•	ASSIGNMENT	WE 2024 S
om: Date:	Veh No: SFT 500	74 Yr Regn: 2007, Oct
stimated Cost:	Type: M.Car / M.Cyclo / Bus / Va	
D (TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	,
o Inspect Vehicle No:	THE WOODS TO	1/65
t Workshop m/s	Colour She	
1	Sp.Roading /8 08 20	
sured:	Eng/No:	, maddin madday old y hi y ha
olicy No.	AND A COURT OF THE PARTY OF THE	3-2EF 1:06/55932.
Claims No.	Gen. Cond: Good / Fair / Poor / B	
ium Insured: Excess:	Stooring: Inorde / Jammed / Leal	
(Client's Record)	Brake: Inordor// Jammed / Loal	
flake of Veh;	Modi: NII /S/Rim / STD A/Rim	***************************************
		165M5
(Policy Condition)	R: 1	7
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LI	ZA/MIC/OHTSU/PIR/SUMI/
repair at the time of inspection.	TOYO/YOKO or	zgen lander
Bal. or Market Value:	Front	Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm	, R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L∕Bal.	L/Bal, 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A.	D.O.I. 29/12/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Tea	much Garage
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Real / O	
Vehicle: Date: Person Contacted: Daver	The IVC / Chassis frame / R	Ody Charachura - H1-1
Date / Time Action / Instruction	The O/O / Grassis frame / B	ody Structure affected due to collision.
	,	
Dale/Time, File Pass to? : Prell. Report	Days Of Repair:	
i) : Final Report	Resurvey No. of Trip:	Quantu Saar
Date/Time, File Return to?		Survey Fee: Transportation:
2) A	dd Fee: : Site Insp (\$)S + RSSI
	: Interview (\$) Photos
Reput Former: Lump Sum / LB./: Ca	: Tech. Invs (\$) Others



TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims @ teamwork garage.com

ROC number: 201015366H REPAIR PERFORMA INVOICE

Vehicle number	SFT5007Y
Make / Model	TOYOTA/COROLLA
Chassis number	MR053ZEE106155932
Accident date	27/12/20
Reference	2012-49

Qty	Particul	ars
4.1	I WILLIAM	lui 3

AIG

Qty	Particulars	Rejerence	Unit Dring CCD C
	PARTS REPLACEMENT - LIST ITEM	A C	Unit Price - SGD \$
1	BOOTLID	<u>13</u>	222 25 14
1	BOOTLID EMBLEM LOGO		822.25 67/
1	BOOTLID EMBLEM -COROLLA		69.00 2
1	BOOTLID EMBLEM - ALTIS		46.00 ne/
1	BOOTLID EMBLEM - 1.6		50.60 NG
1	BOOTLID GANRISH		61.20 Ne
2	BOOTLID LAMP		270.25 🗡
2	BOOLID LAMP INNER SEAL		763.70 7
1	BOOTLID LOCK		56.00 7
1	BOOTLID LOCK COVER		380.19 67
2	BOOTLID HINGE		55.00 mt
1	BOOTLID INNER TRIM		131.10 £Y
2	BOOTLID STOPPER		396.70⋉
1	END PANEL Plut	· .	23.00 2
1	END PANEL TOP GARNISH		672.75 ht
1	REAR BUMPER		و مام ؟ 241.50
2	REAR BUMPER RELFECTOR		557.75 de /
2	REAR BUMPER RETAINER		71.30 €
1	REAR BUMPER SPONGE		138.00 ner
2	REAR BUMPER DAMPER		149.50
2	REAR TAILLAMP		181.70 7
1	REAR EXHAUST SILENCER		828.36
2	REAR EXHAUST MOUNTING		702.65 ×
2	REAR FENDER INNER TRIM		40.00 ⊀
		-	770.50大
		Less 25 %	7479.00
		Subtotal	1869.75
		Balance C/F	5609.25
	PARTS REPLACEMENT - SPECIAL NE	ETT ITEMS	5609.25
	REAR BUMPER CLIP		30.00
1 SET	REAR FENDER INNER TRIM CLIP		30.00 mg
	END PANEL TOP GARNISH CLIP		30.00 🗴
1 SET	REAR REVERSE SENSOR		30.00/0 ne
1	REAR NUMBER PLATE		400.00 20 mu
1	STICKER		80.00 ×
1	JOINT SEALANT		60.00 HD ~~
		Subtotal	120.00 40.14/
1		- Sabtotat	750.00

	LABOUR AND MISCELLANEOUS CHARGES	
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 30.
2	REMOVE, REFIT REAR LINING, TRIM AND GARNISH	150.00 60.
3	REMOVE AND RENEW REAR REVERSE SENSOR	100.00 3 0
4	REMOVE AND RENEW REAR EXHAUST	120.00 X
5	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW	200.00 60
6	PANEL BEATING ON AFFECTED AREAS	1400.00 700.
7	SPRAY PANTING ON AFFECTED AREAS	1200.00 Fos
8	APPLY ANTI RUST ON AFFECTED AREAS	120.00 30
	Subtotal	3350.00
	Grand total	9709.25

Tanklin 97495949

WP' 29/12/200130pm

USpenny after upul

fauftin o 1 khaunts. on.

5 days.

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 28/12/2020 17:40 (SGT) Date of Accident 27/12/2020 10:45 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFT5007Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 2XXXXX722Z **Email Address** fathu1993@gmail.com (Phone) +65-68445225 Mobile Phone No Alternative Phone No (Office) +65-68445225

VEHICLE PARTICULARS

Toyota Manufacturer Corolla Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Liberty Insurance Name of Insurance Company ThirdParty Type of Coverage Fleet Policy SD20V13101/VPZ/R02 **Policy Number** Cover Note Number

DRIVER

MUHAMMAD FATHURRAHMAN BIN MAIDEEN Name of Driver NRIC No SXXXX812E Date Of Birth 22/09/1993 Occupation Outdoor

Date Of Driving Pass 17/06/2016 Driving experience 4 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-92369578 Alt. Phone Number **Email Address** fathu1993@gmail.com Address **BLK 261 BOON LAY DRIVE** Address complement #05-541 Postcode 640261 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Gender Male PASSENGER 2 Name Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes **Police Station Name** Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201228/7005. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

図DETNUS OF OTHER VEHICLE PROPERTY (1)

Vehicle Registration Number	
Vehicle Manufacturer	SKU3418T
Vehicle Model	Kia
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NDIC No.	EU JUN WEN BENJAMIN
Contact Number	SXXXX646G
Address	(Phone) +65-92707091
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
Tro. or r assenger (including Dilver)	-

INJURED PERSONS DETAILS

INJURED 1

MUHAMMAD FATHURRAHMAN BIN MAIDEEN NECK & BACK SFT5007Y Yes
No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful managementation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GN 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 svallable 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.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My Insurer, my workshop and the General Insurance Association of Singuistis ("SIA") 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 bisuler(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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(a) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

W

Driver's Signature (If driver is not the policyholder) / Date & Tene

Witnessed by Report Centre

Sketch Plan

	[4]	A:SF1 (2074 B: Sku34/81
RUND WUERS	0000	

Describe Circumstances	of the Accident	
	Refer to police rep	ort
•		
		
eclaration		
We declare the foregoing particul		
21111		$\gamma_{i,j}$
cicyholder's Signature / Dute &	Driver's Signature (# driver is not the policyhola Tirre	Older) / Date Witnessed by Reporting Centre Personnel





ambulance: No

1 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Between Moving Vehicles - Head To Rear

Tel No: 65470000

Report No. T/20201228/7005

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 28/12/2020 09:32			Vide R	eport No.:			Station Diary No.:	
Informant	s Partici	ulars	er and the second	AND THE STATE OF THE STATE	the second section of the section of the section of the second section of the section of t	The second second	THE RESERVE THE PROPERTY OF TH	
Name of In	formant:		Addres 261 BC	S: OON LAY D	RIVE #05-5	41 SINGAF	PORE 640261	
MAIDEEN ID Type / ID No.: NRIC NO / S9334812E		Home/	Contact No.: Home/Office: Mobile			e: 92369578		
Nationality SINGAPO				993@gmail				
Sex: Male	Age: 27	Date of Birth: 22/09/1993	Driver	f Informant	:	I to a titution	n / School Name:	
Race: Javanese			English	English			on / School Name.	
Occupatio Software a and analy	and appli	ications developer		Licence Ir 3	oformation:	Date of E	expiry:	
Seneral In	formation	on of the Acciden	sector Garage (1977)	THE PROPERTY OF STREET			Control of the Contro	
Type of Accident:		Injury Others		Drink Drive: No	Date/Tin Accident 27/12/20		Type of Location Flyover	
Location:	AND EXF	PRESSWAY						
Weather: Clear		Road Dry	Road Surface; Dry		Road Speed Limit: 80 Km/h			
Traffic Flo Dual Car		у		c Control: controlled			Traffic Volume: Moderate	
Type of C	collision:						Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SFT5007Y	Car					0
SKU3418T	Car	KIA		Blue	Slightly Damaged	1





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

2 of 3 Report No. T/20201228/7005

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I No. of Pedestrian			Use of Po	dostria	n Cros	EIOG! NA
Driver	127 Mary growing that a region of the state of		10000110	2000000		10/11/11/11/11/11/11/11/11/11/11/11/11/1
Name	MUHAMMAD FATHURRAHMAN BIN MAIDEEN			ID No.		S9334812E
Related Vehicle	SFT5007Y (Car)			Contact No.		92369578
Hospital/Clinic	ONECARE CLINIC BOON LAY		o-Article destantivamente de	Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	27/12/2020		Date		NIL	Anni compressione anneces interes al grande mentione en entre en entre entre entre en entre entr
No. of Days gran	ted Medical Leave	03	Dogree of		Stight	
Driver	ndi 5, " di telessi ingeni semenu 1900 si eni endicio setto sengo (1 torrani mer il mario socialis di telessi materialismo il mario					and the second s
Name	EU JUN WEN BANJ	IAMIN	Per	ID No.		S8731646G
Related Vehicle	SKU3418T (Car)	SKU3418T (Car)			ict No.	92707091
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.
Incident happen at PIE towards changi before to apayoh exit. There was road works on lane3. I was driving on lane 2 (SFT5007Y) and cars are filtering from lane 3 to lane 2. I slow down to allow cars from lane 3 to come to lane 2. As the front car front right tire as come to my lane I slow down, but the car(SKU3418T) behind me did not slow down and rear ended me.



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

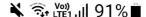
3 of 3 Report No T/20201228/7005

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/12/2020 09:32
Officer In Charge Of Case: TP / TPHO / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

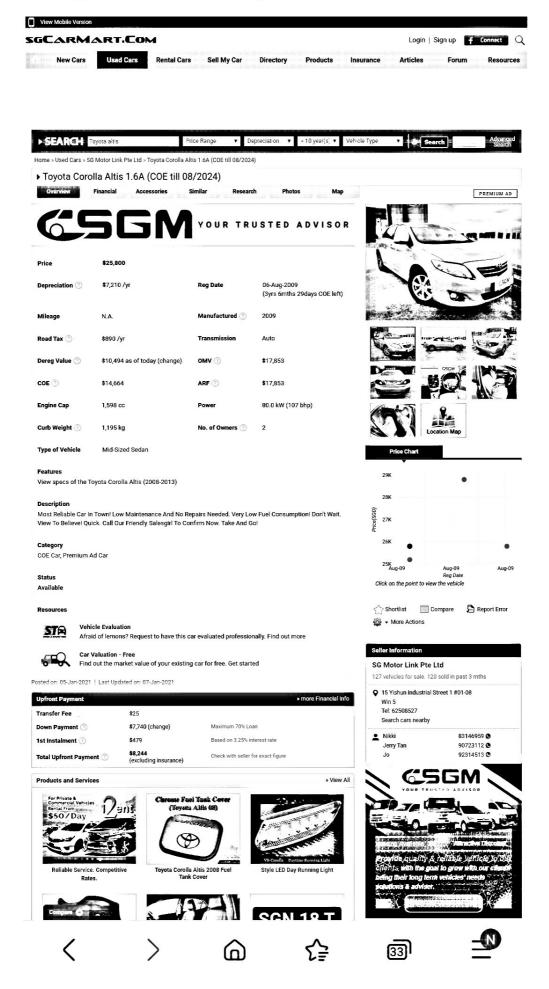
III





www.sgcarmart.com





I Vehicle Owner Particular	*SS
Owner ID Type:	Company
Owner ID:	722Z
I Vehicle Details≅	
Vehicle No.:	SFT5007Y
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	3ZZ4934996
Chassis No.:	MR053ZEE106155932
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,853.00
Original Registration Date:	01 Oct 2009
First Registration Date:	01 Oct 2009
Transfer Count:	2
Actual ARF Paid:	\$17,853.00
IIntended PARF Rebate De	etaikš
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Illntended COE Rebate De	#AT PE
COE Expiry Date:	30 Sep 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,743.00
COE Rebate Amount:	\$10,999.00
Total Rebate Amount:	\$10,999.00

IMessage**≅**

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 07 Jan 2021