Type: MCDI M.Cycle / Bus / Ven / Lorry / Tax / Prime Mover / Truck / Trailer or Make: Teyer AMS c. 1598 Colour, Red AC: Insured / Stid / MI / NA Sp. Reading 11351 T/Radio: Insured / Stid / MI / NA Eng/No: Cono: VIRCES KDH CASSES Cono: Soud (a) / Poor / Burnt or Steering: Inoges / Jammed / Leaked / Burnt or Brake: Inoges / Jammed / Leaked / Burnt or Modi: Nil / Skiph (STD A/Rim or Tyre Size: F: 186/6/8/8 Policy Condition)		522011525/Ldy5
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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID: **Vehicle Details**

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 09 Nov 2022

Singapore NRIC

722D

SLK9725H

09 Nov 2022

TOYOTA

COROLLA ALTIS 1.6 CVT

Red

2016

1ZRY324942

MR053REH104556087

90.0 kW (120 bhp)

\$19,990.00 09 Feb 2017

09 Feb 2017

1

\$19,990.00

Yes

08 Feb 2027

\$13,993.00

08 Feb 2027

A - Car up to 1600cc & 97kW (130bhp)

10

\$50.889.00

\$21,625.00

\$35,618.00

OK



Main Office: Mova Building No. 22, Jalan Kilang, Singapore 159419 fel: (65) 6476 3333 Fax: (65) 6271 5891 www.mova.com.sg

Workshop Dept: Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

ESTIMATE

SOMPO INSURANCE (S) PTE LTD

50 Raffles Place

#05-01/06 Singapore Land Tower

Singapore 048623.

Page

SLK9725H Veh No ;

Model

TOYOTA ALTIS

DOA : 8-Nov-22

Incharge:

BILLY

CD0032 Code

No	Description	Qty	L	1.Price		Amt \$
	BOOT LID / DD	1	\$	755.00	\$	755.00
1 2	BOOT LID / 29 BOOT LID HINGE RH & LH X	1 2	\$	68.00	\$	136.00
3	BOOTLID LOGO / M(1	\$	48.00	\$	48.00
4	BOOT LID EMBLEM - COROLLA - 11th	1	\$	45.00	\$	45.00
5	BOOT LID EMBLEM - ALTIS / MI	1	\$	45.00	\$	45.00
6	BOOT LID CHROME MOULDING X	1	\$	233.70	\$	233.70
7	BOOT LID REFLECTOR RH & LH / (M	2	\$	158.00	\$	316.00
8	BOOT LID LOCK	1	\$	382.50	\$	382.50
9	BOOT LID WEATHERSTRIP / Th	1	\$	185.00	\$	185.00
10	TAILLAMP ASSY RH & LH / JR	2	\$	395.00	\$	790.00
11	TAILLAMP PANEL RH & LH (REPAIR) XP	2	•		\$	-
12	REAR END PANEL / 00	1	\$	590.00	\$	590.00
13	REAR END PANEL TOP GARNISH / CRY	1	\$	240.00	\$	240.00
14	SPARE WHEEL PANEL (REPAIR) X R	1			\$	-
15	BOOT LID KEYLESS / OR	1	\$	175.00	\$	175.00
16	REAR BUMPER / BR	1	\$	450.00	\$	450.00
17	REAR BUMPER REINFORCEMENT / DO	1	\$	299.10	\$	299.10
18	REAR BUMPER BRACKET RH & LH - 198	2	\$	65.00	\$	130.00
19	REAR BUMPER RETAINER RH & LH X	2	\$	95.00	\$	190.00
20	REAR BUMPER CLIPS / 114	10	\$	5.00	\$	50.00
	LIST TOTAL S\$				\$	5,060.30
	30% DISCOUNT S\$				\$	1,518.09
					\$	3,542.21
	SPECIAL NET ITEMS: REVERSE SENSOR			200.00	¢	200.00
1	REVERSE SENSOR / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	Þ	200.00	\$	200.00



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Biock 1008, Bukit Merah Lane 3, 800.491-04/06/08/94 Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

1.000 000 198904033G M2-0088864-2

16SY Heg. M2-008886

\$ 60.00 /

£ 60.00 7*a*

\$ 60.00 30

\$ 60.00 \$ 1,980.00

\$ 5,722.21 \$ 400.55 \$ 6,122.76

Customer's Signature/Co.Stamp

LABOUR:

CONNECTION

GARNISH, COVERING

LABOUR TOTAL 5\$

RUST PROOF AFFECTED AREAS

1

2

3

5

1 to see

TO CUT / WELD REAR END PANEL.KNOCK & STRAIGHTEN

TAILLAMP PANELS, SPARE WHEEL PANEL, REAR BODY MEMBERS.

REMOVE & REPLACE ACCIDENT DAMAGED PARTS, REALIGN ALL

SPRAY PAINT BOOT LID, REAR END PANEL, TAILLAMP PANELS,

SPARE WHEEL PANEL, REAR BUMPER, REAR FENDER RH & LH

REMOVE & REPLACE LUGGAGE COMPARTMENT INNER TRIM

REMOVE & REPLACE REVERSE SENSOR & CHECK FUNCTION

Stere (LKK)
11/11/22, 11.00

11/5

L/5

L/7

6 L/1

MOVA AUTOMOTIVE PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice"
- No illegal modification(s) is allowed
- Supplementary item(s) must be is subject to final appro-

Acknowledged:

Signati

AMOUNT DUE

SM1322B90001 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 09/11/2022 14:01 (SGT) SUBMITTED BY: KEE SIOK KANG VERSION: 1 (09/11/2022 14:01 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

3. Information provided must be as trumrul and accurate as possible. (A)
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

Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

09/11/2022 14:01 (SGT)

Both

08/11/2022 15:10 (SGT)

Singapore

PIE FILTER TO CTE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLK9725H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No

Alternative Phone No

No

YUE KOK KEE

SXXXX722D

CHOWWF@GMAIL.COM (Phone) +65-81025278

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

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

Vehicle Category

Transmission

CC

Toyota

Corolla

ALTIS 1.6 CVT

No - Claiming third party

Private car

Auto

1598

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5123948797

DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

YUE KOK KEE SXXXX722D 11/08/1954

Indoor

Accident report SM1322B90001

Page 1 of 16



Date Of Driving Pass 25/05/1979 Driving experience 43 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-81025278 Alt. Phone Number **Email Address** CHOWWF@GMAIL,COM Address BLK 336 CLEMENTI AVENUE 2 #17-30 Address complement Postcode 120336 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

Type of Accident Collision - Head to Rear Weather Conditions Raining Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name WIFE Gender Female

DETAILS OF POLICE ACTION

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

SLG5045J

Honda

Civic



Page 2 of 16

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

Private car
CAI ZHAOGING
SXXXX663H
(Phone) +65-91993556

@ Accident report SM1322B90001



SKETCHPLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the annidom to speed up the claims process
- 2. This form must be completed by the Pollsybulger and/or the Actual Driver
- 3. Information provided must be as fruitful and accurate as passable. Any wifer in expresentation or withoutling of material facts may allow insurance companies to gapudate policy liability
- 4. The issue and acceptance of this from by treurance companies is not an edimination of policy Satulity on the port of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for excharing and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the todgement 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)

Funderstand, acknowledge, some and consent that

(a) My insurer, my workshop and the General Insurence Association of Singapore ('GIA') may/are permitted to cellect, use, disclose andfor 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;
- (ii) 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 andlor 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.

holder's Sangure / Date & Time 40 0940

Oriver's Signature (if driver is not the policyholder) / Date

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

Sketch Plan

an

MOM

Describe Circumstance of the Accident VEHICLE NO: SLK 9725H	ACCIDENT DATE & TIME: 8 F MAR: Chowwfogmail.	1510h	
	EMAL CLANINGSOMALL	WM.	
CONTACT NUMBER: 81025278 OCATION: PIE FILT TO CTE	Brown of June 1.		
			1
One cas SLG 5045	I hit my vahide from	behind, while 1 w	es Souma
Heavy Rain and very	slow traffic		and the state of
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Ho injury. Damys	J hit my vahide from slow traffic. both to rehides.	er november sind en	
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	Approximation and discount of the second of	MONEY COLOR	
NOTE: PLEASE NOTE THAT YOUR INS	URER MAY HAVE A 14 DAYS TIME FRAME FO	OR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OV	WN POLICY, PLEASE CHECK YOUR POLICY F	FOR MORE INFORMATION.	
	CLAIM THERE PARTY () CLAIM COMP AT OTHER		ONLY

Declaration

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

Policyholder's Sighiqure / Date & Time

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

(E)

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

2