# ASSIGNMENT

| Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  To Inspect Vehicle No:  at Workshop m/s  of  Insured / Std / NI / NA  Sp.Reading  Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make:  To yola Alth's c.c / 598  Colour Whitle A/C: Insured / Std / NI / NA  Sp.Reading / 4829  T/Radio: Insured / Std / NI / NA  Eng/No:  | From: Date:                                     | Veh No: SLL6295 X Yr Regn: 2017, March                              |
|--|---|---|
| To inspect Vehicle No.  at Workshop mits of  strephic Vehicle ACC Insured ISId INI NA.  Sp. Reading 1/8 2/9 T.Radio: Insured ISId INI NA.  Englito:  Cition No.  Sim insured.  Excess:  (Client's Record).  Make of Veh:  Sim insured.  Excess:  (Client's Record).  Make of Veh:  Make of Veh:  (Client's Record).  Make of Veh:  Make of Veh:  (Client's Record).  Make of Veh:  (Client's Record).  Make of Veh:  | Estimated Cost:                                 | Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /     |
| at Workshop mile of  Sp. Freading  Folicy No.  Colour  Folicy No.  Colour No.  MR P S B E H 1 O 4 5 6 1 4 5 5  Colour No.  MR P S B E H 1 O 4 5 6 1 4 5 5  Colour No.  MR P S B E H 1 O 4 5 6 1 4 5 5  Colour No.  MR P S B E H 1 O 4 5 6 1 4 5 5  Colour No.  MR P S B E H 1 O 4 5 6 1 4 5 5  Consider Report Of No.  Sum insued:  Excess:  Stoering: Jerrifery Jammed / Leaked / Burnt or  Modi: Ni Ni S Rim) / STD ARRim or  Tyre Size: F: 2 5 4 5 7 7  Replate Jammed / Leaked / Burnt or  Modi: Ni Ni S Rim) / STD ARRim or  Tyre Size: F: 2 5 4 5 7 7  Replate Jammed / Leaked / Burnt or  Modi: Ni Ni S Rim) / STD ARRim or  Tyre Size: F: 2 5 4 5 7 7  Replate Jammed / Leaked / Burnt or  Modi: Ni Ni S Rim) / STD ARRIm or  Tyre Size: F: 2 5 4 5 7 7  Replate Jammed / Leaked / Burnt or  Modi: Ni Ni S Rim) / STD ARRIm or  Tyre Size: F: 2 5 4 5 7 7  Replate Jammed / Leaked / Burnt or  Modi: Ni Ni S Rim) / STD ARRIm or  Tyre Size: F: 2 5 4 5 7 7  Replate Jammed / Leaked / Burnt or  Jamme | OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or  |
| Sp. Reading 74829 T.Raxiia: Insured / Std / RN / NA Insured / Round /  | To Inspect Vehicle No:                          | Make: Topola Altis c.c 1598   |
| Insured: Policy No. Crains No. Crains No. Sum Insured: Excess:  (Client's Record) Make of Velt:  (Policy Condition) Remark: The velt had commenced its repair at the time of inspection.  Bal or Market Value:  (BA / PR Seen:  Consideri? Yes or No CIA / PR Seen:  Consideri? Yes or No CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date / Time  Action / Instruction  (Policy Condition)  Action / Instruction  (Policy Condition)  Remark: The velt had commenced its repair at the time of inspection.  Invo Jive Size:  F. 2   S   US   S   7  R. 3   S   Vehicle: IN / OUT  TOYO / YOKO or  Front  Rear  R | at Workshop m/s                                 | Colour White - A/C: Insured / Std / NI / NA                         |
| Color No.  Claims No.  Sum Insured:  Excess:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value.  DAC Accident Poort:  Consistent?: Yes or No.  Clin / Rep. / 24 Per No.  Cal / Re | of  | Sp.Reading 14829 T/Radio: Insured / Std / NI / NA                   |
| Claims No Sum Insured: Excess:  Client's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value  IDAC Accident Rport:  Consistent?: Yes or No GLA / PR Seen:  Consistent?: Yes or No Lum Sum:  Sale / REP. / 24 HRS  Vehicle: IN / OUT  Date / Time  Action / Instruction  CM V:  PV:  Netth  Cuteffine: File Pase No  Cuteffine | Insured:  | Eng/No:   |
| Sum insured:    Excess:  | Policy No.                                      | C/No: MR053REH104561455   |
| Client's Record)   Brake: Informore / Jammed / Leaked / Burnt or   Modi: NIVSRIm)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Record   Purnt or   Modi: NIVSRIM)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Record   Purnt or   Modi: NIVSRIM)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Record   Purnt or   Modi: NIVSRIM)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Record   Purnt or   Modi: NIVSRIM)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Record   Purnt or   Modi: NIVSRIM)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Record   Purnt or   Modi: NIVSRIM)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Record   Purnt or   Modi: NIVSRIM)   STD AlRim or   Tyre Size: F: 2 S 4 S R T   Purnt Sum:   Tovo   Yok O or   Purnt or   Purnt Sum:   Tovo   Yok O or   Purnt   Purnt Sum:   Tovo   Yok O or   Purnt   Purnt Sum:   Tovo   Yok O or   Purnt   Purnt Sum:   Tovo    | Claims No.                                      | Gen. Cond: Fair / Poor / Burnt                                      |
| Make of Veh:    Modi   | Sum Insured: Excess:                            | Steering: Jammed / Leaked / Burnt or                                |
| Tyre Size: F: 2 5 4 5  7    Remark: The veh had commenced its repair at the time of inspection.   NS O/S   | (Client's Record)                               | Brake: Inarder / Jammed / Leaked / Burnt or                         |
| (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Vehicle: IN / OUT  Date / Time  Action / Instruction  MV:  PV:  Neth:  Date / Time  Action / Instruction  Profile Reas to?  Prefile Report:  Days Of Repair:  R: 315 / SR / BS / SR / BS / SI  | Make of Veh:                                    | Modi: Nil/IS/Rim/ STD A/Rim or                                      |
| Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value  Ball or Market Value  IDAC Accident Rport: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  TR UNCA   Dote/Time, File Posts 167  1: Final Report Resurvey No. of Trip: Survey Fee: Transpectation:  Date / Time File Return for?  Actiol Fee: Stife Insp (\$ ) 3 × 8 × 5 × 1   Interview (\$ ) Person  The UC / Chassis frame / Body Structure affected due to collision.   |   | Tyre Size: F: 215/45/217-   |
| repair at the time of inspection.  Bat. or Market Value.  IDAC Accident Rport: Consistent? Yes or No  GIA / PR Seen: Consistent? Yes or No  LUBAL  | (Policy Condition)                              | R: 215/45R17  |
| Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  LUm Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  PV:  Neft:  Date/fine, File Pass to7  Deterfine, File Pass to7  Deterfine, File Pass to7  Cand Fee:  Survey No. of Trip:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Prof. Resurvey No. of Trip:  Survey Fee:  Transportation:  Perpost Forms 5:  Lump Stan / LEL: G:  Vehicle: IN / OUT  Resurvey No. of Trip:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  The U/C / Chassis frame / Body Structure affected due to collision.  Deterfine, File Pass to7  Oeterfine, File Pass to7  Transportation:  Tr | Remark: The veh had commenced its N/S O/S       | BS / DUN / EXNOVA / GY / FS / LIZA (MIC / OHTSU / PIR / SUMI /      |
| IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: days Res.: Yes or No LUB Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date: Person Contacted: IN / OUT  Date / Time Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Pass to? Preli. Report Preli. Report Resurvey No. of Trip: Survey Fee: Transportation:  Date / Time, File Pass to? Structure Action from the file Pass to? Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation:  Survey Fee: Transportation: Survey Fee: Transportation:  Date / Time, File Pass to? Survey Fee: Transportation: Survey Fee:  | repair at the time of inspection.               | TOYO/YOKO or  |
| GIA / PR Seen: Consistent? : Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  MV : PV : Neth  Descriptions, File Pass 107  I: Freil. Report  Dete/Time, File Pass 107  Dete/Time, File Pass 107  Dete/Time, File Pass 107  CA did Fee: Stile Insp (\$  | Bal. or Market Value:                           | Front Rear  |
| Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date: Person Contacted: Uehicle: IN / OUT  Date / Time   | IDAC Accident Rport: Consistent? : Yes or No    | R/Bal. ab mm R/Bal. Of mm   |
| Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction   Action / Instruction   Action / Instruction   PV :  Nett:    Nett:   Days Of Repair:   Prefi. Report   Prefi. Report   Prefice   P | GIA / PR Seen: Consistent? : Yes or No          | L/Bal. Ob mm L/Bal. Ob mm   |
| Description of Date of Person Contacted:  Date / Time  | Est. Repairs: days Res.: Yes or No              | D.O.A. D.O.I. 05/07/21.   |
| Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction    MV : PV : Nett :  Date/Time, File Pass to? Preli. Report   Days Of Repair:    Date/Time, File Pass to?   Survey Fee: Transportation:   Chassis frame / Body Structure affected due to collision.  Actic Fee: Site Insp (\$ )3 + RS_SI     Interview (\$ ) Preli. Report   | Lum Sum: % 3 Val.: Yes or No                    | Survey held at J-Mart.  |
| Date / Time   Action / Instruction   The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction   The U/C / Chassis frame / Body Structure affected due to collision.  My :  PY :  Nett :  Date / Time, File Pass to?   Prefix Report   Prefix Resurvey No. of Trip:   Survey Fee:   Transportation:   Survey Fee:   Interview (\$ )   8 + R8_8      Profix   Survey Fee:   | OA / DEV / DED / SAUDS                          | Des. of Damages: Frt. / Rear / O/S / N/S / U/C / Rooftop or         |
| Date / Time Action / Instruction  TP UNCA.  MV: PV: Nett:  Date/Time, File Pass to?  Prell. Report  Days Of Repair:  Survey Fee: Transportation:  2)  Add Fee: Site Insp (\$   |   |   |
| Date/Time, File Pass to?  Date/Time, File Pass to?  Preli. Report  Days Of Repair:  1)  Survey Fee:  Transportation:  2)  Add Fee:  Site Insp (\$ ) _ 3 + RS_SI  Interview (\$ ) Photos  Peport Formst:  Lump Sum / LP.L: (\$ ) West and (\$ )   | Date: Person Contacted:                         | The U/C / Chassis frame / Body Structure affected due to collision. |
| MV: PV: Nett:  Dale/Time, File Pass to?  : Preli. Report  Days Of Repair:  : Final Report  Resurvey No. of Trip: Survey Fee: Transportation: 2)  Add Fee: : Site Insp (\$ )3 + PSSI  : Interview (\$ ) Photos  Feport Forms!  Lump Swn / LEL: (3 ) Others  |   | ,   |
| Dale/Time, File Pass to?  Preli. Report  Days Of Repair:  1)  Final Report  Resurvey No. of Trip:  Survey Fee:  Transportation:  2)  Add Fee:  Site Insp (\$ ) _8+R8_SI  Interview (\$ ) Fhotos  Feport Formst:  Lump Sum / LP.1: (\$ ) west end (\$ )   | · A Mara.                                       |   |
| Dale/Time, File Pass to?  Preli. Report  Days Of Repair:  1)  Final Report  Resurvey No. of Trip:  Survey Fee:  Transportation:  2)  Add Fee:  Site Insp  Interview  Interview  Tech. Invs  Tech. Invs |   |   |
| Dale/Time, File Pass to?  Preli. Report  Days Of Repair:  1)  Final Report  Resurvey No. of Trip:  Survey Fee:  Transportation:  2)  Add Fee:  Site Insp  Interview  Interview  Tech. Invs  Tech. Invs | my,   |   |
| Date/Time, File Pass to?  Preli. Report  Days Of Repair:  Survey Fee: Transportation:  Add Fee: Site Insp (\$ ) \$ + R8_SI  Interview (\$ ) Photos  Feport Formst:  Lump Sum / LRJ: (\$ ) West and (\$ )   |   |   |
| Date/Time, File Pass to?  : Preli. Report  Days Of Repair:  1) : Final Report  Resurvey No. of Trip:  Survey Fee:  Transportation:  2) Add Fee: : Site Insp (\$ )S+RSSI  : Interview (\$ ) Photos  Peport Formst:  Lump Swn / LPJ: (\$ ) Others  |   |   |
| Survey Fee:   Date/Time, File Return to?   Survey Fee:   Transportation:   | 7,60.   | •   |
| Survey Fee:   Date/Time, File Return to?   Survey Fee:   Transportation:   |   |   |
| Survey Fee:   Date/Time, File Return to?   Survey Fee:   Transportation:   | Date/Time File Pass to?                         | Dave Of Popair:   |
| Date/Time, File Return to?  2) Add Fee: : Site Insp (\$ ) 8 + R8SI : Interview (\$ ) Photos  Report Formst: : Tech. Invs (\$ ) Others  Lump Sum / LPJ: (\$ ) : Weel end (\$ )  | Plant Powerf                                    |   |
| 2) Add Fee: : Site Insp (\$ )S+RSSI  | - Constant                                      |   |
| Interview (\$ ) Photos   | Add Ea  |   |
| Report Formst: : Tech. Invs (3 ) others Lump Sum / LBJ: (3 ) : Weel end (8 )   | 2)  |   |
| Lump Sum / LPJ: (3 ) :Weel end (8 )  | Penert Formet                                   |   |
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|  | tentile county stead or                         |   |

SN0921750004 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 05/07/2021 15:19 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (05/07/2021 15:19 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process

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

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy hability 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 and that copies of this report will, for a fee, be made available upon application by interested parties.
 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

05/07/2021 15:19 (SGT) 03/07/2021 12:55 (SGT) Valley Rd, Singapore

Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL6295X

#### INSURED/POLICYHOLDER

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

TAN BUCK KIANG SXXXX927I jmartauto@gmail.com (Phone) +65-96162549 +65-96162549

## VEHICLE PARTICULARS

Alternative Phone No

Manufacturer

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 Transmission

CC

Private use

Toyota

ALTIS

No - Claiming third party

Private car Auto 1598

## INSURANCE COMPANY

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

EQ Insurance Company Ltd Comprehensive DMPPHQ21-001667

### DRIVER

Name of D.iver NRIC No

TAN QING LIN SXXXXX012A

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

Collided into Parked Vehicle

Clear Dry

25/04/1996

04/03/2016

5 YEARS AND 4 MONTHS

(Phone) +65 96162549

imartauto@gmail.com BLK 508 HOUGANG AVE 10

Outdoor

Male

#12-79

530508

No

No

Child

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 vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by ur.known person(s) soliciting/offering accident claims assistance?

2 No

No

Yes 0

No

DETAILS OF POLICE ACTION

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

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

I PARKED MY VEH ALONG VALLEY ROAD, SUDDENLY VEH B REVERSED AND HIT MY FRT PORTION OF MY VEH.

ATTACHMENT(S)

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

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver NRIC No

Contact Number Address

GBD6256U

Commercial vehicle TEO BENG SOON SXXXX703C

----- CNI0021750004

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

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Pease 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 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
- 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 Associ 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)

Lunderstand, 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 &

Driver's Signature (if driver is not the policyhokier) / Date

Witness of by Reporting Centre

Sketch Plan

DCA 3/7/21 Valley GBD (2560

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|          | -    | **** |     |      |        |       |          |     |   |
|          |      |      |     |      |        |       |          |     |   |
| laration |      |      |     | **** |        | -1-1  |          |     | - |

IWe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder & Signature / Date &

- 0110001750001

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

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遊長 明 不以有意思不知其不 遇 不不可能問題其不可其者 遇 至不不行一不是人不可無者 無 不不

# > Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

03 Jul 2021 / 15:30:17

Receipt Date/Time:

03 Jul 2021 / 15:30:17

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-210703-001549

Previous Receipt No.:

| S/N Item Description/ Business Transaction Reference No.  Result of Insurance Enquiry - GBD6256U As at 03 Jul 2021/12:56:00 |                             | Amount<br>Before<br>GST (S\$)                | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|---|-----------------------------|--|------------------------|------------------------------|
| Insurance Co: CHINA TAIPING INSURANC  | CE (SINGAPORE) PTE LTD      |  |                        |                              |
| 1 Insurance Enquiry - GBD6256U<br>Enquiry Fee<br>20210703152911222884   |                             | 7.00   | 0.49                   | 7.49                         |
|   | Sub-Total                   | 7.00   | 0.49                   | 7.49                         |
|   | Total Before Rounding       | 7.00   | 0.49                   | 7.49                         |
|   | Rounding Difference         |  |                        | 0.04                         |
|   | <b>Total Amount Payable</b> |  |                        | 7.45                         |
|   | Paid By                     |  |                        |                              |
| 20210703152918227   |                             | Direct Debit: eNETS Debit (Internet Banking) |                        | 7.45                         |
|   | Total                       |  |                        | 7.45                         |
|   | Cash Change                 |  |                        | 0.00                         |
|   | Tendered Amount             |  |                        | 7.45                         |
|   | Excess Refundable Amount    |  |                        | 0.00                         |

#### THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.