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TD .	Assessment/Survey Repor	ı i			
TP insurer:	Ass't Report by Fax/Han	d to Owner	Wksp		
Proferred Wksp / INC Assign Wksp / QW; (Tel:	F	ıx;	
TP Particulars: Veh No: 000	PIOER INC	(,)/N	n-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period:	() Cover	Гуре: ()	
Confirmed by : (Datei		Time:)	
Insured/Driver Liability: (%) [Note-	-Est Status (WO): N: 0	-20%; P:	21-79%. F: 80-1	00%]	
Year of Registration: () Warr	anty: YBS ()/NO ()			
Excess: (\$) Loading: \$1,000 (
General Remarks	The property of the	2000年	entrance.		
() Walk-In Customer: Customer's informati					380761
() Total Loss Case : to e-mail Insurer UI					
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Remarks 14. 4. (18.6 hor) her 67.88166161 (2.4 de		Person Astronom	Thild bollution on .		-,
i) Apply for Transport Allowance ()/ Court	esy Car ()				
D) CC Chaole / Don't Denoise Image and an	/				
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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 rej

aforesaid.	solition the archiving of this report at the centre and to copies of the report being made available
The was a structure was a structure	ACCIDENT STATEMENT
Date Of Report	16/11/2020 12:45
Date Of Accident	15/11/2020 22:30
Exact Location Of Accident	PIE L/P 936
Country/State of Loss	SINGAPORE
With the second state of the second s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC5692K
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN JURAINEE
NRIC No	SXXXX011C
Email Address	ISMAJU@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-93261748
Alternative Phone No	OTHERS-93261748
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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 5098921722-02

Cover Note Number

Driver

Name of Driver ISMAIL BIN JURAINEE

NRIC No SXXXXX011C Date Of Birth 02/03/1959 Occupation INDOOR Date Of Driving Pass 02/07/2010

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93261748

Fax Number

Contact Number OTHERS-93261748 EMail Address ISMAJU@HOTMAIL.SG Address

BLK 532 BEDOK NORTH STREET 3

#03-718

Postcode

460532

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

COLLIDED INTO PROPERTY

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

NO

Was any body injured in the Accident?
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.

ES

Number of Passanger (Including Driver)

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: MUHD HEIKAL

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20201116/2003

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

Vehicle Make/Model/Colour

Details Of Properties

DIVIDER

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA8204B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHA1394G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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.

28 mai 16-11-20 Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

lyn 16/11/20

Name:

NRIC/FIN No .:

SKETCH PLAN PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT the police report T/20201116/2003

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.:





T/20201116/2003

1 of 3

Report No. T/20201116/2003

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 16/11/2	me Report I 020 01:12	Made:	Vide Report No.: E/20201115/0176	Station Diary No.	
Informa	ant's Partic	ulars	William Control of the Control of th	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
	of Informant: BIN JURAI		Address: APT BLK 532 BEDOK NORT SINGAPORE 460532	'H STREET 3 #03-718	
	/ ID No.: O / S13510	11C	Contact No.: Home/Office:	Mobile: 93261748	
Nationa SINGAF	lity: PORE CITIZ	EN.	Email:		
Sex: Male	Age: 61	Date of Birth: 02/03/1959	Type of Informant: Driver		
Race: Javanes	e		Language:	Institution / School Name:	
Occupat SECUR	tion: ITY OFFICE	R	Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2020 22:30	Type of Location Straight Road
PAN-ISLAND	EXPRESSWAY			
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Control of the last of the las		Traffic Control:		T65 1/1
Traffic Flow: One Way		Not Controlled		Traffic Volume: Heavy

Details of V	ehicle Invo	lved	ATTENDED TO STATE OF	BOUT IN SER		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA1394G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SHA8204B	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	4
S.'C5692K	Car	TOYOTA	SIENTA 1.5 A	Grey	Seriously Damaged	1





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

2 of 3 Report No. T/20201116/2003

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJC5692K	NTUC Income Insurance Co-Operative Limited	5098921722-02	15/03/2020	14/03/2021	

Details of Perso	n Involved	MAN HUM THE	2250410	A-December 1		
Any Pedestrian I	nvolved: No					Name State of Contrast of Cont
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver		distribution of		The state		
Name	ISMAIL BIN JURAII	NEE		ID No		S1351011C
Related Vehicle	NIL			Conta	ict No.	93261748
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 15 November 2020 at about 2230hrs, I was driving on lane 2 along Pan-Island Expressway towards Changi Airport near Stevens Road exit when I lose control of the steering wheel at a bent. My car (SJC5692K) then swerved to the left and hit the side bumper near lane 3, resulting in my car rotating one round and bumping back to lane 2. When my car had swerved back to lane 2, a yellow taxi (SHA8204B) on lane 2 hit the right side of my car near the rear, causing my car to swerve to lane 1. At that moment, a blue taxi (SHA1394G) on lane 1 hit the right side of my car.

I was in the car with my son. We did not sustain any injury.





3 of 3 Report No. T/20201116/2003

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Insp WONG MIN, JANNAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2020 01:12
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

ACCIDENT STATEMENT

8	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: 576 5692 K	2
	b)INSURANCE COMPANY: NEW COMPANY	
	C)POLICY NUMBER: 5018921722-0	
	d) POLICY TYPE: (COMPREHENSIVE / THIRD P	ARTY / THÍRD PARTY FIRE &THEFT
	e MAKE & MODEL: TOYOTA SIENT	
	f)TYPE:(SALOON / COUPE / MPV /VAN / LOR	RRY / MOTORCYCLE / OTHERS)
	91 VEHICLE CATEGORY: [PRIVATE / COMMER	CIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	PRIVATE USE
	I) ARE YOU CLAIMING UNDER YOUR OWN INS	SURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
2.	INSURED / POLICY HOLDER	
	A)NAME: Ismail Bin Jurainee	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: S/35/011C	CONTACT: 9326174
	CIADDRESS: Block 522 Bedok N	orth. St. 3 403-718
(SE) 24 E	· Sport 460532	
Mills of	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
Ho of passange	DRIVER ISMAIL BIN Juminee	<u></u>
(Including driver)	CINAME:	
(2)	b)NRIC/FIN/PASSPORT: S1351011C C)ADDRESS: Block 532, Bedale Nov	
	CIADIDPECC ISLAND COLD ISSUED IN A COLD	
	CHARLES BIOCESSE WOV	th, 5+.2, 407-718
hd Helkoll	Spore 460532	
nd Helkol	*d) DATE OF BIRTH: (02) 02/1959 1(DD)	
nd Helbal	*d)DATE OF BIRTH: (02/02/1959)(DD,	/MM/YYYY)
•	*d)DATE OF BIRTH: (02 / 02 / 1959)(DD, e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 20 (0	/MM/YYYY)
	*d)DATE OF BIRTH: (02 / 02 / 1959)(DD, e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 20 (0) WAS DRIVER AN EMPLOYEE OF THE INSUR	/MM/YYYY) RED'S COMPANY? (YES / NO)
4.	*d)DATE OF BIRTH: (02 / 02 / 1959)(DD, e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 2010 WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT	MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: 050 NF 0
4.	*d)DATE OF BIRTH: (02 / 02 / 1959)(DD, e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 20 10 WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING /	MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: 050 NED
, 4. 5.	*d)DATE OF BIRTH: (02 / 02 / 1959)(DD, e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 20 (0) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR (RAINING / b)ROAD SURFACE: (DRY (WET / OTHERS)	MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: 050 NED
, 4. 5. 6.	*d)DATE OF BIRTH: (O) / OZ / (959)(DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: ZO (O) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY / WEF / OTHERS WAS ANYBODY INJURED (YES / NO)	MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: 050 NED
, 4. 5. 6.	*d)DATE OF BIRTH: (O) / OZ / (959)(DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: ZO (O) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY / WEF / OTHERS WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO)	MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: OSOMER OTHERS
4. 5. 6. 7.	"d)DATE OF BIRTH: (O) / OZ / (959)(DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: ZO (U) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR (RAINING / b)ROAD SURFACE: (DRY (WET / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION	MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: OWNER OTHERS
4. 5. 6. 7.	"d)DATE OF BIRTH: (O) / OZ / 1959 J(DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: ZO (O) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY (WEF / OTHERS) WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE	/MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: OWNER OTHERS
4. 5. 6. 7. 8. He of passinger	"d)DATE OF BIRTH: (O) / OZ / 1959 J(DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: ZO (U) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY (WEF / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: D(U) E R	MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: OSOMER OTHERS
5. 6. 7. 8. Ne of passenger Including driver)	*d)DATE OF BIRTH: (O) / OZ / (959) (DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: ZO (U) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY / WEF / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: D(U) & R b) DRIVER'S NAME:	/MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: OWNER OTHERS
4. 5. 6. 7. Ne of passinger Including driver)	*d)DATE OF BIRTH: (O) / OZ / (959) (DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: ZO (U) WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY (WEF / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: D(U) E R b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	/MM/YYYY) RED'S COMPANY? (YES / NO) TH INSURED: OWNER OTHERS
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Cmail = ismaju@hotmail sq fax = . VIDEO = NO



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:

- any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 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

: 5098921722-02

The Policyholder

: ISMAIL BIN JURAINEE BLK 532 #03-718 BEDOK NORTH STREET 3 SINGAPORE 460532

Period of Insurance

: 15 Mar 2020 To 14 Mar 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$767.18

Interest Insured

Cover Type drivo CLASSIC

Primary Driver : ISMAIL BIN JURAINEE

Named Driver (1)

: N/A

Named Driver (2)

: N/A

: 1500cc

Make/Model Registration Number

: TOYOTA/SIENTA : SJC5692K

Capacity

Chassis Number

Registration Year Off-peak Car

: 2008

Repair at Owner's Preferred Workshop : No

: NCP815051380

Insure with COE

: No : Yes

Excess (Section 1)

: S\$600 : N/A

NCD Entitlement NCD Protection

: 50%

Excess (Section 2) Windscreen Excess

: \$\$100

Loyalty Discount

Additional Excess

: N/A

Unnamed Driver Excess Hire Purchase Company

: Please refer to Terms and Conditions : BENEFIT AUTO ENTERPRISE PTE LTD

Optional Cover

Transport Allowance

: No

Excess Waiver

: No

Memo A: N/A

Endorsement Operative : M4

Agency

: IMOTOR INSURE (00000573595)

Date of Issue

: 22 Jan 2020 08:57 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

20-2							
Policy No.	5098921722-02	Vehicle No.	SJC5692K				
Certificate No.			37C3032K		GST RI	egistration No.	
Policyholder Name	ISMAJI, BIN JURAINEE						
Product Code	PRIVATE CAR INSURANCE	Cover Type	Ann C 10010			older NRIC	51351011C
Contact No.(Mobile)	NA .	Contact No.(Office)	drivo CLASSIC		Loadin		0
Email Address		Special Remark				t No.(Home)	persona.
KFK	ii No ○ Yes	TCA	E No. Co. No.		eCode		No ~
NCO Protection	Yes	NCD Entitlement(%)	® No ○ Yes		eCode		
▽ Accident Details		ned emiceness(w)	50		Private	Hire	No
Report Date	16/11/2020 15:08	Resident Bernet Walter Barry					
Date of Accident	15/11/2020	Accident Report Within 24 hr			Acciden	nt Type	Collision - Head
Reporting Centre	100 117 2020	Time of Accident Nh:mm	22:30		Country	of Accident	Singapore
Accident Location	ALONG PIE	Orange Force			ICM No		
♥ Total Excess Applicable	HEARD FIE						
fixcess Type	Per Accident						
A CONTRACTOR	PER ACCIDENT	Windscreen Excess		100.00			
OD Standard Excess	600.00	TP Standard Excess					
YIED OD Excess		YIED TP Excess		0.00			
Additional Excess	0.00	TIED IF Excess			Oriver is	Covered?	Not Applicable
Total OD Excess Applicable	600.00	Total TO Support Assault					
▽ Benefits	800.88	Total TP Excess Applicable		0.00			
♥ GST Registered Informat	tion						
GST Registered	-0.00						
GST Registration No.	No		GST Registr				
Modification History			GST Status	Verified		Yes	
00.00mg 90.00m0 00.00mg 00.00mg							
Policyholder Mailing Add	ress						
Address 1	BLK 532 #03-718	Address 2					
Address 4			BEDOK NORTH STRI	EET 3	Address	3	SINGAPORE 460
Unit No.		Address Type	Singapore address		Post Cod	e	460532
♥ DI Driver Info		Related Policy Number	5098921722-02				
Driver Name							
Unnamed driver Name		Driver Type					
Register Date of Driver License		Driver NRIC			Driver Dr	06	
Contact No.(Mobile)		Driver Age			Driving E	xperience	
Address 1		Contact No.(Office)			Contact I	No.(Home)	
Address 4		Address 2	Machine Management		Address :	3	
Unit No.		Address Type	Foreign address		Post Cod	•	
Does he own a Singapore	⊜ Yes · ® No	200					
Registered car?	() 100 () 100	Driver Vehicle No.			Driver In	surer Company	
Modification History							
Claim 003 OD-MD New							
Claim 003 OD-MD New							
Claim 7ype *			[OD-MD	Insured	ISMAIL BIN JURAINEE	Insured
Claim Type *					Insured Name	ISMAIL BIN JURAINEE	NRIC
Claim 003 OD-MD New				ОD-MD 93261748	Contact No.	ISMAIL BIN JURAINEE	NRIC Contact No.
Claim Type *				93261748	Contact No. (Home)	64420414	NRIC Contact No. (Office)
Claim Type * Contact No.(Mobile)					Contact No. (Home)		NRIC Contact No. (Office) TP Vehicle
Claim Type * Contact No.(Mobile)			6	93261748 ISMAJU®HOTMAIL.SG	Contact No. (Home) OI Vehicle Number	64420414	NRIC Contact No. (Office) TP Vehicle Number Name of
Claim Type * Contact No.(Mobile) Email Address			6	93261748	Contact No. (Home) OI Vehicle Number	64420414	NRIC Contact No. (Office) TP Vehicle Number Name of
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshipp	Insured Liability Fully at 8		6	93261748 ISMAJU®HOTMAIL.SG	Contact No. (Home) OI Vehicle Number	64420414	NRIC Contact No. (Office) TP Vehicle Number Name of
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workship D. Schakt No. President of the contact of the conta	Insured Liability Profered Repair Income to assign wo		6	93261748 ISMAJU®HOTMAIL.SG	Contact No. (Home) OI Vehicle Number	64420414	NRIC Contact No. (Office) TP Vehicle Number Name of
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshipp	Insured Liability Fully at 8	rkshop GIA Becalus		93261748 SMAJU®HOTMAIL_SG SXCS692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number	64420414	NRIC Contact No. (Office) TP Vehicle Number Name of Preferrec Worksho
Claim 003 OD-MD New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Sensit No. Tyes Date Registered	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 ISMAJU®HOTMAIL.SG	Contact No. (Home) OI Vehicle Number	64420414	NRIC Contact No. (Office) TP Vehicle Number Name of Preferre Workshol
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workship D. Schakt No. President of the contact of the conta	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 SMAJU®HOTMAIL_SG SXCS692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Namber Name of Praferres Worksho Date Received
Claim 003 OD-MD New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Sensit No. Tyes Date Registered	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 SMAJU@HOTMAIL.SG SXC5692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 1 15 Nov 2020 Claim Close Date	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name Preferre Workshol Date Received Total Loss but Repaired
Claim 003 OD-MD New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Sensit No. Tyes Date Registered	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 SMAJU@HOTMAIL.SG SXC5692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshol Date Received Total Loss but Repaired OD Excess
Claim Type * Contact No.(Nobile) Email Address Claim Description Preferred Workshipp Scanial No. Yes Date Registered Report Taken By	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 SMAJU@HOTMAIL.SG SXC5692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshol Date Received Total Loss but Repaired OD Excess Collected by
Claim Type * Contact No.(Nobile) Email Address Claim Description Preferred Workshipp Scanial No. Yes Date Registered Report Taken By	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 SMAJU@HOTMAIL.SG SXC5692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshol Date Received Total Loss but Repaired OD Excess Collected by
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Claim Type * Contact No.(Nobile) Email Address Claim Description Preferred Workshipp Scanier No. Yes Date Registered Report Taken By	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 SMAJU@HOTMAIL.SG SXC5692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshol Date Received Total Loss but Repaired OD Excess Collected by
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Yes Date Registered Report Taken By Attachment	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus		93261748 SMAJU@HOTMAIL.SG SXC5692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferre Worksho Date Received Total Los but Repaired OD Excess Collected
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Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Yes Date Registered Report Taken By Attachment	Insured Liability Profered Repair Income to assign wo	rkshop GIA Becalus	d V	93261748 ISMAJU®HOTMAIL.SG SXCS692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshol Date Received Total Loss but Repaired OD Excess Collected by
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Sensit No. Yes Date Registered Report Taken By Print AK letter Attachment	Preference Insured Liability Fully at 8 V Repair Income to assign wo	rkshop GJA Received	d V	93261748 ISMAJU@HOTMAIL.SG SXCS692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshol Date Received Total Loss but Repaired OD Excess Collected by
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Sensit No. Yes Date Registered Report Taken By Print AK letter Attachment	Preferered Liability Fully at 6 Preferered income to assign wo Option MT/1110231 Yes O No	rkshop GJA Received	d V	93261748 ISMAU@HOTMAIL.SG EXCS692K / DIVIDER ON 17/11/2020 10:31 IOSLINDA 11/2020 00:00	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop Repairer	54420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshof Date Received Total Loss but Repaired OD Excess Collected
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Sensit No. Yes Date Registered Report Taken By Print AK letter Attachment	Profesered Profesered Repair Option Income to assign wo	rkshop GJA Received	Save Submit 003	93261748 ISMAJU@HOTMAIL.SG SXCS692K / DIVIDER OF	Contact No. (Home) OI Vehicle Number 115 Nov 2020 Claim Close Date Workshop Repairer	64420414 SXC5692K	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshol Date Received Total Loss but Repaired OD Excess Collected by

11/17/2020

Claim Handling(Claim Task 003 OD-MD)

Choose File	No file chosen
Choose File	No file chosen

Clear	Please Select	*	NO		Normal
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Clear	Please Select	*	NO	~	Normal

Attachment List

U	ploaded By/Date	Folder Date	File	Name		9	Source
7.2	SECON ALLESSES VIIV	M10000 APA-22					
N	AC_PAYA_UBI_800601(NATION 17 No	AL ASSESSMENT CENTRE SERVICES) on v 2020 10:28	Photos		Normal	Pho	os 2020-11-17
	17 No	v 2020 10:28	Photos		Normal	Pho	tos 2020-11-17
	17 No	v 2020 10:28 VAL ASSESSMENT CENTRE SERVICES) on	Photos		Normal	Pho	tos 2020-11-17
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	17 N	ov 2020 10:28 NAL ASSESSMENT CENTRE SERVICES) on	Photos		Normal	Pho	tos 2020-11-17
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N	VAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on ov 2020 10:28	Photos		Normal		otos 2020-11-17
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9	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on lov 2020 10:28	Photos		Normal	Ph	otos 2020-11-17
9	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on lov 2020 10:28	Photos		Normal	Ph	otos 2020-11-17
- 11	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 40v 2020 10:29	Photos		Normal	Pt	otos 2020-11-17
-	NAC_PAYA_UBI_800601(NATI 17	ONAL ASSESSMENT CENTRE SERVICES) on Nov 2020 10:29	Photos		Normal	P	otos 2020-11-17
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	17	Nov 2020 10:30	NRIC/ Driving License	Y	Normal	NRIC/ D	riving License 2020-11-1)
	NAC_PAYA_UBI_800601(NAT	TONAL ASSESSMENT CENTRE SERVICES) on					300.000

https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

ISLAND TOWING SERVICES
59 Ubi Avenue 1 #07-08 Bizlink Centre Singapore 408938

Cash	Sales/	Work	Order
NO.	757	39	

Facsimile: 6844 7233 Co. Reg. 53269210A	Web: www.is	landrecovery.com.sg	Date: 5/2/1/1 Zero
Upp thayamito	_ Model _Time Star	:	17. lo
464 201	_ Time End	1: 27:	59
		Use Car Carrier Open Door Loaded	
		AMC	OUNT S\$ 60 -
			1 gymeslox
s risk. The company ac vehicle wh	cepts no res	ponsibility for damaged	Island Towing Services d or other misdemeanour to you
	Facsimile: 6844 7233 Co. Reg. 53269210A Co. R	Facsimile: 6844 7233 Web: www.is Co. Reg. 53269210A Co. Reg. 53269210A Model Up Thangary Time Start Whit Qu Time End Accident Crane Up / Winch Out Dismantle Shaft / Brake	Facsimile: 6844 7233 Web: www.islandrecovery.com.sg Co. Reg. 53269210A Seg. K. Model: Tor Whit 20 Time Start: Whit 20 Time End: 27: Accident



TEAM TOWING SERVICES Hotline: 9382 2269 Email: kenjikwa@gmail.com

Messrs:	CASH SALE	/ WORK ORDER	No. 104189 Date: 16/11/20
Vehicle No:	SJC 5692 K	Model No: 704/ Stanta	 ☐ Jump Start / Changing of Battery ☐ Jyre Replacement
Time (day / night)	:	Contact No;	Accident / Breakdown Multi / Basement
Location:	KAU BI		☐ With Load / Cargo Box
То:	PAYA UBI		☐ King Dolly☐ Transport Charge
Cash \$:	90	Others:	Low Body Kit□ Door Opening Service
Authorised by:		Tow Truck Driver Name:	☐ Crane Up / Winch Out ☐ Collect Doc / Key
Note: Vehicle is towed other misdemeanour to	at owner's risk. The comp your vehicle whilst being	pany accepts no responsibility for damages or towed.	☐ Repo ☐ Woodlands and Tuas Checkpoint

145	0.3	.06)	
110	.00	.007	

4-1-7		
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100	REL	DI:

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Mobile:

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Acciden	<u>t:</u>			By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: _5.7C.5692k Yr Regn: /
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: c.c
3) Vehicle hit Road Side Objects:				Colour Transmission Type: Auto / Manual
a) Govm.Property ()	b) Road Work Object	()	Eng/No: Sp.Reading:
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No:
4) Vehicle drop into drain		()	Gen. Cond: Good / Rair 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 / SiRim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F:
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
	when recovered.			Front Rear
8) Fire				R/Bal. mm R/Bal. mm
a) Whilst driving ()	b) Parked	()	L/Balmm L/Balmm
9) Accident date more than 24hrs		()	Parallel Import: Yes / No Repair Type: LS / I.B.I Towing Required: Yes / No
Remarks for internal information				No of Repair Days: Vehicle in Idac: Yes / No D.O.I. 17/11/2020 Time: 4 pm
			_	By Assessor- 2) Comments
				Damages not due to recent accident.
				2) Damages do not seem hit onto:
Remarks to appear in Works Orde	r & Assessment report		_	a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian()
1) Potential Total Loss ()				e.Animal () f.Govrn Object () g.Road Work Object ()
2) SRS Light on ()			-	h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
3) ABS Light on ()				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) Earlies Occasion Computed Time

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	011C
Vehicle Details	
Vehicle No.:	SJC5692K
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA 1.5 A
Primary Colour:	Grev
Manufacturing Year:	2007
Engine No.:	1NZC909287
Chassis No.:	NCP815051380
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$13,308,00
Original Registration Date:	22 Feb 2008
First Registration Date:	22 Feb 2008
Transfer Count:	1
Actual ARF Paid:	\$14,639.00
Intended PARF Rebate Details	77.11.11
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Feb 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$21,061.00
COE Rebate Amount:	\$9,527.00
Fotal Rebate Amount: Message	\$9,527.00
Please note that the 5-year COE for this vehicle cannot be furth ifespan (if applicable), whichever is earlier.	per renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory

The information contained herein is correct as at 17 Nov 2020

OK

MV: \$ 15K Net: \$ 5473 A No Ecromic to upois. Total loss.

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toyota sienta

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8 vehicles

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Depreciation

Reg Date

Eng Cap

Mileage

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Veh Type

Status

Search Selection

toyota sienta

Any

Anv

> 10 year(s) old

Апу

Available

Toyota Sienta 1.5A (COE till

\$8,800

\$8,900 /yr

14-Nov-2006

1,496 cc

MPV

Any

Available

Just Arrived! Well Maintained By Previous Owner! High Loan With High Trade In Available, Price Negotiable, Call Now Or Visit Our

11/2021)

Posted: 09-Nov-2020 Tags: 2005 Toyota Sienta, Toyota Sienta, Toyota, Sienta



Toyota Sienta 1.5A (COE till 06/2021)

\$5,800

\$9,410 /yr

14-Dec-2006

1,496 cc

MDU

Available

Good Condition. No Repair Needed. Comes With Sport Rims. Good Aircon Condition, Low Mileage. View To Believe It.

Posted: 30-Oct-2020 Tags: 2006 Toyota Sienta, Toyota Sienta, Toyota, Sienta

PREMIUM AD



Toyota Sienta 1.5A (COE till 03/2022)

\$11,088

\$8,110 /vr

03-May-2007

1,496 cc

172,500 km

MPV

Available

Paper Value Dereg Now 9.5K, Trade In Welcome, Bank And In House Loan All Available, Interested Please Call For Viewing, Viewing By Appointment Only

Boeki Auto Pte Ltd

Posted: 18-Oct-2020 Tags: 2007 Toyota Sienta, Toyota Sienta, Toyota, Sienta



Toyota Sienta 1.5A (COE till 08/2022)

\$14,800

\$8,390 /yr

24-Aug-2007

1,496 cc

121.061 km

MPV

Available

12 Months Warranty Given Upon Purchase. Full Loan Available. Road Tax Pald Till FEB 2021. Free Servicing Upon Purchase. Nothing To Be Done.Cheaper Tham Renting A Car.Easy Maintain And Reliable Carl Call Our Friendly Sales Adviser For An Appointment!

Posted: 11-Nov-2020 Tags: 2007 Toyota Sienta, Toyota Sienta, Toyota, Sienta



Is your COE expiring? Let us help you renew it!

Getting your COE renewed is easy, fast and affordable. We'll help you renew your COE and get a loan for it. Get the cheapest loan in town and an approval in 2 days without effort! Enquire today,



Toyota Sienta 1.5A X Limited (COE till 05/2023)

\$20,800

\$8,450 /yr

05-May-2008

1,496 cc

Available

Posted: 05-Nov-2020 Tags: 2008 Toyota Sienta, Toyota Sienta, Toyota, Sienta

Toyota Sienta 1.5A X Limited (COE till 05/2023)

\$19,800

\$7,850 /vr

28-May-2008

1,496 cc 125,000 km MPV

Available

Compare

oan, Well Maintained By Previous Lady Owner. Super Fuel Saving. Smooth Engine And Gearbox Condition 6 Months Warranty d. Trade-in Welcome. Easy Financing Available, Price Exclude Booking Fees.Pls Call/text To Schedule For A Viewing Appointment...

PREMIUM AD



SmartCars Boutique Pte Ltd

Posted: 17-Nov-2020 Tags: 2008 Toyota Sienta, Toyota Sienta, Toyota, Sienta



Toyota Sienta 1.5A X Limited \$23,800 \$9,200 /yr 20-Jun-2008 1,496 cc - MPV Available (COE till 06/2023)

7 Seaters MPV, Low Maintenance Cost, Very Well Maintained! Bank And In House Loan Available! Low Down Payment Available! No Gimmicks! Trade In Welcome! Well Maintained, Excellent Condition! Don't Miss It, View To Believe! Contact Us Now To Enjoy Special Offer

Car House Pte Ltd

Posted: 11-Nov-2020 Tags: 2008 Toyota Sienta, Toyota Sienta, Toyota, Sienta



Toyota Sienta 1.5A X Limited \$69,888 \$8,790 /yr 30-Oct-2008 1,496 cc 126,500 km MPV Available (COE till 10/2028)

Must View! Well Maintained By Previous Owner, Well Kept Interior, Wear And Tear Parts Replace, No Repair Require, Warranty Plus Free Servicing For Peace Of Mind, Flexible Bank/In House Loan With Attractive Interest Rate, Call Our Friendly Salesperson For A No Obligatio...

Posted: 10-Nov-2020 Tags: 2008 Toyota Sienta, Toyota Sienta, Toyota, Sienta

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Compare

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No. SJC5692K	
Make / Model TOYOTA / SIENTA 1.5 A	
Vehicle Type :	
P11 - Passenger Station Wagon/Jeep/Land Rover	
Vehicle Attachment 1:	
No Attachment	
TO ALLEGISTED	
Vehicle Scheme :	
Normal	
Chassis No.:	
NCP815051380	
Propellant:	
Petrol	
Engine No.:	
1NZC909287	
Motor No.:	
Motor No.:	
Engine Capacity: 1496 cc	
1470 (
Power Rating:	
Maximum Power Output:	
81.0 kW (108 bhp)	
Maximum Laden Weight:	
1595 kg	
Unladen Weight:	
1210 kg	
Year Of Manufacture :	
2007	

Original Registration	Date:		
22 Feb 2008			
Lifespan Expiry Date	3		
COE Category:			
A - Car (1600cc &	below)		
PQP Paid:			
\$21,061.00			
COE Expiry Date :			
21 Feb 2023			
Road Tax Expiry Date	::		
21 Feb 2021			
PARF Eligibility Expir	y Date :		
ā.			
Inspection Due Date			
21 Feb 2021			
Intended Transfer Da	te:		
17 Nov 2020			
CO2 Emission :			
±3			
CEV/VES Rebate Util	sed Amount :		
CO Emission :			
1.5			
HC Emission:			
-			
NOx Emission :			
•			
PM Emission :			
-			

Fees To Be Paid For Transfer

Transfer Fees \$25.00

Message

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.

Print

ок →

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Accident MT/111023							tos
Policy No.	5098921722-02	Vehicle No.	SJC5692K		GST Registration	on No.	
Certificate No.							
Policyholder Name	ISMAIL BIN JURAINEE				Policyholder Ni	RIC S1	351011C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0	
Contact No.(Mobile)	NA	Contact No.(Office)			Contact No.(Ho		
Imail Address		Special Remark			eCode	Oliophi Property	
KFK	No Yes	TCA	₩ No ∵Yes		eCode Reason	[190	
CD Protection	Yes	NCD Entitlement(%)	50		Private Hire	No	
Accident Details		AMERICAN STATEMENT			Trivate raise	NO	
leport Date	16/11/2020 15:08	Accident Report Within 24	Yes		Acceptance of the con-		
Date of Accident		hrs	res		Accident Type	Col	lision - Head on collision
	15/11/2020	Time of Accident hh:mm	22:30		Country of Acci	ident Sin	gapore
Reporting Centre	NATIONAL ASSESSMENT CENTS	Orange Force	No		ICM No.		
Accident Location	ALONG PIE						
▼ Total Excess Applicab	ole						
xcess Type	Per Accident	Windscreen Excess		100.00			
D. Planeton C.							
OD Standard Excess	600.00	TP Standard Excess		0.00			
IED DD Excess	200	YIED TP Excess			Driver is Covere	ed? Not	Applicable
Additional Excess	0.00						
otal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00			
♥ Benefits	ocaro						
GST Registered Inform	mation						
ST Registered	No		GST Registration Date				
ST Registration No.			GST Status Verified		Yes		
odification History							
Policyholder Mailing A	Address						
ddress 1	BLK 532 #03-718	Address 2	BEDOK NORTH STREET 3		Address 3	SIN	GAPORE 460532
ddress 4		Address Type	Singapore address		Post Code	460	532
nit No.		Related Policy Number	5098921722-02				
♥ QI Driver Info							
river Name		Driver Type					
nnamed driver Name		Driver NRIC			Driver DOB		
egister Date of Driver cense		Driver Age			Driving Experier	000	
ontact No.(Mobile)		Contact No.(Office)					
ddress 1					Contact No.(Hor	me)	
ddress 4		Address 2	A MARION MARION CHARACTER		Address 3		
nit No.		Address Type	Foreign address		Post Code		
nes he own a Singanore							
ngistered car?	○ Yes · No	Driver Vehicle No.			Driver Insurer C	ompany	
dification History							
Investigation							
Claim 003 OD-MD							
Claim Case Officer Z	uraimee Bin Mantau						LOS
aim Type		OD-MD	Insured Name	ISMAIL BIN JURAINEE	1	nsured NRIC	S1351011C
intact No.(Mobile)		93261748	Contact No. (Home)	64420414		Contact No.	
nail Address		ISMAJU@HOTMAIL.SG	OI Vehicle Number			Office) P Vehicle Number	DDIDER
im Description				Johnson		ame of Preferred	DIVIDEK
eferred		5JC5692K / DIVIDER ON 15 Nov 20.	20			Vorkshop	
rkehno	ed income to Insured at Subtility Resolved						
te Registered	workshop report	17/11/2020 10:36	Claim Close Date		n	ate Received	17/11/2020 16:52
port Taken By		ROSLINDA	Workshop			otal Loss but	-771412020 10.32
The second secon		TOO PER TEMPS	Repairer		R)	epaired	
					0	D Excess ollected by	
Print AK letter						/orkshop	
Print AK letter							
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Attachment

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