	T A	
(08/11/13) wef	REF: Calas	,
ASS. REC. BY: 194	areas CC6/CTI	21006742/41993
N.	ASS	IGNMENT
From:	Date:	CURRIAGE WAS INCL.
Estimated Cost:	Vale.	Veh No: SKB 2719 (7 Yr Regn: VYS/1/ Type/M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
	ES / OD RES / EVA / INV / MV	. ,
	11.000101	Truck/Trailer or (A
To Inspect Vehicle N		Make: Tops to Estime Aeros 6 cc 236 2
at Workshop m/s	tee broke	Colour AGC: Insured / Std / NI / NA Sp.Reading (25 463 T/Radio: Insured / Std / NI / NA
of	GBL 2439 T	Sp.Reading / 25 46 T/Radio: Insured / Std / NI / NA
Insured:	ars L 2439	Eng/No:
Policy No.		C/No: ACRSO 7/01260
Claims No.		Gen. Cond Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil /S/Rim_/ STD A/Rim or
		Tyre Size: F: 235/KFR(f
(Policy Condition)		R:
Remark: The veh ha	d commenced its N/S O/S	BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at th	ne time of inspection.	TOYO/YOKO or
Bal. or Market Value:	\$ 70 4	Front Rear
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. ce/1/21 D.O.I. 16/6/21
_um Sum:	% 3 Val.: Yes or No	Survey held at
	4 041100	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REF	Vehicle: IN / OUT	OK Rear &
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Act	tion / Instruction	
Co	peun. (31-1-2031 HTM F	41076

Preli. Report Days Of Repair: Date/Time, File Pass to? Resurvey No. of Trip: Survey Fee: Final Report 1) Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$) __S + RS.__SI 2) : Interview (\$) Photos Tech. Invs (\$ Report Format:) Others Lump Sum / I.B.I: (\$ Weekend (\$ TOTAL

SGCARMART.COM

Compare

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Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: /ehicle Details	948F
ehicle No.:	SKB2719G
ehicle to be Exported:	No
ntended Deregistration Date:	16 Jun 2021
ehicle Make:	TOYOTA
ehicle Model:	ESTIMA AERAS G-EDITION 2.4 A
Primary Colour:	Black
Aanufacturing Year:	2011
ngine No.:	2AZH655603
Chassis No.:	ACR507101260
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$36,083.00
Original Registration Date:	12 May 2011
irst Registration Date:	12 May 2011
ransfer Count:	2
Actual ARF Paid: ntended PARF Rebate Details	\$36,083.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
ARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
COE Expiry Date:	31 Jan 2031
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$42,683.00
COE Rebate Amount:	\$41,076.00
Total Rebate Amount:	\$41,076.00

The information contained herein is correct as at 16 Jun 2021

OK

COMPUTERISED 4 WHEEL ALIGNMENT **HUNTER DSP700**

LEE BROTHERS AUTOMOTIVE P/L SKB 2719 G

Company: VIN: Date

15.6.21 17:00



Factory Japan 2019.0.1 : Toyota : Estima : R50 Series : ACR50W

Front: Left

Actual	Before	Specified Range
-0°11'	-0°11'	-1°00' 0°30'
6°12'	6°12'	
0°01'	0.00,	5°15' 6°45'
15°40'	15°40'	-0°03' 0°08'
15°29'	15°29'	10°50' 12°20'
20	10 25	9°50' 12°50'

Camber Caster Toe SAI

Included Angle Turning Angle Diff. Frant . Dialet

Actual	Before	Specified Range
0°12'	0°12'	-1°00' 0°30'
e.00,	6°00'	5°15' 6°45'
0°00'	0°01'	-0°03' 0°08'
10°59'	10°59'	10°50' 12°20'
11°11'	11°11'	9°50' 12°50'

Front

Cross Camber Cross Caster Cross SAI **Total Toe** Cross Turn Diff.

Actual	Before	Specified Range
-0°23'	-0°23'	-promod runige
0°12'	0°12'	2786
4°41'	4°41'	300
0°01'	0°01'	-0°05' 0°15'
		100

Rear: Left

Actual	Before	Specified Range
-1°37'	-1°37'	-1°50' -0°50'
0°05'	0°05'	0°03' 0°18'

Camber Toe

	Rear:	Right
Actual	Before	Specified Range
-2°08'	-2°08'	-1°50' -0°50'
-0°27'	-0°27'	0°03' 0°18'

Poor

Cross Camber **Total Toe** Thrust Angle Axle Offset

	I.G.	ar
Actual	Before	Specified Range
0°31'	0°31'	-0°30' 0°30'
-0°22'	-0°21'	0.02, 0.3e,
0°16'	0°16'	
0mm	0mm	

SS1Y216F0009 / SME MOTOR PTE LTD ENTRY DATE & TIME: 15/06/2021 16:40 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (15/06/2021 16:40 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

- 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.

- only labeling.

 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

 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 of the Insurance in the Control of the Control o 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/06/2021 16:40 (SGT) 15/06/2021 08:40 (SGT) Boon Lay Way, Singapore TWDS JURONG WEST Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

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

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

SKB2719G

EDDY SUFIAN BIN ANIN ASBI SXXXX948F eddysufian@hotmail.com (Phone) +65-97834061

+65-97834061

Toyota Estima

Private use

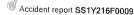
No - Claiming third party Private car Auto

AXA Insurance Pte Ltd Comprehensive

No GA562514

2400

SAIFUDDIN BIN ANIN ASBI SXXXX800D



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG LANE 3 GOING STRAIGHT. OUT OF THE SUDDEN, VEHICLE B CHANGED LANE AND HIT ONTO MY VEHICLE. WE EXCHANGED DETAILS AND LEFT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

22/01/1982 Outdoor 02/04/2007

14 YEARS AND 2 MONTHS

Male

(Phone) +65-96402602

wowshh@yahoo.com

BLK 296D CHOA CHU KANG AVE 2 #09-50

684296

No Sibling

No

Collision - Change/cross lane

Clear

No

No

Yes

2

Nο

2

Dry

EDDY SUFIAN Male

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Νo

Nο

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

GBI 2439T

Accident report SS1Y216F0009

Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Commercial vehicle LI LINWEI (Phone) +65-94567002

-

VEHICLE B

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN

IMPORTANT NOTICE

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

Policyholder Signature Date & Time: ver's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: