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CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

UEN NO. 53130985A

GST REGISTRATION NO. M90371275E

3019941100 - - -

50 Chin Swee Road

#05-03 Thong Chai Building

Singapore 169874

Telephone: (65) 6536 5456

Facsimile: (65) 6536 8706

Email: constance@cpaglar.com.sg

SERVICE OF COURT DOCUMENTS BY FACSIMILE WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: Your insured vehicle no. SKD 4645L;

Our Reference: CP/8112/20/PD(1A).wl;

29 JUN 2020

AXA INSURANCE PTE LTD

8 Shenton Way

#27-01

Singapore 068811

Attention: Motor Claims Department



“WITHOUT PREJUDICE”
BY HAND

AMAT BIN SURANI

Blk 406 Ang Mo Kio Avenue 10

#02-711

Singapore 560406

CERTIFICATE OF POSTING

{For your information only}

Dear Sir,

CLAIMANT : CHIA BACK CHOY

PROPERTY DAMAGE CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 13TH AUGUST 2019 INVOLVING MOTOR VEHICLES NO. JKL 9741 AND SKD 4645L ALONG BUKIT TIMAH ROAD AT ABOUT 1240 HOURS.

We act for CHIA BACK CHOY, who as the owner and driver of motor vehicle no. JKL 9741.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **13TH AUGUST 2019 ALONG BUKIT TIMAH ROAD AT ABOUT AT ABOUT 1240 HOURS** involving our client's vehicle registration number JKL 9741 and vehicle registration number SKD 4645L driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

01. Cost of Repair	S\$2,400.00
02. Loss of use (8 days @ S\$120.00 per day) (Including PRI & Weekend)	S\$ 960.00
03. Survey report fee	S\$ 358.00
03. GIA search/report & LTA search fees	S\$ 45.00 (Incl. GST)
04. Cost Contribution (at this stage)	S\$ 749.00 (Incl. GST)
05. Disbursements (at this stage)	<u>S\$ 107.00 (Incl. GST)</u>
Total :	S\$4,619.00
	=====

.../2

C PAGLAR & CO

Advocates & Solicitors

29 JUN 2020

Our Ref : CP/8112/20/PD(1A).wl

Date:

We enclose a copy of each of the following documents for your consideration:-

- (a) Traffic police report lodged by the driver of JKL 9741;
- (b) GIA report lodged by the driver of SKD 4645L;
- (c) GIA & LTA tax invoice;
- (d) Final Repair Bill dated 29th August 2019 from My Car Consultant Pte Ltd;
- (e) Surveyor's report ref no. WG/TP/2019-313 & tax invoice no. TP/MCC/2019-313 dated 29th August 2019 from M/s WG Appraisal Services;
- (f) 28 coloured photographs depicting the damages to motor vehicle no. JKL 9741;
- (g) Private Car Schedule of vehicle no. JKL 9741; and
- (h) Malaysia log card no. 5204585 of vehicle no. JKL 9741;

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

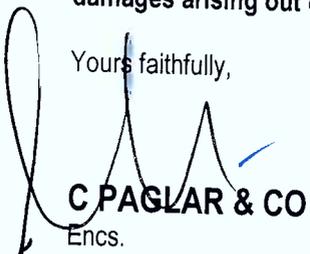
Please also note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Please note that this demand is made without prejudice to our client's right to claim for personal injury damages arising out of the same accident.

Yours faithfully,



C PAGLAR & CO
Encs.

Cc.- M/s 1 Accurate Auto

By Email



Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 14:06		Vide Report No.: J/20190813/0074		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: CHIA BACK CHOY			Address:		
ID Type / ID No.: FIN NO / F7547973P			Contact No.: Home/Office:		Mobile: 91698920
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 01/01/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANUFACTURING			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/08/2019 12:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD BUKIT TIMAH RD >> BUKIT TIMAH PLAZA/ UNDER OLDRAILWAY BRIDGE/ AFTER KING ALBERT PARK.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JKL9741	Car				Slightly Damaged	1
SKD4645L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

CONTINUATION OF REPORT

Driver			
Name	CHIA BACK CHOY	ID No.	F7547973P
Related Vehicle	JKL9741 (Car)	Contact No.	91698920
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13th of August 2019 at around 1240hrs, I was driving my vehicle bearing the registration plate number JKL9741 along Bukit Timah Road and headed towards Jalan Jurong Kechil. The traffic was heavy and I was at the left most lane. The cars were moving very slowly. Suddenly, I felt a bump from my rear. I got out to check and noticed that a car bearing SKD4645L had nudged my car slightly. The front left bumper of his vehicle had collided into the rear right bumper of my vehicle. There were slight scratches on both cars. It seemed that the other driver was trying to lane change into the lane I was in. I believe that the other driver had called the ambulance and they along with the police arrived shortly after reference to J/20190813/0074. No one was conveyed by the ambulance. My passenger and I were unhurt. I am lodging report for record and insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20190813/2077

Police Station Of Origin:
Bukit Timah NPP
1 Tch Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

3 of 3

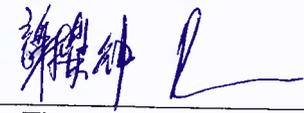
Report No. T/20190813/2077

CONTINUATION OF REPORT

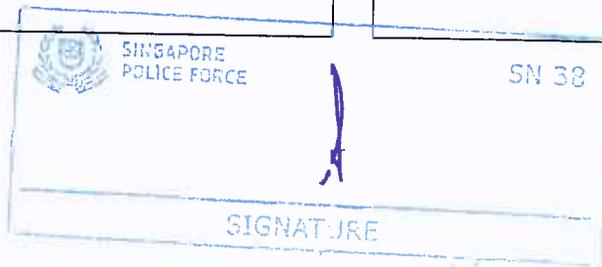
Sketch Plan

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: D / Sgt 2 NABIL FIKRI BIN ADNAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 14:06
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168



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 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. 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 Report	14/08/2019 12:01
Date Of Accident	13/08/2019 12:50
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4645L
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P2204317
Cover Note Number	
Driver	
Name of Driver	AMAT BIN SURANI
NRIC No	S1559018A
Address	BLK 406 ANG MO KIO AVENUE 10 #02-711 SINGAPORE

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	YES
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JKL9741
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF INJURED PERSON 1

Name AMAT BIN SURANI
Injured person in which vehicle? SKD4645L

Sketch Plan

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 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 :
 - (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.
- (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:
 - (i) 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's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

14/8/19
11am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Handwritten Signature]

Pomen

Sketch Plan #2

SKETCH PLAN

Vehicle
A - SKD 4645L
B - JKL9741

Legend
[Car icon] Vehicle
[Motorcycle icon] Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days time frame whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Please check your policy for more details.

Policyholder's Signature
Date & Time:

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

14/8/19
11am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

permen

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1. Date of accident: 13/8/19 Time: 1:50 2. Exact location of accident: Bukit Timah Road

To be signed by BOTH drivers
 3. Injuries even if slight: No Yes

4. Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5. Witness name, address and tel no. (to be undefined if he/she is passenger in vehicle A or vehicle B): _____

Vehicle Video Camera Available: No Yes

Registration No. (VEHICLE A): SKD4645L

6. Insured / policyholder (see insurance cert.):
 Name: Kent Auto Services
 Address: _____
 NRIC / Passport no.: S974332M
 Tel no. (from Singapore): _____
 HP: 97547573

7. Vehicle:
 Make, type: Toyota Estima Aeris 2.4

8. Insurance company: AXA C TPFT TPO
 Does the policy cover damage to vehicle A? No Yes
 Policy No.: P2204317

9. Driver: Not an Owner
 Name: Amat Bin Surani
 NRIC / Passport no.: S1559018A
 Class of licence: _____
 HP: 81971597
 Gender: Male Female

12. CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle
- Clear Collision
 - Carried into Bicycle
 - Collided into Motorcycle
 - Collided into Parked Vehicle
 - Collided into Pedestrian
 - Collided into Empty
 - Collision - Change/Cross Lane
 - Collision - Cross Junction
 - Collision - Head on Collision
 - Collision - Head to Head
 - Collision - Major/Minor Hit
 - Collision - Opening Door of Vehicle
 - Collision - Rear-end
 - Collision - U-Turn
 - Drink Driving / Drug Influence
 - Fire, Explosions or High Way
 - Frost
 - Hit and Run / Vanishing / Damaged whilst Parked
 - Hit by falling tree / Other Objects
 - No Collision
 - Not Safe
 - Theft

Registration No. (VEHICLE B): JKL974

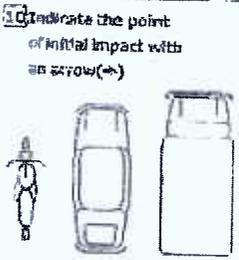
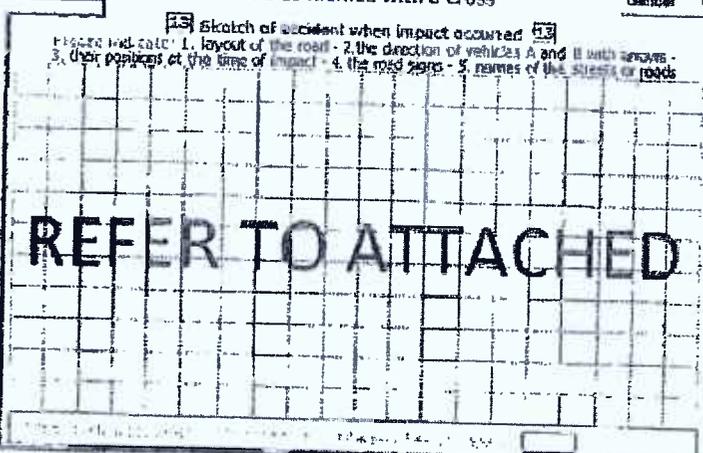
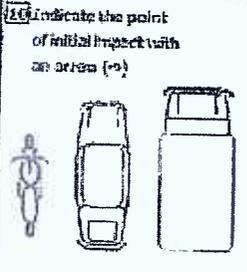
6. Insured / policyholder (see insurance cert.):
 Name: _____
 Address: _____
 NRIC / Passport no.: _____
 Tel no. (from Singapore): _____
 HP: _____

7. Vehicle:
 Make, type: _____

8. Insurance company: C TPFT TPO
 Does the policy cover damage to vehicle B? No Yes
 Policy No. (if available): _____

9. Driver (See driving licence) (if different from insured B above):
 Name: _____
 NRIC / Passport no.: _____
 Class of licence: _____
 HP: _____
 Gender: Male Female

State TOTAL number of boxes marked with a cross



14. Visible damage to vehicle A

15. My remarks

14. Visible damage to vehicle B

15. My remarks

16. Signatures of drivers

A: _____
 B: _____

In the event of repairs or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Subsequently, each driver should take one copy

For insured's (individual) Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II) Own Workshop Email / Fax (if any) kenkh530@gmail.com

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (if more than one, state all) _____ Email: _____								
	2 Vehicle registration no. _____ C.C. _____	If commercial vehicle, state permissible carrying capacity _____							
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner _____ State the vehicle number and name of insurer of driver's own vehicle (where applicable): _____								
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify _____								
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____								
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)								
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>								
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____								
	9 Full details of all driving convictions including pending prosecutions in the last 36 months								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Offence	Penalty					
Date	Offence	Penalty							
Injured persons	10 Name(s), address(es) and approximate age(s) _____ Injuries sustained _____ If vehicle occupants, state in which vehicle _____ Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____ Vehicle registration no or details of property _____ Nature of damage: _____ Insurer's name and address (if known) _____								
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____ TRAO								
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____								
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____								
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____								
	16 Speed of vehicles A _____ km/hr B _____ km/hr								
	17 What warnings were given by driver or other party? _____								
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>								
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____								
Declaration	20 If your vehicle is commercial, state weight of load carried at time of accident _____								
	21 State how accident happened, width of roads, speed (miles, etc) (Refer to attached) _____								
	22 State number of Passengers (including Driver) _____								
	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____								



SINGAPORE
POLICE FORCE



T/20190813/2156

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

1 of 3

Report No. T/20190813/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 18:17		Vide Report No.: J/20190813/0074		Station Diary No.:	
Informant's Particulars					
Name of Informant: AMAT BIN SURANI			Address: APT BLK 406 ANG MO KIO AVENUE 10 #02-711 SINGAPORE 560406		
ID Type / ID No.: NRIC NO / S1559018A			Contact No.:		Mobile: 81471598
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 20/01/1962	Type of Informant: Driver		
Race: Javanese		Language: Malay		Institution / School Name:	
Occupation: FULL-TIME GRAB DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/08/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD UNDER OLD RAILWAY BRIDGE AFTER KING ALBERT PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JKL9741	Car	TOYOTA		Green	Slightly Damaged	1
SKD4845L	Car	TOYOTA	ESTIMA	Silver	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20190813/2156

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

2 of 3

Report No. T/20190813/2156

CONTINUATION OF REPORT

Driver:			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	JKL9741 (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	AMAT BIN SURANI	ID No.	S1559018A
Related Vehicle	SKD4645L (Car)	Contact No.	81471598
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I am working as a full-time Grab driver. On 13/08/2019 at about 12.50pm, I was driving my car, SKL4645L silver Toyota Estima, travelling on the extreme left lane along Bukit Timah road towards Upper Bukit Timah Road. Upon approaching King's Albert Park, suddenly there was this Malaysia Toyota green car bearing registration number JKL9741, appeared from my left side. Immediately I slowed down my car and apparently the said Malaysian car did not slow down to give way but instead trying to squeeze through. At this juncture I then could hear scratching sound. I decided to pull over and upon making a check, I discovered scratches and dents found on the front left tyre rim as well as on the bumper. The said Malaysian car rear right portion has some dents and scratches. Two male subjects came out from the said Malaysian car. When I started to feel pain on my arms and rear part of my body, I then then decided to call for ambulance. Traffic Police and ambulance came shortly. All particulars were taken down by the Traffic Police officers. I decided to seek medical treatment at Mount Alvernia Hospital subsequently in the afternoon where I was given five days of Outpatient Sick Leave. I am lodging this Traffic Accident Report for insurance claim purpose. I wish to state that there is no vehicle in-car camera inside my car.



SINGAPORE
POLICE FORCE



T/20190813/2156

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

3 of 3

Report No. T/20190813/2156

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.

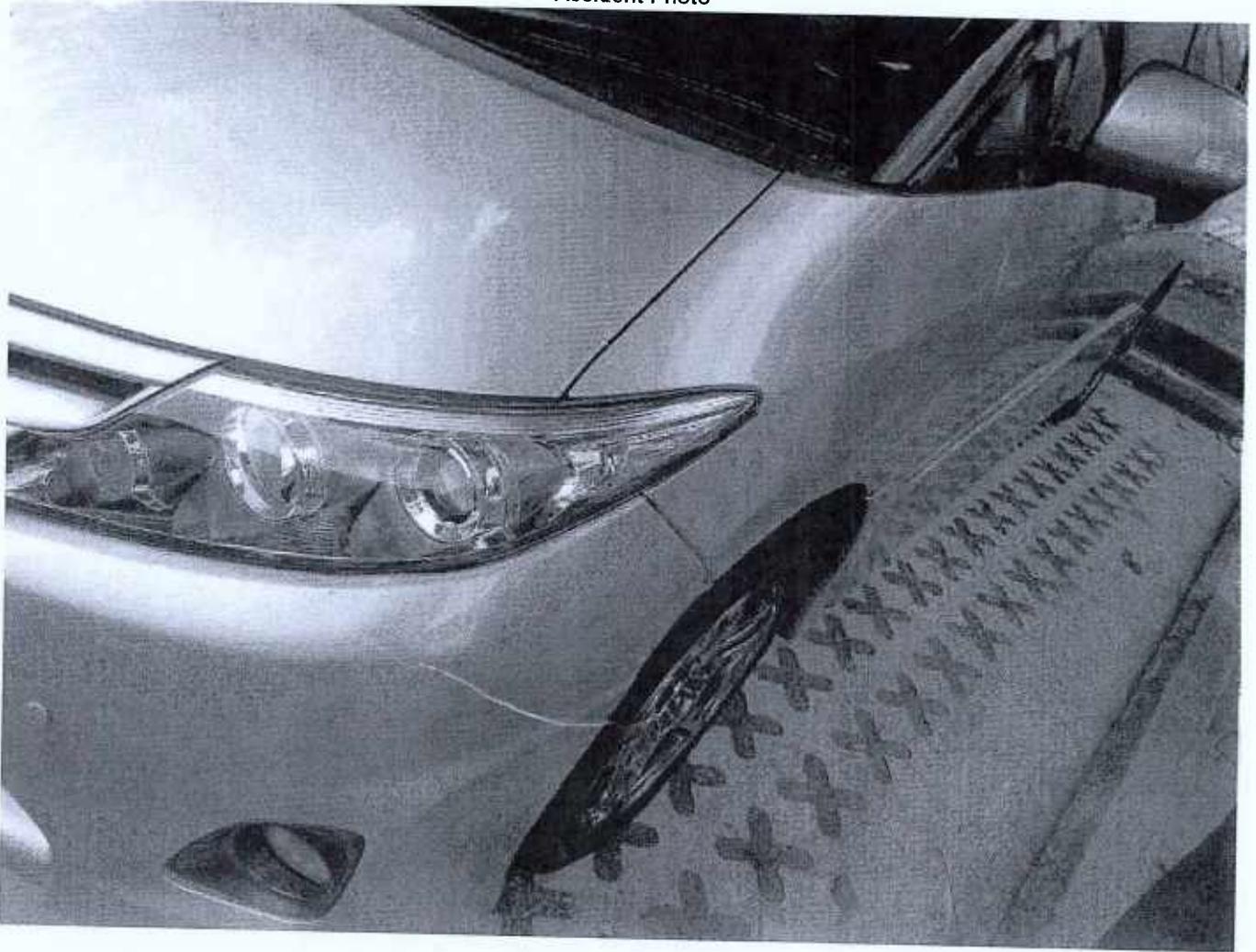
Signature Of Officer Recording The Report: E / Sr Staff Sgt ZAINAL ABIDIN BIN AMAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 18:17
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp NP168	

Accident Photo

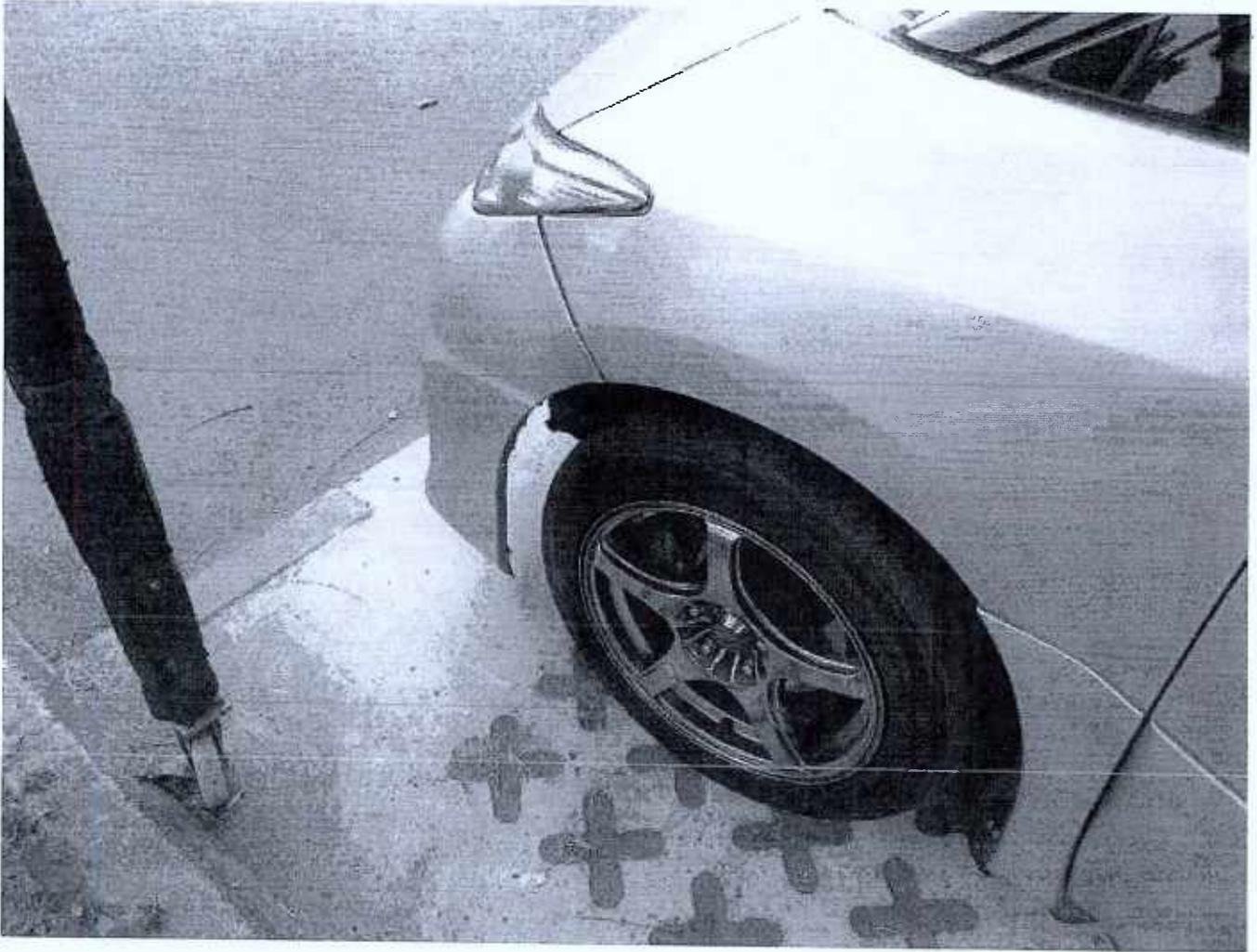


Page No. 10
Unable to disclose
NRIC / driving licence

Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-ACR50W-GRXSK
ENGINE 2AZ-FE 2362 mL
FRAME No. ACR50-0097706
COLOR TRIM PLANT OPTION
1F7 FC14 A22
TRANS/AXLE K112 -01A 575

Accident Photo



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Aug 2019 / 16:49:15

Receipt Date/Time : 20 Aug 2019 / 16:49:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190820-002677

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference****No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
--	---------------------------------	---------------------------------------

Result of Insurance Enquiry - SKD4645L

As at 13 Aug 2019/12:40:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SKD4645L

Enquiry Fee

20190820164839983817

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

Total Amount Payable

7.45

Paid By

xxxxxxxxxxx9904	Credit Card: Visa/MasterCard	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.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-20-034564

Date of Request: 27/02/2020

Your Ref No: CP/8112/20/PD (1A)- SF (WL)

C PAGLAR & CO
50 CHIN SWEE ROAD #05-03
THONG CHAI BUILDING
Singapore 169874

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 13/08/2019

Place of Accident: BT TIMAH RD

Foreign Vehicle No: JKL9741

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SKD4645L	BUKIT TIMAH ROAD	13/08/2019 12:50

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-034564
Date of Request: 27/02/2020

Your Ref No: CP/8112/20/PD (1A)- SF (WL)

C PAGLAR & CO
50 CHIN SWEE ROAD #05-03
THONG CHAI BUILDING
Singapore 169874

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 13/08/2019
Place of Accident: BT TIMAH RD
Foreign Vehicle No: JKL9741

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registratin No: M400017735

RECEIVED
28 FEB 2020

TAX NVOICE

BY:

Our Ref No: GR-20-034621
Date of Request: 27/02/2020

Your Ref No: CP/8112/20/PD (1A)- SF (WL)

C PAGLAR & CO
50 CHIN SWEE ROAD #05-03
THONG CHAI BUILDING
Singapore 169874

Dear Sir/Madam,

Date of Accident: 13/08/2019
Vehicle No: SKD4645L
Place of Accident: BUKIT TIMAH ROAD

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKD4645L	BUKIT TIMAH ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque

My Car Consultant Pte Ltd

53, Ubi Avenue 1, Paya Ubi Industrial Park
#01-33, Singapore 40934

HP:9888 8885 (Jeremy)

INVOICE

CHIA BACK CHOY	
----------------	--

Invoice No.	MYCAR/19/313
Our Ref.	JKL9741
Your Ref.	
Date	'29 August 2019

No.	Description	Qty	Unit Price	Total
1	To supply labour and materials to repair below mentioned vehicle to its pre-accident condition. Vehicle: <u>JKL9741</u> Make/Model: <u>TOYOTA/AVANZA</u> Acciden: Date: <u>13 August 2019</u>			
			Amount Due	\$2,400.00



Authorised Signatory

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224

Email: Winsongkk@hotmail.com Contact: 9747 0063

Company Register No. 53326249J

Our Ref: WG/TP/2019-313

Invoice No: TP/MCC/2019-313

Vehicle No: JKL9741

Attn: CHIA BACK CHOY

Company: MY CAR CONSULTANT PTE LTD

Address: 53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park . Singapore 408934

Date 29 August 2019

Invoice

Surveyor Fee:	S\$230
Re-inspection Fee:	S\$50
Transport:	S\$50
Photographs:	S\$28/- (@ \$1 per photo, total 28 photos)
Total:	S\$358

Surveyor:

Signature:

Date:


Winsong Goh
WG APPRAISAL SERVICES
29 AUGUST 2019

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : CHIA BACK CHOY
C/O MY CAR CONSULTANT PTE LTD
53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park
Singapore 408934

Date : 29 August 2019
Our Ref : WG/TP/2019-313

REFERENCE PARTICULARS

Date of Accident : 13 August 2019
Date of Inspection : 27 August 2019

Type of Inspection : Third Party Claim
Date of Re-Inspn : 27 August 2019

VEHICLE PARTICULARS

Registration No : JKL9741
Make : TOYOTA
Model : AVANZA
Year : 2007

Engine No : FM37300
Chassis No : PR2F601MC002537005
Odometer : 375671km
Colour : Green

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	<u>Make</u>	<u>Size</u>
Front Near side	: Goodyear	195/60R15
Front Off Side	: Goodyear	195/60R15
Rear Near Side	: Goodyear	195/60R15
Rear off Side	: Goodyear	195/60R15

<u>Thread Balance</u>
5 mm
5 mm
5 mm
5 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the rear right portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **S\$2,400.00** nett at lump sum basis. (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Five (05) working days.

Enclosed Twenty-eight (28) photographs depicting damage to the vehicle.

Inspection conducted at : MY CAR CONSULTANT PTE LTD
53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park . Singapore 408934

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

VEHICLE NO : JKL9741
 MODEL : AVANZA

Our Ref : WG/TP/2019-313

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS		QTY PC/SET	ASSESSED CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
1	REAR BUMPER	1	CRACKED	\$ 719.40	\$ 719.40
2	REAR BUMPER BRACKET	2	NECESSARY	\$ 120.30	\$ 120.30
3	REAR RH FENDER	1	REPAIR	\$ -	\$ -
4	REAR RH DOOR	1	REPAIR	\$ -	\$ -
				\$ 839.70	\$ 839.70
				Less 25%	\$ 209.92
				\$ 629.78	\$ 629.78
B) S/NETT ITEM					
5	REAR BUMPER LOWER GANRISH	1	CRACKED	\$ 800.00	\$ 700.00
6	REAR BUMPER CLIP	1 SET	NECESSARY	\$ 30.00	\$ 20.00
				\$ 830.00	\$ 720.00
Parts Total :				\$ 1,459.78	\$ 1,349.78
C) LABOUR CHARGES & MISC					
7	CHECK REAR WIRING AND LIGHTNING SYSTEM			\$ 60.00	\$ 50.00
8	REMOVE AND REFIT REAR REVERSE SENSOR			\$ 120.00	\$ 100.00
9	PANEL BEATING ON AFFECTED AREAS			\$ 600.00	\$ 500.00
10	SPRAY PAINTING ON AFFECTED AREAS			\$ 1,000.00	\$ 900.00
11	APPLY ANTI RUST ON AFFECTED AREAS			\$ 120.00	\$ 100.00
Labour Total :				\$ 1,900.00	\$ 1,650.00
Total Parts and Laboure :				\$ 3,359.78	\$ 2,999.78
FINAL LUMP SUM ADJUSTMENT					\$ 2,400.00

POINT OF IMPACT

The impact was confined to the rear portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

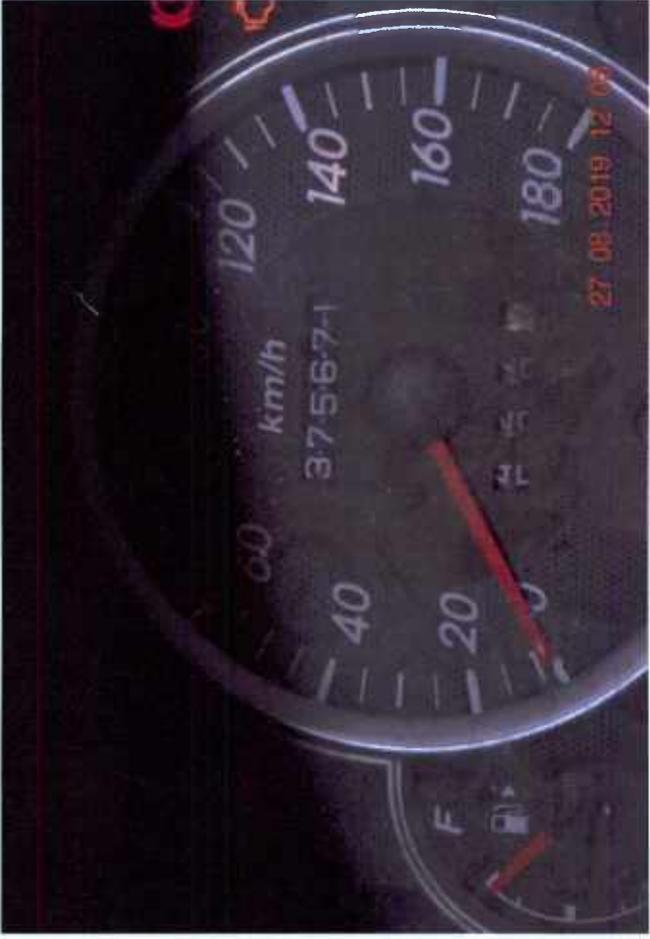
CONCLUSION

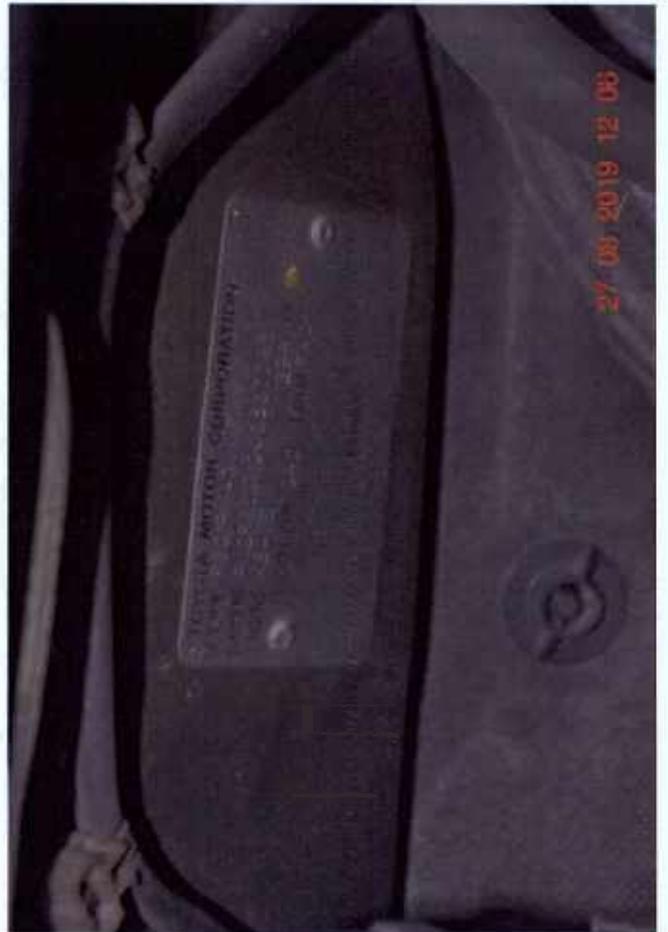
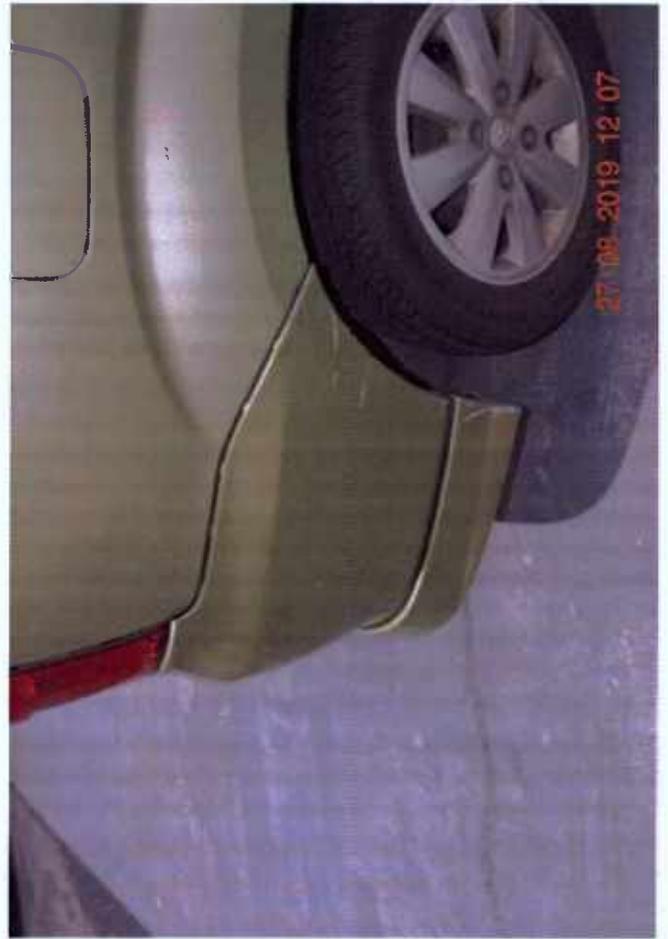
The repairer has agreed to undertake repair the vehicle at a lump sum basis of **\$2,400.00 nett** corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

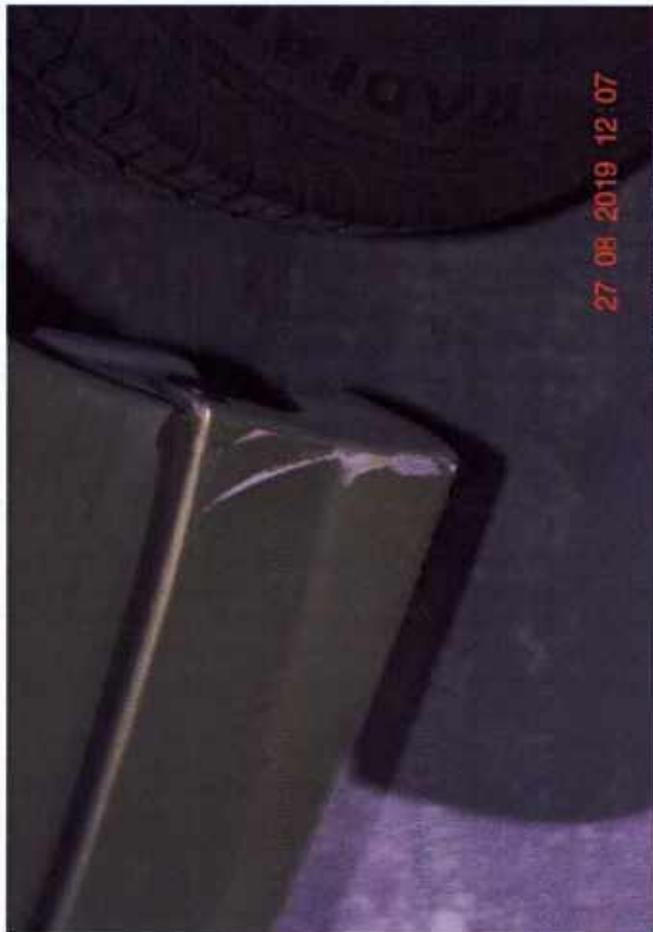
Yours faithfully
WG APPRAISAL SERVICES

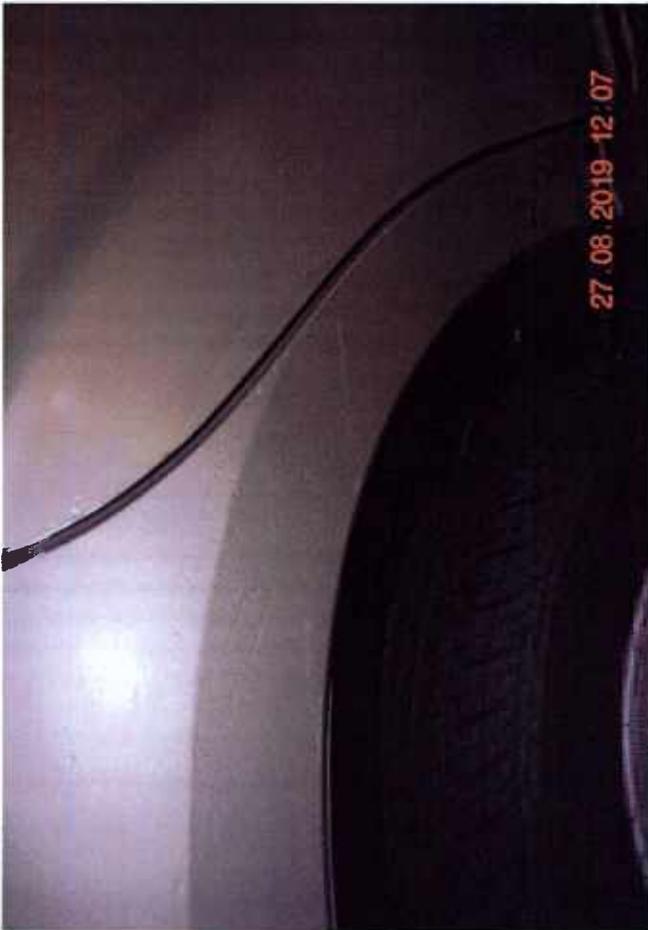
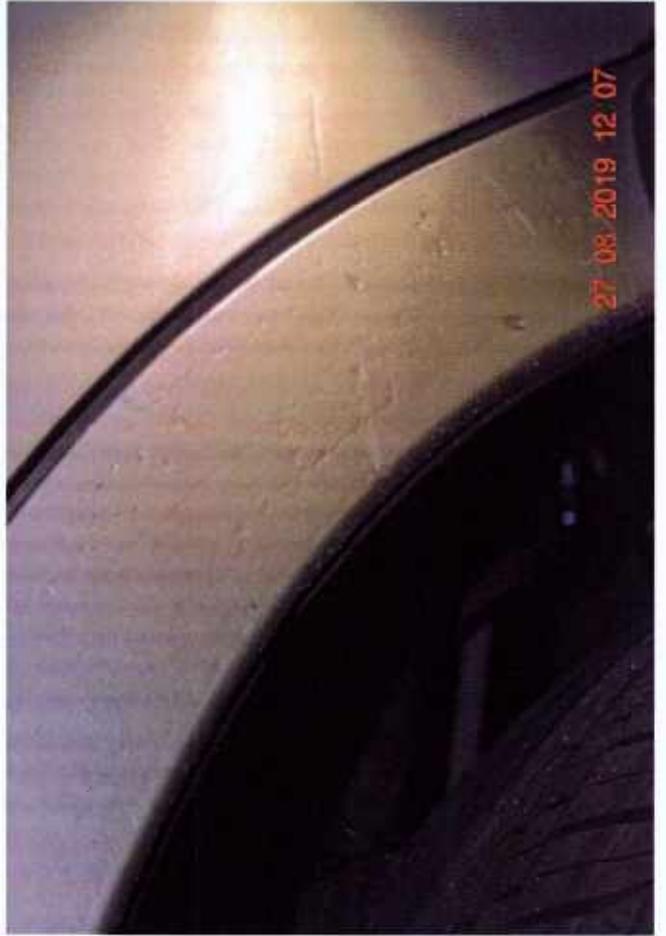


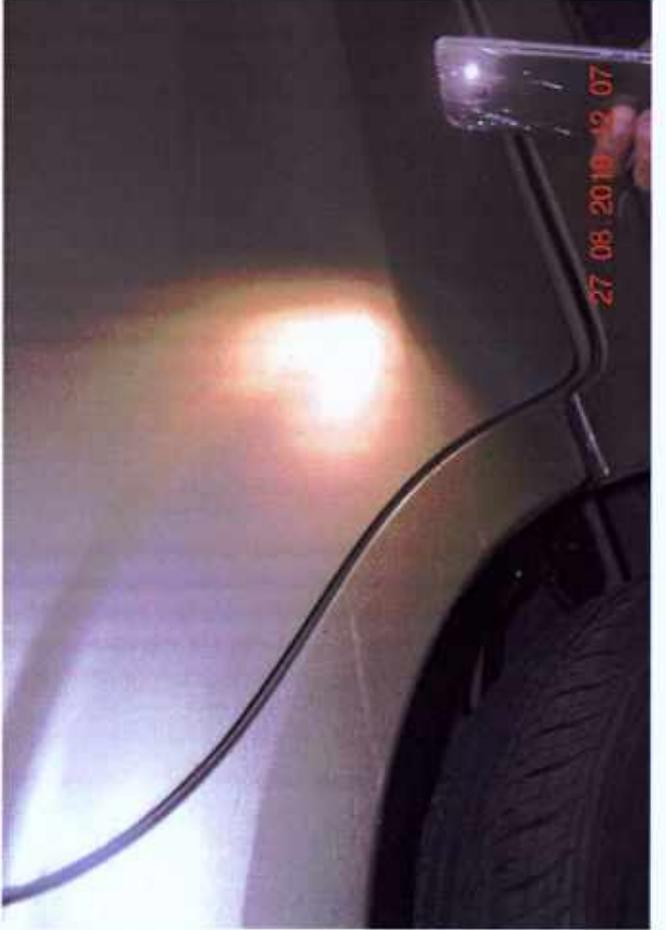
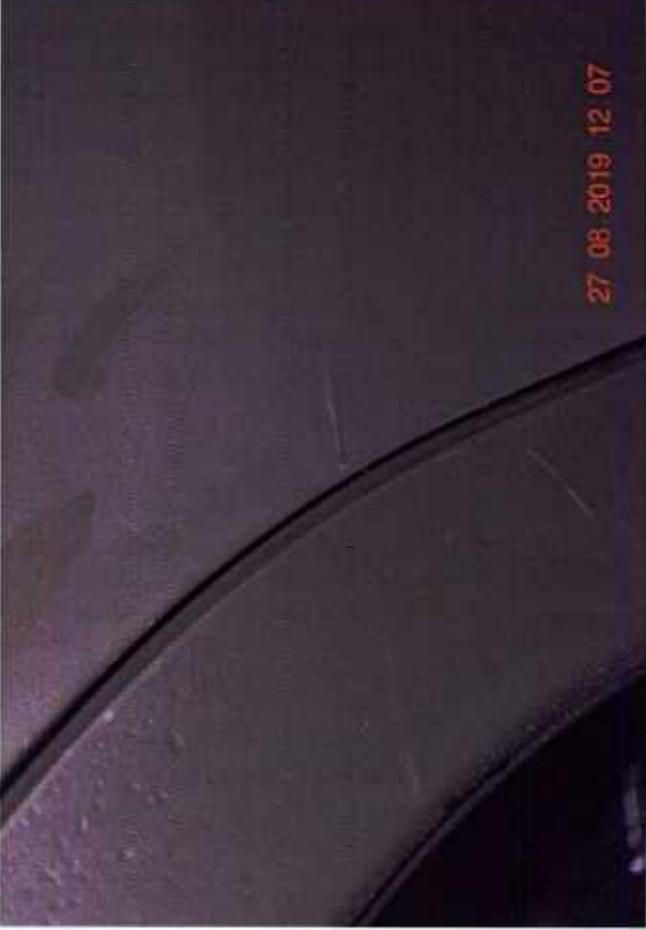
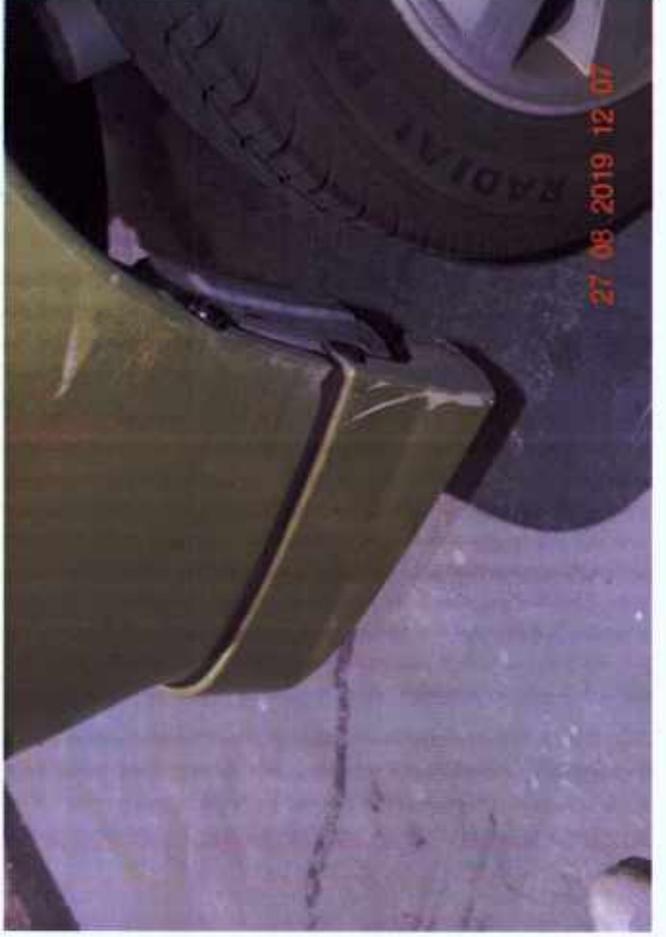
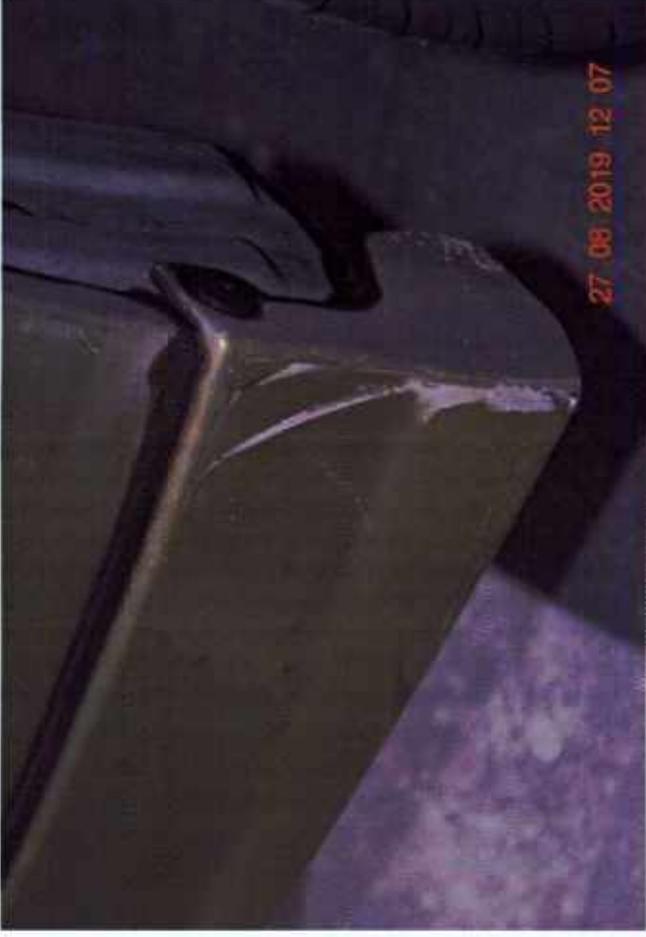
Winson Goh
Automotive Appraiser

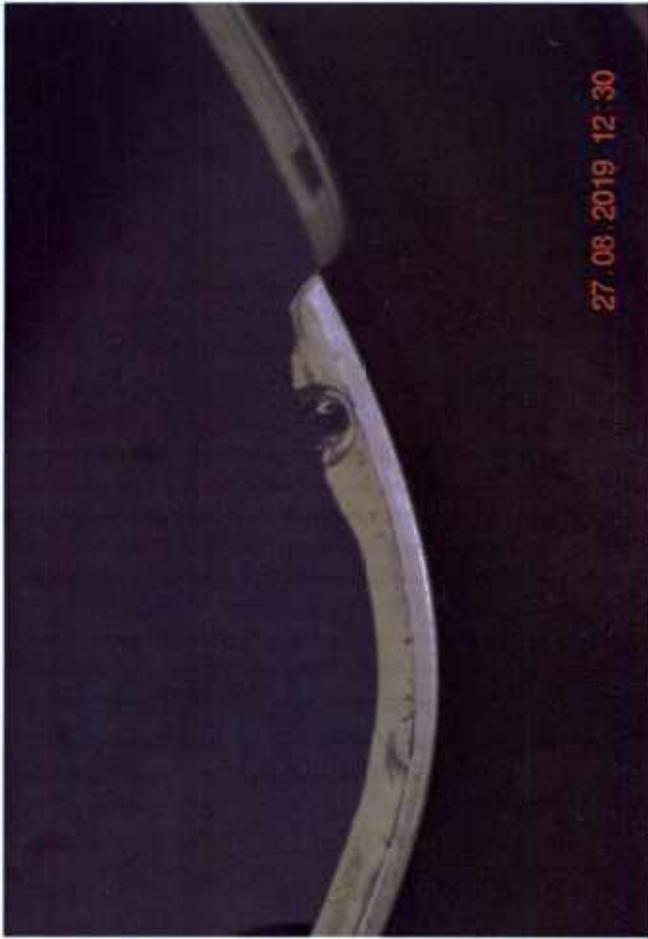


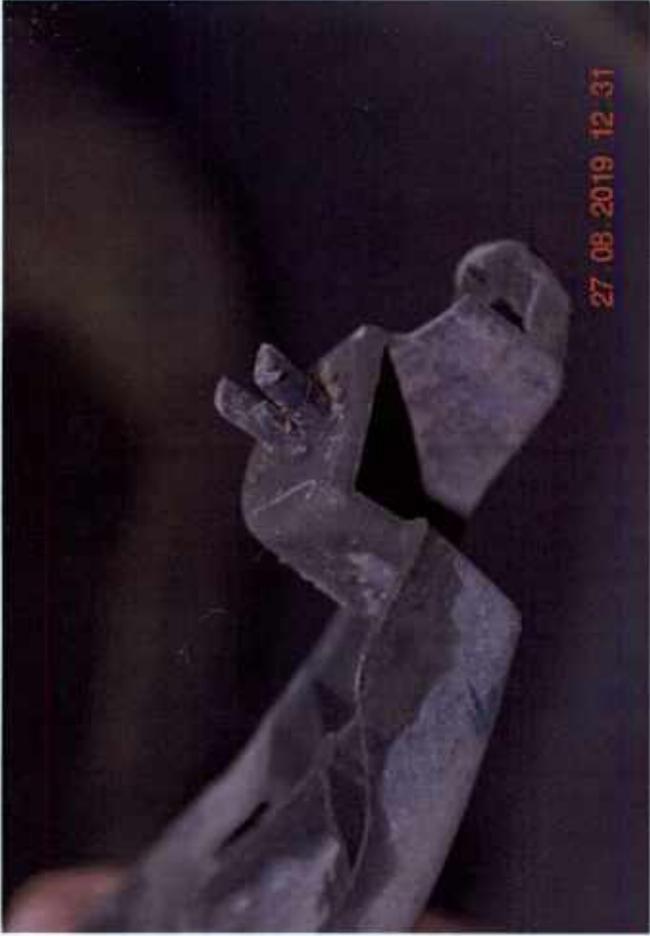














DICKSON

STAMP DUTY PAID

UW-PW-S009(E)(MT)
REV: B
RTD Code:08
PRIVATE CAR EX GOODS
M.X.1

Please call KAA Toll Free 1-800-88-3833 for breakdown or accident assistance"

PRIVATE CAR SCHEDULE / JADUAL KERETA PERSENDIRIAN

The Insured / Pemegang Polisi CHIA BACK CHOY		Policy No. / No. Polisi JVD6307599 01-01	
12 JALAN PENDEKAR 19 TMN UNGKU TUN AMINAH 82000 PONTIAN JOHOR 82000 PONTIAN		Account No. / No. Akaun 795600-00	
Occupation / Pekerjaan OTHERS		Type of Cover / Jenis Perlindungan COMPREHENSIVE	
I.C. No. / No. Kad Pengenalan 770101106287		Period of Insurance / Tempoh Insurans From / Dari 00:00:01 AM 23-12-2018 To / Hingga 22-12-2019	
Hire Purchase Owner / Pemilik Sewa Beli -		Premium / Premium All Rider / Semua Penunggang RM 927.12	
Make & Type of Body / Buatan & Jenis Badan TOYOTA AVANZA 1.3E (M) / 4D WAGON		NCD / Diskaun Tanpa Tuntutan 30.00% Wef / Berkuatkuasa dari 23-12-2018 278.14	
Registration No. / No. Pendaftaran JKL9741		Optional Cover Legal Liability Of Passengers / Liabiliti Penumpang Di Sisi Undang-Undang Kerana Perbuatan Cui 7.50	
Excess / Lebihan 0.00		Legal Liability To Passengers / Liabiliti Dari Segi Undang-Undang Kepada Penumpang 50.15	
Regn. Card No. / No. Kad Pendaftaran A5204585		Gross Premium / Premium Kasar 706.63	
Carrying or Seating Capacity Incl. Driver / Muatan Tempat Duduk Termasuk Pemandu 7		Service Tax / Cukai Perkhidmatan 6% Stamp Duty / Duti Setem 10.00	
Tonnage / C.C./ Watt Tan / Keupayaan Enjin 1298.00 CC		Sum Insured / Jumlah Diinsuranskan (RM) 20,000.00 (Agreed Value)	
Year of Manufacture / Tahun Diperbuat 2007		Endorsement 87 (Agreed Value) will not apply in the event any changes to the sum insured is made after policy inception	
Engine/Motor No. / No. Enjin/Motor PM37300		<p align="center">SYARIKAT PERNIAGAAN TONG HUAT 東發貿易 JM 0071905-K NO. 40, BATU 36, JALAN JOHOR, 82000 PONTIAN, JOHOR. TEL : 07-6879758 FAX : 07-6879851 H/P : 012-7931683</p>	
Chassis No. / No. Casis PN2F601M002537085			
Trailer / Treler -		Total Due / Jumlah Berbayar RM 759.03	
Only The Extensions, Endorsement And / Or Warranties Indicated Below Apply To This Policy. / Hanya Lanjutan, Endorsemen dan / atau Warranti seperimana yang dinyatakan di bawah ini boleh diguna pakai dalam polisi ini. 2, 100, 72, 87 (AGREED VALUE)		Total Due (OTC) / Jumlah Berbayar Di Kaunter RM 759.05	
Subject to IMPORTANT NOTICE: Your duty as the Owner of the vehicle as attached. Named Driver / Pemandu Yang Dinamakan THE POLICYHOLDER			
Geographical Area : Malaysia , Republic of Singapore and Negara Brunei Darussalam. / Kawasan Geografi : Malaysia, Republik Singapura dan Negara Brunei Darussalam. Limitations as to Use / Authorised Driver : As described in the Certificate of Insurance. / Had Penggunaan / Pemandu Yang Diberi Kuasa : Seperti yang tercatat dalam Sijil Insurans.			
Replacing Cover Note No. / Gantian No. Nota Perlindungan V7207640		Issued By / Dikeluarkan Oleh : SYARIKAT PERNIAGAAN TONG HUAT NO. 40, BT 36 JALAN JOHOR 82000 PONTIAN JOHOR DARUL TADZIM Tel : 0076879758 Fax : 0076865233	
Renewal of Policy No. / Pembaharuan No. Polisi 04-12-2018		For / untuk AmGeneral Insurance Berhad	
Date of Proposal or Declaration / Tarikh Cadangan atau Pengisytiharan		<p align="center"><i>AmGeneral Insurance</i></p> <p align="center">Authorised Signature / Tandatangan Yang Diberi Kuasa</p>	
Date of Issue / Time / Tarikh Dikeuarkan / Waktu 04-12-2018 11:29:38 AM			
Note: / Nota: No refund of premium for any cancellation of policy if premium is charged on minimum premium / Tiada bayaran balik premium begi sebarang pembatalan polisi sekiranya premium yang dikenakan adalah premium minima. 11JVPMPN771238-1			

PERFECT RIDER PLUS SCHEDULE

 Policy Schedule attaching to and forming part of the e-Policy / *Jadual Polisi yang disertakan adalah sebahagian daripada e-Polisi.*

Name and Address of Insured / Nama dan Alamat Pihak Diinsuranskan CHIA BACK CHOY 12 JALAN PENDEKAR 19 TMN UNGKU TUN AMINAH 82000 PONTIAN JOHOR 82000 PONTIAN		e-Policy No. <i>No. e-Polisi</i>	JGC2109209
		Period of Insurance <i>Tempoh Insurans</i>	From 00:00:01 AM 23-12-2018 To 22-12-2019
		Agent Code <i>Kod Ejen</i>	795600-00
		Name of Nominated Driver <i>Nama Pemandu yang Dinamakan</i>	Gross Premium <i>Premium Kasar</i>
Postcode / Poskod	82000 PONTIAN	6.00 % Service Tax <i>6.00 % Cukai Perkhidmatan</i>	RM 4.98
IC or Business Registration <i>No KP atau No Pendaftaran Pemiagaan</i> 770101106287	Occupation / Business <i>Pekerjaan / Perniagaan</i> OTHERS	Stamp Duty <i>Duti Setem</i>	RM 10.00
		Total Payable <i>Jumlah Berbayar</i>	RM 98.00
		Total Payable (OTC) <i>Jumlah Berbayar Di Kaunter</i>	RM 98.00
Table of Benefits / Jadual Faedah (RM)			
Benefit Item / Perkara	BENEFITS / FAEDAH-FAEDAH Policies effective on 1st January 2017 onwards are entitled to 50% increase in sum insured for Accidental Death & Permanent Disablement.	PLAN / PELAN 88 SUM INSURED / JUMLAH DIINSURANSKAN	
1	Accidental Death (per person) / <i>Kematian Akibat Kemalangan (setiap orang)</i>		RM 10,000.00
2	Permanent Disablement (per person) / <i>Hilang Upaya Kekal (setiap orang)</i>		RM 10,000.00
3	a) Medical Expenses (per person) / <i>Perbelanjaan Perubatan (setiap orang)</i> b) Corrective Dental and/or Cosmetic Surgery (per person) / <i>Pembedahan Pembetulan Gigi dan/atau Pembedahan Kosmetik (setiap orang)</i> c) Ambulance Fees (per person) / <i>Yuran Ambulan (setiap orang)</i>		RM 1,500.00 per accident / <i>setiap kemalangan</i>
4	Hospital Income (per person, up to maximum 60 days per year) / <i>Pendapatan Hospital (sehingga maksimum 60 hari setiap tahun setiap orang)</i>		RM 30.00 per day / <i>sehari</i>
5	Bereavement Allowance (per person) / <i>Elaun Pengkebumian (setiap orang)</i> Sum Insured doubled if Insured suffers death due to Ebola, SARS, Japanese Encephalitis, Chikungunya, Malaria and Dengue. / <i>Jumlah Diinsuranskan berganda jika Pihak Diinsuranskan meninggal dunia akibat Ebola, SARS, Ensefalitis Jepun, Chikungunya, Malaria dan Dengue</i>		RM 750.00
6	Compassionate Flood Expenses (any one incident / any one period of insurance) / <i>Perbelanjaan Ehsan Akibat Banjir (setiap kejadian / setiap tempoh insurans)</i>		RM 1,500.00
7	Outstanding Credit Card Balance (applicable for Insured only, up to maximum) / <i>Baki Kad Kredit Tertunggak (untuk Pihak Diinsuranskan sahaja, sehingga maksimum)</i>		RM 300.00
8	Double Indemnity During A National Public Holiday in Malaysia (per person) / <i>Indemniti Berganda Ketika Cuti Umum Seluruh Malaysia (setiap orang)</i>		RM 20,000.00
9	Vehicle Breakdown Assistance and Towing Service Within Malaysia (per incident) - Including Unlimited Toll Charges / <i>Perkhidmatan Bantuan Kerosakan Kenderaan dan Perkhidmatan Tunda Di Dalam Malaysia (setiap kejadian)</i> - Termasuk Caj Tol Tanpa Had		Up to 600 km roundtrip / <i>Sehingga 600 km pergi balik</i>
10	Car Replacement Expenses (up to RM150 per day, maximum per incident) / <i>Perbelanjaan Gantian Kereta (sehingga RM150 sehari, maksimum setiap kejadian)</i>		RM 450.00

JABATAN PENGANGKUTAN JALAN MALAYSIA

PERAKUAN PENDAFTARAN KENDERAAN



NO. PENDAFTARAN: JKLS 741

No. Siri A 5204585

Name Pemunya Berdaftar	ROJANAH BINTI ABDU TALIB	680004010458 (MAL)
Alamat	NO 1708 D BEREK BOMBA 82000 PONTIAN JOHOR D.T.	
No. Enjin	2A27200	B.D.M/B.G.K
No. Casis	ENERGOMG00007005	B.T.T.
Buatan	TOYOTA	Berat Kerb
Nama Model	TOYOTA AVENTA 1.3E H/T	B.T.M.
Keupayaan Enjin	1700 C.C	B.G.1
Bahan Bakar	PETROL	B.G.2
Warna	HIJAU	B.G.3
Kelas Kegunaan	KATEGORI MOTORAK INDIVIDU	B.G.4
Jenis Badan	MOTORAK MELDAGAI UTILITI	B.G.5
Tahun Dibuat	2007	B.G.6
Tarikh Pendaftaran	15/07/2008	B.G.7
Status Pemunya	PERSEORANGAN	B.G.8
Muatan Tempat Duduk		B.G.9
Kadar Lesen		B.G.10
Kenderaan Motor	6 bulan 12 bulan	B.G.11
	R135.00 R170.00	B.G.12

Tandatangan Pemunya Berdaftar

Perakuan Pendaftaran ini dikeluarkan
oleh Pengarah JPJ Negeri JPJ SARAWAK DATU PAHAT

UNTUK KEGUNAAN PEJABAT

PERAKUAN TERPATAH
KADALAM DITUNTUT JAJAN MALAYSIA BARKING BERHAD NO SIRI SURAT 40020000

NOTA PENTING

- Simpan perakuan ini di tempat yang selamat. Jika perakuan ini hilang, anda dikehendaki melaporkan kepada balai polis dengan segera dan memohon salinar perakuan pendaftaran daripada Pengarah Jabatan Pengangkutan Jalan (JPJ).
- Semak butir-butir kenderaan di muka ini dan laporkan dengan segera kepada Pengarah JPJ jika terdapat sebarang perubahan.
- Lesen kenderaan motor yang sah hendaklah sentiasa dipamerkan. Anda boleh membaharu lesen 60 hari sebelum tempohnya tamat.
- Anda dikehendaki melaporkan secara bertulis dengan segera kepada Pengarah JPJ sekiranya kenderaan anda tidak berlesen.
- Jika anda menjual kenderaan, serahkan perakuan pendaftaran ini kepada pembeli. Anda dan pembeli dikehendaki mengisi dan mengemukakan borang JPJK3/JPJK3A kepada Pengarah JPJ dalam tempoh tujuh hari dari tarikh penjualan itu.
- Pemunya berdaftar kenderaan adalah bertanggungjawab di atas segala urusan berkaitan dengan kenderaan sehingga pertukaran milikan telah disempurnakan dan kenderaan telah didaftarkan dengan nama pemilik baru.
- Jika alamat anda bertukar, kemukakan perakuan pendaftaran ini kepada Pengarah JPJ dalam tempoh tujuh hari dari tarikh pertukaran itu.