	1		1
(08/11/13) = wef	REF: CS/	AG12	20013532/UVL3
ASS. REG. BY: MCx Cus		AND DESCRIPTION OF THE PROPERTY OF THE PARTY	SNMENT
From:	Date:	desiré avez invesses des res es propose	Veh No: SCOBS// Yr Regn: 12/15- Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:			Truck / Trailer or A
OD / T) / WS / TP RES / OD RE	SCQ &9117		bauce X 1- 1989
To Inspect Vehicle No:			Colors A/C: Incured / Std / NI / NA
at Workshop m/s	JHIC 11	.30	Colour
of	2166		Sp. Neading 17/343
Insured: S	LE 24586		Eng/No:
Policy No.			C/No: SAJABHAG 96A904338
Claims No.	*		Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured:	Excess:		Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)			Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:		-	Modi: Nil S/Rim / STD A/Rim or
			Tyre Size: F: 225/50117
(Policy Condition)			R:
Remark: The veh had commer	Deline on the control of the control	O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
repair at the time of	inspection.		TOYO / YOKO or
Bal. or Market Value:	8 W.		Front Rear 6
IDAC Accident Rport:	Consistent?: Yes or No		R/Bal. mm R/Bal. mm
GIA / PR Seen:	Consistent?: Yes or No		L/Bal. L/Bal. mm
Est. Repairs: 2	days Res.: Yes or No		D.O.A. S/11/60 D.O.I. 7/1/60
Lum Sum: w	% 3 Val.: Yes or No		Survey held at
CA / REV / REP. / 24	HRS LIA &	8/65 E: IN/OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person	Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.
Date Time Action / Inst	ruction Sey 11 kus 2300 Conf.	md w	h Simin (Red 5495.80,70%)
*			
		6	
,			
=			
		et.	
Name of the last o			Days Of Repair: 2
Date/Time, File Pass to?	: Preli. Report		Day's of ropani
1)	: Final Report		Resurvey No. of Trip: Survey Fee:  Transportation:
Date/Time, File Return to?		- ۳ لملم ۸	-
<sup>2)</sup> 28/12/20-Typist		Add Fe	Description of the second
			and the state of t
Report Format: TP			: Tech. Invs (\$ ) Others

:Weekend (\$

TOTAL

Lump Sum / I.B.I: (\$ 2300

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Singapore NRIC
6691
SCQ8911T
No
09 Dec 2020
JAGUAR
XE 2.0 I4P TSS
Grey
2015
015105133732204PT
SAJAB4AG9GA904338
147.0 kW (197 bhp)
\$41,985.00
15 Dec 2015
15 Dec 2015
1
\$50,779.00 25389
Yes
14 Dec 2025
\$38,084.00
14 Dec 2025
B - Car above 1600cc or 97kW (130bhp)
10
\$60,001.00
\$30,081.00
\$68,165.00

The information contained herein is correct as at 09 Dec 2020

ОК

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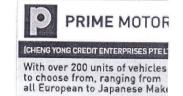
V

Ways of Selling

9/2018 BMW 520I 1 OWNER SELLING AT \$1628000



SERCIVING BY PML, ACCIDENT Hamilton Autohub StarAd



Sort by Date Posted

Browse by Category

9 vehicles

Jaguar XE

Model

Price

Depreciation

Eng Cap

Mileage

Veh T

**Search Selection** 

Jaguar XE

Any

2016

Anv

Any

Jaguar XE 2.0A Prestige

\$96,000

\$12,410 /yr

31-May-2016

1,999 cc

74,000 km

Careful Lady Driver, Accident Free, Low Mileage. Car Comes With Blackout Package And IRoad Front/Back Cameras. 100% Maintained By Wearnes. Blue Fire With Beige Luxurious Interior. New Fitted 18 Inch Rims, Tyres. New Battery. Powerful Luxurious Ride For Executives....

Posted: 05-Dec-2020 Tags: 2016 Jaguar XE, Jaguar XE, Jaguar XE



Jaguar XE Diesel 2.0A Prestige Fuel Type: Diesel (Euro 5 Engine and Above)

\$84,888

\$12,280 /yr

22-Jul-2016

1,999 cc

39,123 km

Lu

1 Owner, Fully Serviced And Maintained By Agent, Low Mileage And In Tip Top Condition Inside Out, Do Drop By And View To Believe!

Posted: 04-Dec-2020 Tags: 2016 Jaquar XE, Jaquar XE, Jaquar XE



Jaguar XE 2.0A Prestige

\$91,800

\$12,170 /vr

20-Sep-2016

1.999 cc

82,000 km

Lu

Flexible Bank, In House Loan And Full Loan Available! Extremely Well Maintained By The Previous Owner, Fully Agent Serviced, 100% Accident Free! Must View To Believe, Trade In Welcome, Call Us Now!

SKL Automobile Pte Ltd

Posted: 28-Nov-2020 Tags: 2016 Jaguar XE, Jaguar XE, Jaguar XE



Jaguar XE 2.0A Prestige

\$85,300

\$11,350 /yr

27-Jul-2016

1,999 cc

107,528 km

Lu

100% Accident Free! Maintained By Wearnes Automotive! Well Taken Care By 1 Owner! High ARF \$42,841! Sporty Outlook With Sport And Eco Mode! Easy And Flexible Loan Available! Welcome To View At Our Leng Kee Showroom. Call Or Whatsapp For More Details.

The Car Shop

Posted: 28-Nov-2020 Tags: 2016 Jaguar XE, Jaguar XE, Jaguar, XE



Choice picks of the newest compact sedans

Between the new Audi A4, the new Jaguar XE and the not-quite-as-new S60, which one is the compact executive sedan of choice? Read this article

Compare

Jaguar XE Diesel 2.0A Prestige

\$84,888

\$12,290 /yr

30-Mar-2016

1,999 cc

80,000 km

Lu

https://www.sgcarmart.com/used\_cars/listing.php?RGD=2016&MOD=Jaguar XE&RPG=20&VEH=0&AVL=2

1/2

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Post an Ad

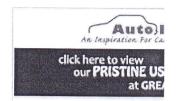
Advertiser Login

Ways of Selling

9/2018 BMW 520I 1 OWNER SELLING AT 51628000



Hamilton Autohub StarAd



Sort by Date Posted

Browse by Category

0 vehicles

Jaguar XE

Model

Price

Depreciation

Eng Cap

Mileage

Veh T

**Search Selection** 

Jaguar XE

Anv

Any

2015

Sorry, there are no search results for your following query. Please refine your search fields, or try searching for it in

**Basic Search Criteria** Keyword(s) : Jaguar XE

**Depreciation:** Any

Veh Type

**Price Range** 

**Availability** 

**Eng Cap** 

: Available

Reg Date

: 2015 . -

Mileage

Category : All C

You may also wish to save these search fields to be notified whenever a vehicle is added.

Model

Price

Depreciation

Fng Cap

Mileage

Veh T

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#### GIA ACCIDENT REPORT

No volled.

ID Ty; e: ☐ Company registration No.	☐ Passport No./FIN	ID Type: ☐ Company registration No.	☐ Passport No./FIN
Registered owner ID:	☐ Work Permit No.	☐ NRIC No.  Registered owner ID:	☐ Work Permit No.
Registered owner to:	60669J.	registered owner ib.	
Address BIC 733 J	wrong Was+	Address:	
シナナナ サレナール	(6 40 +3)	Email:	Mobile No.:
Email:	48796767	Cinan.	Widdle Wo
Alternate Phone No. Type:	Alternate Phone No.:	Alternate Phone No. Type:	Alternate Phone No.:
☐ Home ☐ Office	, 4	☐ Home ☐ Office	
☐ Others:		☐ Others:	
ar a response		Commence on Conjugation is	
DRIVER DETAILS		Third Party Vehicle Driver Information	
Own Vehicle Driver Information  Is the driver the policyholder?		Is the driver the policyholder?	1
☐ Yes No		☐ Yes ☐ No	
Name of driver:	\ <i>i</i>	Name of driver:	
Pho Chre	Kendí	ong M	ingfeng
Driver 10 Type:		Driver ID Type:	- Constitute
NRIC No.	☐ Work Permit No.	☐ NRIC No. ☐ Passport No./FIN	☐ Work Permit No.
☐ Passport No./FIN  Driver ID:		Driver ID:	
S77-07	HalA.	53/37	5936.
Driver Gender:		Driver Gender:	
Male		☐ Male ☐ Female	D.: transporter
Oriver Date of Birth:	Driving Pass Date:	Driver Date of Birth:	Oriving Pass Date:
Address: 13 12 733 J	Purong West	Address:	
Email:	Mobile No.:	Email:	Mobile No.:
	99796276		
S.i. a. O. a. a. b.i.a.	Driver/Owner Relationship:	Driver Occupation:	Driver/Owner Relationship:
Driver Occupation:  Indoor   Outdoor	Driver/Owner Relationship.	☐ Indoor ☐ Outdoor	bliver) owner nerations.
Does driver own other vehicles?	Spuss.	Does driver own other vehicles?	_
☐ Yes ☐ No		☐ Yes ☐ No	
Vehicle Registration No:	Handling Insurer:	Vehicle Registration No:	Handling Insurer:
INJURY DETAILS	W w was	Any injured conveyed to hospital by an	hulance?
Was anybody injured in the accident?  ☐ No		☐ Yes ☐ You	
Name:		Gender	Approximate age:
the Chel			
	You	■ Male ☐ Female	·
* 1.1	- Yong	Male ☐ Female Injuries sustained:	Injured person in which vehicle:
Address:	-Yong	Injuries sustained:	
Address:	-Yong	Injuries sustained: Were seatbelt worn?	Was injured conveyed by ambulance
Address:	-Yong	Injuries sustained:	
<u>WITNESS DETAILS</u> Was there any witnesses?	-Yong	Injuries sustained: Were seatbelt worn?	Was injured conveyed by ambulance
WITNESS DETAILS Was there any witnesses? ☐ Yes ☐ No	-Yong	Injuries sustained: Were seatbelt worn?	Was injured conveyed by ambulance
<u>WITNESS DETAILS</u> Was there any witnesses?	-Yong	Injuries sustained:  Were seatbelt worn?  Dres  No	Was injured conveyed by ambulance ☐ Yes ☐ No

#### GIA ACCIDENT REPORT

ACCIDENT DETAILS	and the same of th	STATE OF THE STATE		
Are you claiming under your own insurance p ☐ Yes – Claiming Own Insurance	olicy for repairs to your vehic No - Claiming Third	le?	□ No — Reporting Or	· · ·
Date: Time: 1> To -	Location:	4 Drue	sway.	
91-11-30	, - (	) 0.000	t -	
Type of Accident:  ☐ Chain collision ☐ Collided into bicyclist ☐ Collided into parked vehicle ☐ Collided into pedestrian ☐ Collided into property ☐ Collision — change/cross lane ☐ Collision — cross junction	Collision — head on of collision — head to re Collision — major/mi Collision — opening of Collision — roundabo Collision — U-turn Drink driving/drug in	ear nor road loor of vehicle ut	☐ Fire, explosion or l ☐ flood ☐ Hit & run/vandalis ☐ Hit by fallen tree/o ☐ No collision ☐ Side swipe ☐ Theft	m/damaged whilst parked
Weather Condition: ☐ Clear ☐ Raining	Others:			
Road Surface:	☐ Others:			
Was any foreign vehicle involved in accident? ☐ Yes ☐ No				
Number of vehicles involved in the accident (in	ncluding own vehicle):	02.		
Has the driver been approached by unknown p	person(s) soliciting/offering ac	ccident claims assistance?		
Was the accident reported to the police? ☐ Yes ☐ No	Police station name:		- California de la Cali	
Was notice of intended prosecution given?  ☐ Yes	Against whom:			
VEHICLE DETAILS Own Vehicle		Third Party Vehicle or P	and the second of the second	
Vehicle Registration No: SCQ 89	117	Vehicle Registration No:		489.
Vehicle Category:  ☐ Private car ☐ Commercial vehicle ☐ Taxi ☐ Private hire ☐ Motor trade	☐ Tanker ☐ Government ☐ Mobile equipment	Vehicle Category:  ✓ Private car  ☐ Commercial vehicle  ☐ Taxi  ☐ Private hire	☐ Bus ☐ Motorcycle ☐ Goods vehicle ☐ Motor trade	☐ Tanker ☐ Government ☐ Mobile equipment
Vehicle Manufacturer: Vehicle	Model: € 2-0.	Vehicle Manufacturer:	Vehicle	Model:
Transmission: CC:	2.0.	Transmission: ☐ Manual ☐ A	uto CC:	
Exact purpose for which vehicle was being used  □ Private Hire □ Employment	at the time of accident.  Private Use	Exact purpose for which	☐ Employment	at the time of accident,  ☐ Private Use
Number of passengers (including driver):		Number of passengers (i	nctuaing ariver):	
Passenger name: Passeng ☐ Male	er gender:  Female	Passenger name:	Passeng ☐ Male	er gender: □ Female
INSURANCE DETAILS		Third Death Matter	nasa Dalini	
Own Vehicle Insurance Policy Handling Insurer:		Third Party Vehicle Insur Handling Insurer:	rance Policy	
Coverage Type:	☐ TPFT	Coverage Type:		☐ TPFT
Fleet Policy:  Policy/C	over Note Number:	Fleet Policy:		over Note Number:
Registered Owner Name:	1 .	Registered Owner Name	:	, ,

Progressive Car Care Pte Ltd

#### 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (Indriver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of	the Accident	
A		
I am drivin	a along Queenway and stop out	a , .
traffic junch	M. Saddenly a HUNIER SUEZYY8G	pump onto
my vehicle.		
/		
	LIVE.	
	* * * *	
particular the second particular to the second particular to the second particular to the second particular to		
		1
TV.	· · · · · · · · · · · · · · · · · · ·	
		A STATE OF THE STA
	<u> </u>	
		A designation of the second of
	9	
eclaration		
Ve declare the foregoing particular	s are true in every respect.	
you wish to claim against your own ust be made within the stipulated t	policy, please be advised that your insurer may have a fourteen (14) day imeframe from the day of occurrence. Kindly check with your insurer for m	ys clause whereby the clair nore details.
		d by Popoline Code
licyholder's Signature / Date &	Driver's Signature (friver is not the policyholder) / Date Witnesser	d by Reporting Centre

Time

& Time

Personnel



OWNER: Pho Chee Yong

DOA: 05/12/2020

ATTN: MOTOR CLAIMS DEPARTMENT

INSURER: Auto & General Insurance (Singapore) Pte Ltd

### **REPAIR ESTIMATE**

Est No.

: EST19110001

Date

: 9-Dec-20

Vehicle Num

: SCQ8911T

Make/Model: JAGUAR XE 2.0 I4P TSS

Chassis #

: SAJAB4AG9GA904338

Engine #

: 015105133732204PT

		Yr. Of N	/lanu :	2015	
No.	Description		Qty	U/P	Amt
	Section: LIST ITEMS				3
1	Rear bumper / fsv	20/06	1.00	2828.80	2828.80_
2	Rear bumper reinforcement	1	1.00	478.00	478.00 ×
3	Rear bumper side retainer x2	11	2.00	103.60	207.20 🗶
4	Rear bumper lower garnish	De	1.00	568.00	568.00
5	Rear end panel	11	1.00	2080.00	2080.00 🗶
		T as	Discou	Amt S\$ unt (10.00%) S\$ Subtotal S\$	6162.00 616.20 5545.80
	Section: SPECIAL NETT ITEMS				
6	Reverse sensor Centre x2	SVC	2.00	250.00	500.00
	_ ==			Amt S\$	500.00
				Subtotal S\$	500.00
	Section: LABOUR				_
7	To Panel Beat and Renewal Of All Necessary Damaged		1.00	780.00	780.00
8	To Sand Down, Putty and Spray Paint on Necessary Dar Parts	naged	1.00	720.00	720.00 C
9	To Check All Wiring		1.00	50.00	50.00
10	To Remove & Replace Rear Reverse Sensor		1.00	50.00	50.00
11	Diagnose and reset parking sensor		1.00	150.00	150.00
	1107 1 1 20 11 11 11 11 11 11 11 11 11 11 11 11 11		C.	Amt S\$	1750.00
	LKK Auto Consultants hence notify the Repairer of the following:  To resurvey before/after spray painting	P. 241	1	Subtotal S\$	1750.00
	<ul> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> </ul>		36.50 6-50		
	No illegal modification(s) is allowed	2	348	NAC Cht-t-l CC	
	System (s) must be resurveyed and system (s) final approval from Insurance Company	CDECIAL		MS Subtotal S\$ MS Subtotal S\$	5545.80 500.00
	Aeknowledged by Repairer	SPECIAL		UR Subtotal S\$	1750.00
	Signature:		LADO	Total S\$	7795.80

Joo Hak Kee Auto Pte. Ltd.

BLK 3007 UBI ROAD 1 #01-406, SINGAPORE 408701 TEL: 6743 1913 FAX: 6743 5234 CO/GST REG NO: 201300082W BLK 3014 UBI ROAD 1 #01-324, SINGAPORE 408702 EMAIL: admin@jhk.com.sg

WEBSITE: www.jhk.com.sg

