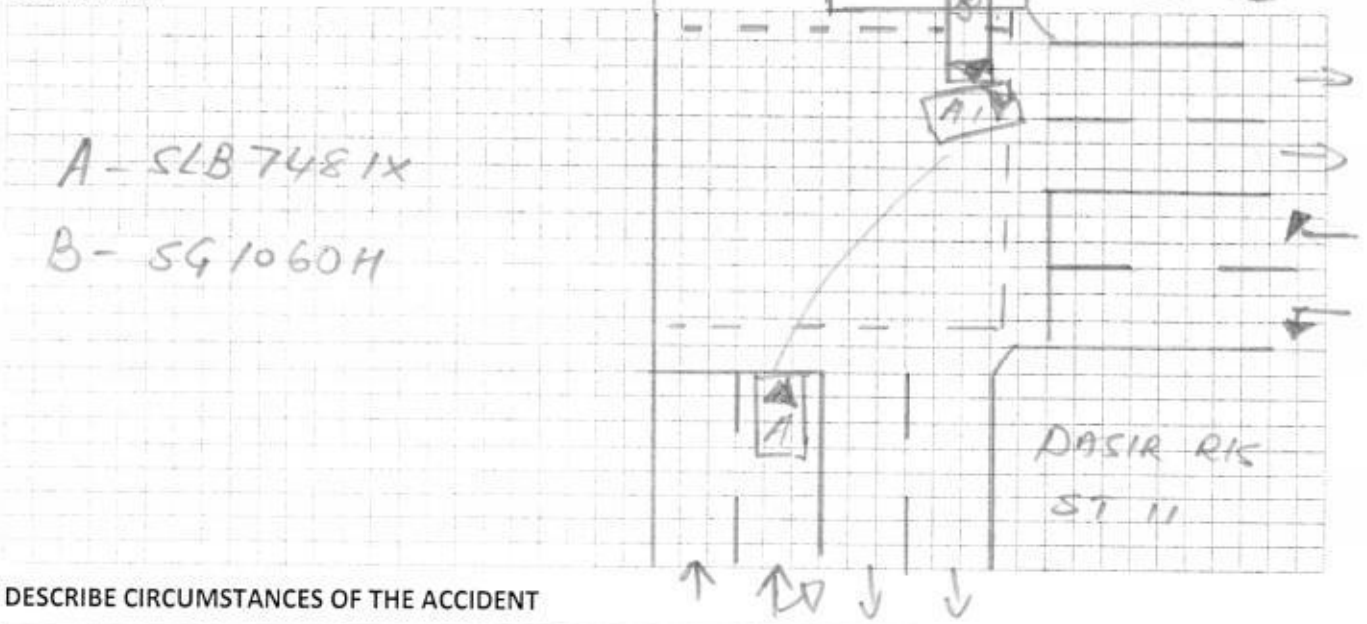
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Pls refer to the police report. 7/20201113/7014

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20201113/7014

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

1 of 4

Report No. T/20201113/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2020 12:22	Vide Report No.: G/20201111/0109	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SITI RAUDAH BINTE MOHD AMIN			Address: 143 PASIR RIS STREET 11 #01-115 SINGAPORE 510143		
ID Type / ID No.: NRIC NO / S93137151			Contact No.: Home/Office: Mobile: 96788512		
Nationality: SINGAPORE CITIZEN			Email: sitiraudahmohdamin@gmail.com		
Sex: Female	Age: 27	Date of Birth: 26/04/1993	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Civil/Structural engineering draughtsman			Driving Licence Information: Class: 3	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2020 13:50	Type of Location: T-Junction
Location:  PASIR RIS STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLB7481X	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

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Report No. T/20201113/7014

**CONTINUATION OF REPORT**

Passenger			
Name	MUHAMMAD HUZAIFAH BIN MUHAMMAD KHIDIR	ID No.	T2011045C
Related Vehicle	SLB7481X (Car)	Contact No.	96788512
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/11/2020	Date	12/11/2020
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	SITI RAUDAH BINTE MOHD AMIN	ID No.	S9313715I
Related Vehicle	SLB7481X (Car)	Contact No.	96788512
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/11/2020	Date	11/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 11th Nov 2020, at about 1.50pm I was involved in an accident. I'm the driver of SLB7481X and my infant at the co-driver seat.

He's in the carseat, lock with the carseat harness and followed by car belt, back-facing the dashboard.

Accident occurred at Pasir Ris St 11, T-Junction. I was on the right lane to make a right turn. I did make a stop as I saw the bus service 359 oncoming. But I assumed the bus is turning left therefore I make a right turn. Only then I realised the bus isn't turning left but by then, it was too late to react.

I remembered clearly, after the collision, the bus driver accelerated forward before reversing the bus.

The bus hit the left side of the front door and the side mirror. Due to the impact, it broke the front door window glass, side mirror and front windscreen.

The window glass shattered all over my infant and myself. I didn't see any cuts on my infant. As for myself, something hit my left arm and I had minor cuts all over my hands. Aside from that, I'm 4 months pregnant currently.





**SINGAPORE  
POLICE FORCE**



T/20201113/7014

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

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Report No. T/20201113/7014

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20201113/7014

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

4 of 4

Report No. T/20201113/7014

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
CHONG GUAN FATT  
Contact No.: 65476083

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
13/11/2020 12:22

Classification Of Case:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120100905 Vehicle Registration No: SLB7481X  
Name (as shown in NRIC) : SITI RAUDAH BINTE MOHD AMIN NRIC/FIN/Passport No : S9313715I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 143 PASIR RIS ST 11 #01-115 Singapore( 510143 )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 96788512  
Email Address : \_\_\_\_\_  
Date of Accident : 11/11/20 Time of Accident : 13:45  
Place of Accident : PASIR RIS ST 11  
Insurance Company: MSIG

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND HANDLING INSURER

SHOULD BE NTUC

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

Slynn 16/11/20  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_

## ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 11 / 2020) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: PASIR RIS ST 11

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB7481X  
b) INSURANCE COMPANY: NIFUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD KHIDIR BIN AU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96683547  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: SITI RAUDAH BINTE MOHD AMIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96758512  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (36 / 04 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/03/2018

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG 10604 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(2)

SON

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email =

fax =

VIDEO = yes

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.  
GST Reg No. M90372806G

Policy Number	: 5094371459-03		
The Policyholder	: MUHAMMAD KHIDIR BIN ALI		
	BLK 143 #01-115		
	PASIR RIS STREET 11		
	SINGAPORE 510143		
Period of Insurance	: 18 Sep 2020 To 17 Sep 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$2,681.99		
<b>Interest Insured</b>			
Cover Type	: drivo CLASSIC		
Primary Driver	: MUHAMMAD KHIDIR BIN ALI		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: MITSUBISHI/LANCER MIVEC	Capacity	: 1500cc
	GLS		
Registration Number	: SLB7481X	Registration Year	: 2007
Chassis Number	: JMYSRCY2A8U001071	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 10%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: TECK WEI CREDIT PTE LTD		
<b>Optional Cover</b>			
Transport Allowance	: No		
Excess Waiver	: No		

**Memo A** : N/A

**Endorsement Operative** : N/A

Agency	: TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue	: 15 Sep 2020 18:23 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

## Claim Handling

Accident MT/1110303

Policy No.	5094371459-03	Vehicle No.	SLB7481X	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD KHIDIR BIN ALI			Policyholder NRIC	S8931401A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96683547	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## ▼ Accident Details

Report Date	16/11/2020 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/11/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS ST 11				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 143 #01-115	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510143
Address 4		Address Type	Singapore address	Post Code	510143
Unit No.		Related Policy Number	5094371459-03		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SITI RAUDAH BINTE MOHD AMI	Driver NRIC	S9313715I	Driver DOB	26/04/1993
Register Date of Driver License	16/03/2018	Driver Age	27	Driving Experience	2
Contact No.(Mobile)	96683547	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 143	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510143
Address 4		Address Type	Singapore address	Post Code	510143
Unit No.	#01-115				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	MUHAMMAD KHIDIR BIN ALI	Insured NRIC	
Contact No.(Mobile)	96683547	Contact No. (Home)		Contact No. (Office)	
Email Address	MUHAMMADKHIDIRBINALI@G	OI Vehicle Number	SLB7481X	TP Vehicle Number	
Claim Description	SLB7481X / SG1060H ON 11 Nov 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Repair No.	Yes	Repair Option	Income to assign workshop	GIA report	Received
Date Registered	16/11/2020 18:09	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

Save Submit

## Attachment

Accident No.	MT/1110303	Claim No.	001
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Last Doc. Received

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Category \*

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Urgency \*

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## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:08	SAS		Normal	SAS 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:08	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:08	Photos		Normal	Photos 2020-11-16
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:08	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16

## Video List

Uploaded By/Date

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**ASSIGNMENT (IDAC)****By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar ( ) a) Pedestrian ( )
- b) M/cycle ( ) b) Animal ( )
- c) Bicycle ( )
- 3) Vehicle hit Road Side Objects:
- a) Govrn. Property ( ) b) Road Work Object ( )  
(Eg: signboard, barrier, tree etc)
- c) Private Property ( )
- 4) Vehicle drop into drain ( )
- 5) Damage due to Act of God:
- a) Fallen Object ( ) b) Flood ( )
- c) Other, \_\_\_\_\_
- 6) Parked & Found Damaged:
- a) Vandalism ( ) b) Hit by Moving Object ( )
- 7) Theft Case
- a) Stolen ( ) b) Damage found ( )  
when recovered.
- 8) Fire
- a) Whilst driving ( ) b) Parked ( )
- 9) Accident date more than 24hrs ( )

**Remarks for internal information****Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ☒
- 2) SRS Light on ( )
- 3) ABS Light on ( )

MV 14k  
LTA 8k  
HL 6k

Roof, gas left  
"A" pillar and  
"B" pillar  
Badly dentured.

**By Assessor- 1) Vehicle Information**

Veh No: SLB7481X Yr Regn: Sept 2007

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV  
/ Truck / Trailer or \_\_\_\_\_

Make & Model: Mitsubishi Lancer c.c. 1499

Colour: Blue Transmission Type: Auto / Manual

Eng/No: 4A910052872 Sp. Reading: N.A.

C/No: JMYSRCT2A8-0001071

Gen. Cond: Good / Fair / Poor / Burnt or \_\_\_\_\_

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 225/45 R18  
R: —

BS / DUN / EXNOVA / GY / ES / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Bridgestone

Front		Rear	
R/Bal. <u>S</u> mm	R/Bal. <u>S</u> mm		
L/Bal. <u>S</u> mm	L/Bal. <u>S</u> mm		

Parallel Import: Yes / No

Repair Type: LS / I.B.I

No of Repair Days: —

D.O.I. 16/11/22

Towed-In: Yes / No

Towing Required: Yes / No

Vehicle in Idac: Yes / No

Time: 1400hrs.

**By Assessor- 2) Comments**

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
- a. Vehicle ( ) b. Motorcycle ( ) c. Bicycle ( ) d. Pedestrian ( )
- e. Animal ( ) f. Govrn Object ( ) g. Road Work Object ( )
- h. Private Property ( ) i. Drain ( ) j. Road Kerb/Grass Verge ( )
- 3) Vehicle does not seem damaged as a result of:
- a. Fallen Object ( ) b. Flood ( ) c. Vandalism ( ) d. Fire ( )
- e. Moving Object ( ) f. Stolen ( ) g. Stolen & Recovered ( )

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	401A
<b>Vehicle Details</b>	
Vehicle No.:	SLB7481X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	16 Nov 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.5 MIVEC GLS 4A/T
Primary Colour:	Black
Secondary Colour:	Blue
Manufacturing Year:	2007
Engine No.:	4A910052872
Chassis No.:	JMYSRCY2A8U001071
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,471.00
Original Registration Date:	18 Sep 2007
First Registration Date:	18 Sep 2007
Transfer Count:	7
Actual ARF Paid:	\$18,119.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	17 Sep 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$22,041.00
COE Rebate Amount:	\$8,093.00
<b>Total Rebate Amount:</b>	<b>\$8,093.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 16 Nov 2020

OK



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lancer

Price Range ▼

Depreciation ▼

&gt; 10 year ▼

Vehicle Type ▼



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## Mitsubishi Lancer EX 1.5A GLS (COE till 10/2022)

Overview

Financial

Accessories

Similar

Research

Photos

Map

DIRECT OWNER

<b>Price</b>	\$14,800		
<b>Depreciation</b>	\$7,570 /yr	<b>Reg Date</b>	01-Nov-2007 (1yr 11mths 15days COE left)
<b>Mileage</b>	N.A.	<b>Manufactured</b>	2007
<b>Road Tax</b>	\$889 /yr	<b>Transmission</b>	Auto
<b>Dereg Value</b>	\$8,326 as of today (change)	<b>OMV</b>	\$16,371
<b>COE</b>	\$21,282	<b>ARF</b>	\$18,009
<b>Engine Cap</b>	1,499 cc	<b>Power</b>	80.0 kW (107 bhp)
<b>Curb Weight</b>	1,313 kg	<b>No. of Owners</b>	4
<b>Type of Vehicle</b>	Mid-Sized Sedan		

## Features

Responsive 1.5L Powerful And Fuel Efficient DOHC MIVEC Engine, 4-Speed Automatic Transmission, Dual SRS Airbags, Climatic Aircon. View specs of the Mitsubishi Lancer EX (2008-2017)

## Accessories

Ralliart Setup, Factory Fitted Audio With Multi Function Steering, Sport Rims, Reverse Sensors, Full Detailed Interior And Exterior Wash.

## Description

Still In Very Excellent Condition. Best Looking Lancer EX In The Market. Outlook Very Similar With Lancer Ralliart. Intimidating And Beastly Look. Interior And Exterior In Perfect Shape. Fuel-efficient, Low Maintenance. Very Fun Car To Drive. Viewing Only Via Appointment Basis.

## Category

CDE Car, Direct Owner Sale

## Status

Available

## Resources



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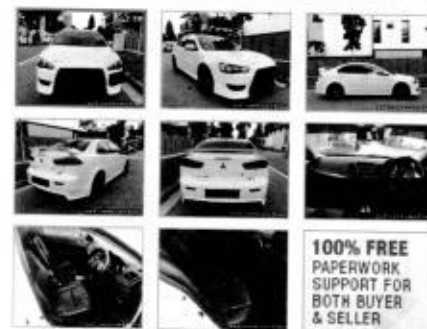
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## Seller Information

Contact Person(s) Lim

Contact No. 87775050

Enquiry Contact Seller

## ESSENTIAL TRANSACTION FORMS

- » Indemnity form
- » Sales agreement
- » Receipt
- » Hand-over form
- » Ownership Transfer



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Posted on: 14-Nov-2020 | Last Updated on: 14-Nov-2020

Upfront Paymei

Tr: Compare

» more Financial Info

<b>Down Payment</b>	\$4,440 (change)	Maximum 70% Loan
<b>1st Instalment</b>	\$483	Based on 3.75% interest rate
<b>Total Upfront Payment</b>	\$4,948 (excluding insurance)	Check with seller for exact figure

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Tags: Mitsubishi Lancer, 2007 Mitsubishi Lancer, Mitsubishi, Lancer

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1-6 of 18



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BMW M Series M4 Coupe



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## Claim Handling

Task Transfer Exit

## Accident MT/1110303

LOS SAL SUB

Policy No.	5094371459-03	Vehicle No.	SLB7481X	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD KHIDIR BIN ALI			Policyholder NRIC	S8931401A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96683547	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	16/11/2020 18:03	Accident Report Within 24 hrs	No	Accident Type	Side Swipe
Date of Accident	11/11/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	PASIR RIS ST 11				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 143 #01-115	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510143
Address 4		Address Type	Singapore address	Post Code	510143
Unit No.		Related Policy Number	5094371459-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SITI RAUDAH BINTE MOHD AMI	Driver NRIC	S9313715I	Driver DOB	26/04/1993
Register Date of Driver License	16/03/2018	Driver Age	27	Driving Experience	2
Contact No.(Mobile)	96683547	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 143 #01-115	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510143
Address 4		Address Type	Singapore address	Post Code	510143
Unit No.	01-115				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Modification History	17/11/2020 09:09 s018940 Modify OI Driver address(BLK 143 PASIR RIS STREET 11 SINGAPORE 510143 Singapore address 510143 #01-115 -->BLK 143 #01-115 PASIR RIS STREET 11 SINGAPORE 510143 Singapore address 510143 01-115 ) 17/11/2020 09:09 s018940 Modify Accident Report Within 24 hrs(Yes-->No)		

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Zuraimee Bin Mantau

LOS SAL SUB

Claim Type	OD-MD	Insured Name	MUHAMMAD KHIDIR BIN ALI	Insured NRIC	S8931401A
Contact No.(Mobile)	96683547	Contact No. (Home)		Contact No. (Office)	
Email Address	MUHAMMADKHIDIRBINALI@G	OI Vehicle Number	SLB7481X	TP Vehicle Number	SG1060H
Claim Description	SLB7481X / SG1060H ON 11 Nov 2020			Name of Preferred Workshop	
Preferred Workshop	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Income to assign workshop	Insured at report	Fully at Repair
Date Registered	16/11/2020 18:10	Claim Close Date		Date Received	17/11/2020 09:43
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	
Print AK letter					
Modification History					

## Special Claim Creation Approval

Approval	Reason
Remarks	



damage assessment

Attachment

## Vehicle Info

Vehicle Make	mitsubishi	Vehicle Model	LANCER MIVEC GL5	Engine Capacity	
Date of Registration	18/09/2007	Classis No.	JMYSRCY2A8U001071		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	BRYAN	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTRE	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Market Value(\$) *	14,000.00	Scrape Value(\$) *	8,000.00	Economical Repair Value(\$) *	6,000.00

POTENTIAL TOTAL LOSS:Roof left "A" pillar and "B"pillar badly dented.

Remark \*

Remark for Supplementary

## Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *
root	1	32200101	NUMBER PLATE (FRONT)	1	Replace
Not Applicable					
ABS					
ABSORBER					
ACCELERATOR					
ACTUATOR					
ADVERTISEMENT STICKER					
AIR BAG					
AIR BLOWER					
AIR BOX					
AIR CHAMBER BOX					
AIR CLEANER					
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

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