ASS. REC. BY: LAYML	22008783 Rpa3 3160
ASS	SIGNMENT
From: Date:	Veh No: SLH 4087P Yr Regn: 7016 / NOV
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
원물 사용 보다 하고 있는데 이번 바람 때문에 이렇게 하지 않아 하지만 바다 되었다. 나는 사람이 나는 사람이 나를 다 되었다.	Truck/Trailer or
To Inspect Vehicle No: SLH 40871	Make: Toyom Corolla mans 1.6 CVT c.c 1598
at Workshop m/s BORNKO MOTOR	Colour CREY A/C: Insured / Std / NI / NA
of 2 pornous chescent	Sp.Reading — T/Radio: Insured / Std / NI / NA
Insured: \(\(\)	Eng/No:
Policy No.	C/No: MRUS3REH 104553141
Claims No.	Gen. Cond: Good / Fair Poor / Burnt
Sum Insured: Excess:	Steering: Inorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nii / S/Rim / STD A/Rim or
	Tyre Size: F: 218 45R17
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA /MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
Bal. or Market Value: 68K	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. 02 09 22 D.O.I. 07/09/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Bokwku
CA / REV / REP. / 24 HRS	Des. of Damages : Frt (Rear) O/S / N/S / U/C / Rooftop or
_ Vehicle: IN/OUT	grand and rate 1 Montoh 0
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date / Time Action / Instruction REPAIR LIMIT _ 32K	
110000001	
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PEPAIR LIMIT_32-K	
REPAIR LIMIT 32K	Days Of Repair:
Pate/Time, File Pass to? Preli. Report Final Report R	Days Of Repair:
Pate/Time, File Pass to? Preli. Report Final Report R	Days Of Repair: Resurvey No. of Trip: Survey Fee;
Pate/Time, File Pass to? : Preli. Report : Final Report ate/Time, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee; Transportation:
Preli. Report Final Report ate/Time, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Steel Insp. (\$) S+RS_SI
Date/Time, File Pass to? : Preli. Report : Final Report Rate/Time, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Ste Insp (\$) S+RS_SI Photos
Preli. Report Ste/Time, File Pass to? Final Report Redum to? Add Fee:	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$) S+RS_SI



Borneo Motors

TOYOTA

Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9 No. 2 PANDAN CRESCENT

SINGAPORE 128462, Tel no.: 6631 1188

ESTIMATE

and the state of t				IIIVIAIE					
Account Details India International Insurance P L 64 Cecil Street #06-02 IOB Building Singapore 049711 Account No. S1000006 / ICI Document No.		Account N	Account No.		Customer Details				
		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Mr S Selvaraju 150 Mei Ling Street #13-45 Singapore 141150						
Attn: Mo	otor Claims Dept		Document 05/09/2		Mobile: 9636317				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order N	o. / Remarks	
2016	ZRE171R G	SEXGKZ S3	02/11/2016	SLH4087P	0	17370	SLH4087P		
	Chassis No.	Engine No.	Terms	SA / Counter	Ve	ehicle In	Co	Collected On	
MR0	53REH104553141	1ZRX581847	60	Thomas Pang W	Т//	0.00	//	0.00	
L C	d	Job/Parts Desc	ription		Qty	Unit Price	Disc %	Amount	
2 Z 3 B B B B L B B B B B B B B B B B B B B	TP VEH:SLM3518T DATE OF ACC:02.09.2 BP-SLANT SUPPLY BP-LAB2 DRILL HO BP-LAB2 REMOVE ONTO NEW BOOTLID R/I REAR REVERSE C BP-ECU2 TO RESE BP-LAB2 REPLACE BP-LAB2 REPLACE BP-RES2 RESPRAY SPZ061-12028 76 GR S52159-0Z904 COV S52161-0K040 PIEC S52023-02190 REIN S52181-02190 ARM	SEALANT (NETT) LE AND INSTALL I IRING AND COND INTERIOR UPHOL AND TRANSFER E	REVERSE SEIDUCT WATER STERY TO FA BOOTLID COM REPAIR. OGRAMME PARTS AREAS EVERSE SEN	NSOR TEST AC REPAIR IPONENTS	1.00 1.00 10.00 1.00 1.00	158.30 602.60 4.50 432.50 73.70		50 100.00 180.00 180.00 122.40 720.00 540.00 80.00 3600 4320.00 158.30 602.60 45.00 432.50 73.70	
	& on behalf of Theo Motors (Singapore) Pte Ltd Customer's Signature Charge Summary Please acknowledge receipt of vehicle			mary	Total				
				Parts Labour Sublet Lubrication/Fluid Others		Less	Due		



Borneo Motors



Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9 No. 2 PANDAN CRESCENT

SINGAPORE 128462, Tel no.: 6631 1188

ESTIMATE

Account Details Account 1					Customer	Details			
64 Cecil Street #06-02 IOB Building Singapore 049711		S10000 Document	06 / ICIII1 i No.	Mr S Selvaraju 150 Mei Ling Street #13-45 Singapore 141150					
Attn:	IVIOTO	or Claims Dept			Document Date 05/09/2022		Mobile: 96363178		
Yea	ar	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No.	/ Remarks
201	16	ZRE171R	GEXGKZ S3	02/11/2016	SLH4087P	0	17370	SLH4	087P
	С	chassis No.	Engine No.	Terms	SA / Counter	V	ehicle In	Coll	ected On
MR	R053	BREH104553141	1ZRX581847	60	Thomas Pang W	/ T//	- 0.00	//	0.00
L	Cd		Job/Parts Des	cription		Qty	Unit Price	Disc %	Amount
24 25 26 27 28 29 30 31 32 33 34 35	7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 T	\$52575-02140 RI \$52562-02250 RI \$52563-02250 RI \$52563-02250 RI \$52563-02250 RI \$58307-02380 PA \$64401-02B71 PA \$64461-02220 W \$64503-02181 AF \$64600-02080 LC \$58387-02240 PL \$64771-02390 CO \$675442-02330 PL \$75442-02330 PL \$75442-02340 PL \$76801-02E30 GA \$81550-02780 LA \$81560-02780 GU	RM, RR BUMPER, CETAINER, RR BUMFETAINER, RR BUMFETAINER, RR BUMFETAINER, RR BUMFENEL SUB-ASSY, LUGAM SUB-ASSY, LUGAM SUB-ASSY, LUGGAGE, RR FLOOR FICLIP A-COVER, SPARE WHABLEM, LUGGAGE ATE, LUGGAGE CATE, LUGGAGE CATE, LUGGAGE CARNISH SUB-ASSY MP ASSY, RR COMMP ASSY, RR COMP ASSY ASSY ASSY ASSY ASSY ASSY ASSY ASS	PER MANAPER MA		1.00 1.00 1.00 1.00 1.00 1.00 1.00 2.00 1.00 1	118.70 65.60 118.70 65.60 727.70 852.90 190.10 75.60 432.50 261.60 3.00 288.40 66.90 44.40 49.40 263.40 410.80		73.70 118.70 65.60 118.70 65.60 727.70 852.90 190.10 151.20 432.50 261.60 6.00 288.40 66.90 44.40 49.40 263.40 410.80 7.80
or & or		half of otors (Singapore) Pte	Ltd Customer's Please acknowledge		Charge Sur Parts Labour Sublet Lubrication/Fluid Others	mmary	Total Less Amount	Due	



Borneo Motors

TOYOTA

Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9 No. 2 PANDAN CRESCENT

SINGAPORE 128462, Tel no.: 6631 1188

ESTIMATE

			LO	IIIVIAIE				
	Account	Details	Account N	Account No.		Customer Details		
ndia International Insurance P L 64 Cecil Street #06-02 IOB Building Singapore 049711 Attn: Motor Claims Dept Document 05/09/20		Mr S Selvaraju Jument No. 150 Mei Ling Street #13-45 Singapore 141150						
Year	Model	Variant	Reg. Date	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Vip No.	Order No.	/ Remarks
2016	ZRE171R	GEXGKZ \$3	02/11/2016	SLH4087P	0 ,	17370	SLH4	087P
	Chassis No.	Engine No.	Terms	SA / Counter	Ve	hicle In	Coll	ected On
MR05	53REH104553141	1ZRX581847	60	Thomas Pang W	T//	0.00	//	0.00
L Co		Job/Parts Des	cription		Qty	Unit Price	Disc %	Amount
37 7 38 8 39 9 40 0	S81910-02170 S81920-02110 T89997-30070 LKK Auto (the Repair • To resurvey • To display of • Parts prices • Third party of • No illegal m • Supplement is subject to Acknowledged Signature: Date:	LAMP ASSY, RR, RH LAMP ASSY, RR, LH REFLECTOR ASSY, IR REFLECTOR ASSY, IR ANTENNA, ELECTRIC Consultants hence notify er of the following: before/after spray painting lamaged part(s) during resurves are subject to confirmation survey is on a "Without Prejudic odification(s) is allowed lany item(s) must be resurveyed final approval from Insurance of	REFL X REFL Y CAL 7	Hp90000 9 da P/P 07/09/22 Resurs	1.00 1.00 1.00 1.00 1.00 1.00	426.60 426.60 65.00 65.00 208.10		426.60 426.60 65.00 65.00 208.10
or & on b orneo N	ehalf of ⁄lotors (Singapore) P	te Ltd Customer's	s Signature	Charge Sum	nmary	Total		17,192.00
		Please acknowledge	e receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	7,109.60 10,002.40 80.00 0.00	Less		1,203.44 0.00 18,395.44

SB0K22950003 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 05/09/2022 09:03 (SGT) SUBMITTED BY: Ashlyn Chng VERSION: 1 (05/09/2022 09:03 (SGT))

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 Actual 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
- 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 05/09/2022 09:03 (SGT) Reported by Driver Date of Accident 02/09/2022 10:55 (SGT) **Exact Location of Accident** Singapore Additional Location Information PIE TOWARDS CHANGI BEFORE TOA PAYOH EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLH4087P INSURED/POLICYHOLDER Is company? No Name Of Registered Owner

S SELVARAJU NRIC No SXXXX316D **Email Address** S.ARJUNKUMAR@GMAIL.COM Mobile Phone No. (Phone) +65-96363178

Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla 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 car Transmission Auto CC 1600

INSURANCE COMPANY

Vehicle Registration Number

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100488799-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

S ARJUN KUMAR SXXXX849I 23/11/1999 Indoor

No - Claiming third party

3 YEARS AND 1 MONTH Date Of Driving Pass Driving experience Male Gender (Phone) +65-81124655 Mobile Number S.ARJUNKUMAR@GMAIL.COM Alt. Phone Number Email Address BLK 150 MEI LING ST #13-45 **Address** Address complement 141150 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 4 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 JEREMY TAN Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Clementi Neighbourhood Police Post Police Station Phone No (Phone) +65-18007759999 Alt. Police Station Phone No. (Fax) +65-67764246 Police Station Address Blk 427 Clementi Avenue 3 #01-456 Singapore 120427 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH TP

20/08/2019

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufacturer	SLM3518T
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	ONG CHEE HAO
Contact Number	SXXXX461I
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
rior of rasseriger (including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	QX2104T
Vehicle Manufacturer	Ξ.
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	<u></u>
Vehicle Category	Government
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMN2887S
Vehicle Manufacturer	-
Vehicle Model	- 7.
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
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)	

YPE OF CLAIM: □OD □OD/UL □DS	MCA: (P)
МОТО	DR ACCIDENT REPORT
ato Of Panart	Date Of Accident: 02 (09 (20 22 Time: 1055=-
	1, teap belong to a payon exit.
Country/State of Loss: Singapore / / Wilayah Persekutuan / Sel	planger Darul Fiscan \ \ / Negeri Sembilan \ \ / Melaka \
Pahang □ / Johor □ / Perak □ / Kedah □ / Kelantan □ /	/ Terengganu □ / Pulau Pinang □ / Perlis □ / Thailand □
	Was this statement translated from another languange?
Nho Reported the Accident? Owner ☐ Driver ☑ Both ☐	No Ves If yes, please fill ANNEX C
OWN VEHICLE DET	TAILS (INSURED/POLICY HOLDER)
Vehicle Registration Number: SLH4087P	Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: \$ 169+3160
Name Of Registered Owner: S Selvaraju	
Mobile Number: 11 C 4 Alternative No: 1117 0.7	127 A170 Email Address:
Mobile Number: +65 96363178 Alternative No: +41797	(Compulsory) S. arjunkumar @gmail.
Velitide Panatoulars	
Manufacturer: Toyota, ☑ Lexus ☐ Suzuki ☐ Hino ☐	Model: Toyota Altis 1.6A.
Exact Purpose for which vehicle was being used at time of accident:	Normal UsageV☐ Other ☐ (please specify):
Are you claiming under your own insurance policy for repair to your v	
Third Party If Liability Clearance UNSUCCESSFUL within 14 Da	ays, I will revert to Own Insurance Policy Claim
Vehicle Category: Private Car ☑ Commercial Vehicle □ O	Others 🗆
Histoletics Company	
Name of Insurance Company:	
1	nird Party Fire and/or Theft 🗆
Fleet Policy: Yes No No	Policy/Cover Note No: >10048799-0+
	TAILS AT POINT OF ACCIDENT
Name of Driver: S Arjun Kumar	NRIC/ Passport / FIN No: (9946849 I
Date Of Birth: 22/11/1999	Occupation: Indoor 🗘 Outdoor 🗆
Date Of Driving Pass: 20 1 20 18	Gender: Male₁☑ Female □
Mobile Number: +6581/14655 Fax No:	Alternative No:
Address: g. arjuncuma & gmonthern BIK 150 Meil	I'm Street #13-45 SHHHO Postal Code: 14150
Email Address: S. aymn Cumar Comail com	In John His Co.
	State relationship of the driver with the insured:
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	
Insurance Company of Driver's Own Vehicle (if applicable):	
GENERAL IN	FORMATION OF THE ACCIDENT
Type Of Accident: Chain Collision,	23.000.001.00000000000000000000000000000
	please state condition):
Road Surface: Wet □ Dry □ Others □ (If others, please state	
Was any body injured in the Accident? No ☑ Yes ☐	
	Yes 🗆
Was any foreign vehicle involved in this accident? No. Yes	
Number of vehicles involved in the accident:	☐ Vehicle No: Vehicle type:
Was there any witness? No ✓ Yes ☐ If yes, please furnish v	with an datatile and a late
Witness Name: Contact No.:	
	Email:
Was there any other vehicle or property damaged? No ☐ Yes	
Was there any video captured by Car Camera? No Yes	103 143
	es,please state which Police Station):
	yes,please state against whom):
I have been approached by unknown person(s) soliciting/offering ac	
	PASSENGER 1
Number of Passengers in the above vehicle (Including Driver): 2	/ If more than 2 Pax Please fill ANNEX B
Name: Jeremy Tan	Gender: Male ☑ Female □
	PERTY 1 (Please fill Annex A if more vehicles involved)
Vehicle Registration Number: SLM3518T	Vehicle Make/Model/Colour:
Details Of Properties Damage in Accident:	Vehicle Category:
Name of D. 1	0011
NRIC/Passport/FIN Number: 583214611	Contact Number:
00 32 1011	Contact Number,
Address:	Postal Code:

Nature Of Damage

Vehicle Registration Number: QX21047	THER VEHICLE PROPERTY 2 Volucie Make/Model/Colour:
Details Of Properties Damage in Accident	
Name of Driver:	
NRIC/Passport/fin Number:	Contact Number:
Address:	Postal Code:
Insurance Company Name:	
Nature Of Damage:	No. Of Passenger (Including Driver):
and the second s	OTHER VEHICLE PROPERTY 3
Vehicle Registration Number: SWN 2887S	Vehicle Make/Model/Colour:
Details Of Properties Damage in Accident:	
Name of Driver:	
NRIC/Passport/FIN Number:	Contact Number
Address:	Postal Code:
Insurance Company Name:	a things of the state of the st
Nature Of Damage:	No. Of Passenger (Including Driver):
	OTHER VEHICLE PROPERTY 4 Vehicle Make/Model/Colour:
Vehicle Registration Number:	Vehicle Makey Modely Colodi.
Details Of Properties Damage in Accident:	
Name of Driver:	Country I Murabary
NRIC/Passport/FIN Number:	Contact Number: Postal Code:
Address:	
Insurance Company Name:	No Of Passenger (Including Driver):
Nature Of Damage:	OTHER VEHICLE PROPERTY 5
Vehicle Registration Number:	Vehicle Make/Model/Colour:
Details Of Properties Damage in Accident:	
Name of Driver:	
NRIC/Passport/FIN Number:	Contact Number:
Address:	Postal Code:
Insurance Company Name:	
Nature Of Damage:	No. Of Passenger (Including Driver):
DETA	ILS OF INJURED PERSON 2
Name	Approximate Age:
Address:	Postal Code:
Injuries Sustained:	Injured person in which vehicle:
Were seat belt worn? Yes i ! No!:	Were injured conveyed to hospital by ambulance? Yes : 1 No 1 i
	TICKOL MUNICIPALIZATION AS A SECOND STREET OF THE S
Hame.	Approximate Age:
Address	Postal Code:
injuries Sustained:	liquited person in which vehicle:
Were sent belt worm? Yes 1 Holland 1999	Were injured conveyed to hospital by ambulance? Yes 1.1 Ho.)
(F) Hame	ATEROTANTIURED REERSONA Approximate Age
Address:	Postai Code
Injuries Sustamed:	Inland I person in which vehicle
Were sear belt wor a? Yes - I No.1.	Westeringuised conveyed to hospiral by ambulance? Yes! 'No!
Name	M(監 のEUVUURED PERGO)で 。 Ar proximate Age
Addiess:	Postel Code:

housed per on in which velocies

Were midred conveyed to hospital by ambulance? Yes . *

No

Injunice Sustances

Were seet belt worn? Yes : 1

Hol:

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 Actual Driver.
- 3. 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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' lawyers/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' 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.

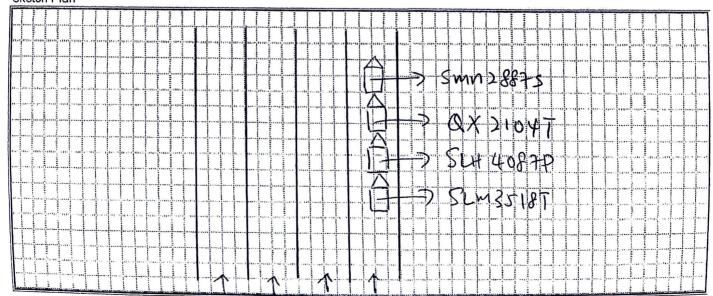
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Wer Tet

Sketch Plan



Refor to Police Report	
regar to Police Report	

Declaration

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







Report No. T/20220903/2048

1 of 4

Police Station Of Origin Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2022 12:52		fade:	Vide Report No.: E/20220902/0051	Station Diary No.: 13		
Informa	nt's Partice	ulars				
Name of	Informant: V KUMAR	has hable as an account of the same of the	Address:	EET #13-45 SINGAPORE 141150		
ID Type NRIC NO	/ ID No.: D / S99408	491	Contact No.: Home/Office:	Mobile: 81124655		
National SINGAP	ity: ORE CITIZ	:EN	Email:			
Sex: Male	Age: 22	Date of Birth: 23/11/1999	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name: SINGAPORE MANAGEMENT UNIVERISTY		
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Acciden			Mileton and American Company of the
Type of Accident	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 02/09/2022 10:55	Type of Location
Location: PAN-ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
Traffic Flow: Traffic Control:			Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head To	Side		nyone conveyed by nbulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
QX2104T	Car			de constante de la constante d		0
SLH4087P	Car	The state of the s	The second control of	2 (2nd 2) with many many many many many		0
SLM3518T	Car	intermedicular acceptation acceptation acceptation of the property of the second secon		and other state of the state of		0
SMN2887\$	Car			True activities and a second		



Report No. T/20220903/2048

Police Station Of Origin Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver	Paralle Commission Commission	WIRE ELECTION TO		34 PM 345 PM 1977
Name	S ARJUN KUMAR	Castle of the age of a	ID No.	S9940849I
Related Vehicle	SLH4087P (Car)		Contact No.	81124655
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di		scharge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		
		Page 13		
Name	ONG CHEE HAO		ID No.	S8321461I
Related Vehicle	SLM3518T (Car)		Contact No.	90252855
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disci		- Andrews
No. of Days grant	ed Medical Leave NIL	Degree of	Injury NIL	CONTROL OF THE PARTY OF THE PAR

Brief Details.

On 02/09/2022 at about 1055hrs, I was driving along PIE towards Changi before Kim Keat Link, I was driving behind a Police Car (QX2104T) and I could see that the Police car slowing down and stop. I also managed to stop behind the Police car. However, the car which was behind me (SLM3518T) did not stopped in time and collided into my car which made my car moved forward and hit into the Police car. I exited my car and exchanged details with the driver behind me. We also waited for arrival of Traffic Police. Our particulars were then taken by the Traffic Police.

Soon after, the Traffic Police officers requested the drivers of the 4 cars to follow him to the nearest carpark as we were causing a jam and to prevent any further accident. While we were making our way, as we were exiting PIE at the Kim Keat Link, I saw that the Police Car had moved out of the slip road and therefore I made a check for any incoming traffic. There was a motorcycle coming. Therefore, I stopped and out of a sudden I collided into the Police car which was in front of me. We exited the car to check if

The Traffic Police then advised us to proceed to the carpark. I have in car camera and the SD card was taken by Traffic Police.



Police Station Of Days Clement NPP 427 Clement Award (1981) 156 SINGAPORE 120422 Fel No. 1806-7759469



for and a triangle for the

COMMUNICATION OF REPORT





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Report No. T/20220903/2048

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

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:	Signature Of Informant:
SGT 3 MUHAMMAD SYAHMI BIN SENIN	4 .
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2022 12:52
Officer In Charge Of Case; TP / DDGVT /	Classification Of Case:
Contact No.:	
NP168	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	316D	
Vehicle Na.:	SLH4087P	
Vehicle to be Exported:	No	
Intended Deregistration Date:	08 Sep 2022	
Vehicle Make:	TOYOTA	
Vehicle Model:	COROLLA ALTIS 16 CVT	
Primary Colour:	Grey	
Manufacturing Year:	2016	
Engine No.:	1ZRX581847	
Chassis No.:	MR053REH104553141	
Maximum Power Output:	90.0 kW (120 bhp)	
Open Market Value:	\$19,990.00	
Original Registration Date:	02 Nov 2016	
First Registration Date:	02 Nov 2016	
Transfer Count:		
Actual ARF Paid:	\$19,990.00	
DADE EN 1974		
PARF Eligibility:		
PARF Eligibility Expiry Date:	01 Nov 2026	
PARF Rebate Amount:	\$13,993.00	
COE Expiry Date:	01 Nov 2026	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10 11 11 11 11 11 11 11 11 11 11 11 11 1	
QP Paid:	\$50,991.00	
COE Rebate Amount:	\$21,150.00	
Total Rebate Amount:	\$35,143.00	

The information contained herein is correct as at 08 Sep 2022

Toyota Corolla Altis 1.6A

Curb Weight (

1,205 kg

<u>Overview</u> Fina	ancial Accessories	Similar Research	Photos Map		
EDMUND MOTOR					
Price	\$62,800				
Depreciation ()	\$14,000 /yr View models with similar der	Reg Date pre	22-Jun-2016 (3yrs 9mths 13days COE left)		
Mileage	127,408 km (20.5k /yr)	Manufactured 🗇	2015		
Road Tax (7)	\$7 4 2 /yr	Transmission	Auto		
Dereg Value ()	\$32,157 as of today (change) omv	\$19,589		
COE(\$51,301 ¹	ARE ()	\$19,589		
Engine Cap	1,598 cc	Power	90.0 kW (120 bhp)		

No. of Owners