

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Nov 2022 / 17:51:59

Receipt Date/Time : 04 Nov 2022 / 17:51:59

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221104-003371

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 - SHD6741P				
As at 04 Nov 2022/14:40:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD6741P Enquiry Fee 20221104175102621696	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				
	20221104175111272	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.

J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,
Defu Industrial Park C, Singapore 539186
Tel : 6343-0934 Fax : 6343-0921
Email : jmartauto@gmail.com
Registration No: 201400246D
GST Reg. No: 201400246D

RE : estimate cost for vehicle no : SBW 91S

Bal brought forward:	\$	32,966.11
less 10%		<u>3,296.61</u>
		29,669.50
1 pc rear no plate		40.00 snett
Panel beating.		1,600.00
Spray painting.		1,600.00
Wiring.		30.00
Rust proofing.		<u>100.00</u>
		33,039.50
	Plus 7% GST	<u>2,313.76</u>
		<u>35,353.26</u>

SD : Thirty-five thousand three hundred fifty-three & cents twenty-six only.

J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,
Defu Industrial Park C, Singapore 539186
Tel : 6343-0934 Fax : 6343-0921
Email : jmartauto@gmail.com
Registration No: 201400246D
GST Reg. No: 201400246D

7-Nov-22

Our ref : TP/5187/22

Tan Chee Heng Brandon

RE : estimate cost for vehicle no : SBW 91S

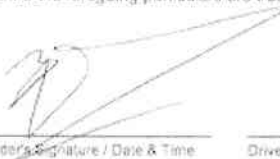
1 pc	bootlid	\$	3,610.00
1 pc	logo emblem		178.00
1 pc	CLS 350 emblem		98.00
1 pc	CC		568.00
1 pc	9 G Tronic emblem		98.60
1 pc	bootlid lock		445.00
1 pc	bootlid w/strip		232.00
2 pcs	bootlid reflector		1,096.00
2 pcs	bootlid hinges		626.00
2 pcss	bootlid stopper		130.00
1 pc	camera		1,770.31
1 pc	bootlid inner trim		762.00
2 pcs	taillamp		1,868.00
2 pcs	taillamp inner garnish		120.00
1 pc	rear bumper		2,450.00
2 pcs	rear bumper retainer		190.00
2 pcs	rear bumper centre holder		190.00
2 pcs	rear bumper holder rh lh		172.00
2 pcs	rear bumper reflector		220.00
2 pcs	rear no plate lamp		220.00
6 pcs	rear bumper reverse sensor		1,782.00
1 pc	rear bumper lower spoiler		910.00
1 pc	rear bumper lower spoiler outer chrome		417.00
1 pc	rear bumper reinforcement		950.00
2 pcs	exhaust pipe chrome		870.00
1 pc	rear bumper inner holder		165.00
1 pc	end panel		2,630.00
1 pc	end panel inner garnish		971.25
1 pc	spare tyre cardboard		1,068.00
2 pcs	blind spoit exit		3,343.20
1 pc	rear lh fender		3,683.35
1 pc	bootlid convenient feature		564.20
1 pc	bootlid outer handle		568.20
			<hr/>
			32,966.11

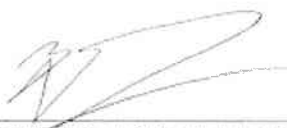
Describe Circumstance of the Accident

Both Veh A & Veh C was parked stationary inside the parking lot. Suddenly veh B hit onto the rear ch of veh C & due to the strong impact, veh C moved forward & hit the rear of my car.

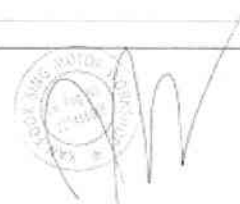
Declaration

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


Policyholder's Signature / Date & Time


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

4/11/2022 @ 7:30 hr


Witnessed by Reporting Centre Personnel

(Name as in NRICID card)

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 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 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.

B. 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

Sketch Plan

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

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

4/11/2022 @ 17:30h

DOA: 4/11/22

A: SBW 91 S

B: SHD 6741 P

C: SNF 7340A

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNF7340A
Vehicle Manufacturer	-
Vehicle Model	-
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)	0

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6741P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Date Of Driving Pass	17/02/1993
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96866011
Alt. Phone Number	-
Email Address	brandontanch@yahoo.com
Address	203 SERANGOON CENTRAL #11-74 (S) 550203
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6741P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-



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 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 Submission	04/11/2022 17:54 (SGT)
Reported by	Both
Date of Accident	04/11/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LENG KEE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW91S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHEE HENG BRANDON
NRIC No	S7242457C
Email Address	brandontanch@yahoo.com
Mobile Phone No	(Phone) +65-96866011
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	CLS350 COUPE (R19 LED SR)
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000570833-01

DRIVER

Name of Driver	TAN CHEE HENG BRANDON
NRIC No	S7242457C
Date Of Birth	12/11/1972
Occupation	Indoor

