ASS. REC. BY: MCCC	5	5 3/ HS/4	22003363/4	vy 3-1	
3		ASSIC	GNMENT	100	112
From:	Date:		Veh No: SMR 26	(18) Yr Regn: 27	11/15/
Estimated Cost:			Type: M.Car / M.Cycle / Bus	/ Van / Lorry / Taxi / Prime Mo	ver /
OD / TP /WS / TP RES / C	DD RES / EVA / INV / MV	2	Truck / Trailer or	A	0.0
To Inspect Vehicle No:	SMR 268	PRI	Make: Vo L Vo	V40 c.c	1498
at Workshop m/s	to re	llan	Colour Gary	A/C: Insured /	Std / NI / NA
of			Sp.Reading	T/Radio: Insured /	Std / NI / NA
Insured:	5H1 A 8US	31	Eng/No: (04/7	7	
Policy No. S2M03			C/No: ////n	1 V 28 H O G 2	29626
Claims No. 23.304	459		Gen. Cond: Good/ Fair / Poo	or / Burnt	/
Sum Insured:	Excess:		Steering: Inorder / Jammed	Leaked / Burnt or	
(Client's Record)			Brake: Inorder Jammed	/ Leaked / Burnt or	
Make of Veh:			Modi: Nil /S/Rim / STD	A/Rim or	
		X	Tyre Size: F:	/	MIC
(Policy Condition)			R:	225/40 NI	f
Remark: The veh had con	mmenced its	N/S O/SU	BS DUN / EXNOVA / GY / F	S / LIZA / MIC / OHTSU / PIR /	SUMI /
repair at the tim	ne of inspection.		TOYO / YOKO or		
Bal. or Market Value:	852/2.		Front	Rear	1
IDAC Accident Rport:	Consistent?: Yes	or No	R/Bal. 6 m	m R/Bal.	mm
GIA / PR Seen:	Consistent? : Yes	or <b>No</b>	L/Bal. m	m L/Bal.	€ mm
Est. Repairs:	days Res.: Yes	or No	D.O.A. A/4/22	D.O.I. 18/	1/22
Lum Sum: 20	% 3 Val.: <b>Yes</b>	or No	Survey held at		
		628 F	Des. of Damages : Frt / Rea	ar / O/S / N/S / U/C / Rooft	op or
CA / REV / REP. /	24 HRS	Vehicle: IN / OUT	0	15 Rd.	
Date: Pe	erson Contacted: 27A	135352	The U/C / Chassis fram	ne / Body Structure affected	due to collision.
Date / Time Action	Instruction Duz IV	L 3 41571	vh.		
No	Estimble PAS	- 11 -			
SUM	yon 15-4-22 yon 18-4-22 cepinon 22-4-23 in ronge 6-	@ //.30	an.		
all	3 0 1 8 9 V C	10 122	a		
20/11/27 Dec	aparox 11-4-11	16 2.50	€.		
bought of the	of smust result	1 2. 01			
1000	VI SIMUNT 12501	1.			
1/3/23 Subn	nit LS \$8900 (red 3	3000, 25%)			
Date/Time, File Pass to?	: Preli. Report		Days Of Repair: 5		
	: Final Report		Resurvey No. of Trip:	Survey Fee:	
1) Date/Time, File Return to?				Transportation:	
<sub>2)</sub> 1/3/23-typist		Add Fee	: Site Insp (\$	)S + RS,SI	
71			: Interview (\$	) Photos	
Report Format :			: Tech. Invs (\$	) Others	
Lump Sum / I.B.I: (\$	3	)	: Weekend (\$	)	
		35		TOTAL	



## 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1E

SN

AN0055A Cov. Type C

CERTIFICATE OF INSURANCE

es (Third-Party Risks and Compensation) Act (Chapter 18 coles (Third-Party Risks and Compensation) Rises, 1960 Road Transport Act 1987 (Maleysia) Vehicles (Third-Party Risks) Rises, 1959 (Malaysia)

CERTIFICATE NO

DMPCSNW00089142101

Engine No.: B4154151337641 Cha No::YV1Mv26H0G2296257

1 Index Mulk and Registration

SMR2688D

Number of Vehicle

4. Date of Expiry of Insurance

AUTOSAFE

2. Name of Policy Holder

KENNETH YEO DUN KAI

Effective date of the Commencement of insurance for the purposes of the Ringulations. (00 00:00)

Named Drivers Ex Sect. I

8\$500.00

Additional Ex Other than Named Drivers.

\$\$3,000.00

Ex Sect 1 - Age 4 = 25

\$\$500.00

Ex Sect. 1 - Age >= 26 \* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

Persons or Classes of Persons encoded to drive!
 (a) The Policyholder.

b) Any other person who is driving on the Policyholder's order or with his permission

Provided that the person driving is permitted in accordance with the libensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor.

Use for social domestic and pleasure purposes and for the Policyholder's business.

The paticy does not cover use for hire or reward fulfion driving test racing pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade Excess whichever is approache for itosses occurring outside Singapore (Constructive Total Loss/Thoft) will be doubled. One time Walver of Excess for the first \$\$1,000 will apply to the insured and Named Drivers in the event of Dwo Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. HONG LEGING FINANCE LTD AS HE OWNER

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Componisation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysie), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is assued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please sce reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: COWELL INSURANCE Authorised O

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🕏 3 Ansan Road #16-00 Springleaf Tower Singapore 079909

\$6389 G111

62221033

www.sg.entaiping.com

### > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	628F
Vehicle No.:	SMR2688D
Vehicle to be Exported:	No
ntended Deregistration Date:	18 Apr 2022
Vehicle Make:	VOLVO
Vehicle Model:	V40 T2 R-DESIGN (A) SR
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	B4154T51337641
Chassis No.:	YV1MV28H0G2296267
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$24,679.00
Original Registration Date:	27 Nov 2015
First Registration Date:	27 Nov 2015
Fransfer Count:	1
Actual ARF Paid: ntended PARF Rebate Details	\$21,551.00 /07)5
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2025
ARF Rebate Amount: ntended COE Rebate Details	\$14,008.00
COE Expiry Date:	26 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$59,200.00
COE Rebate Amount:	\$21,344.00
otal Rebate Amount:	\$35,352.00

The information contained herein is correct as at 18 Apr 2022

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# 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 witholding 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

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

11/04/2022 14:11 (SGT)

08/04/2022 15:50 (SGT)

Race Course Rd, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMR2688D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No.

KENNETH YEO DUN KAI

S8920628F

yeokenn@gmail.com

(Phone) +65-88186161

+65-88186161

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

Volvo

V40

Private use

No - Claiming third party

Private car

Comprehensive

Auto

1498

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

KENNETH YEO DUN KAI S8920628F

DMPCSNW00089142101



China Taiping Insurance (Singapore) Pte. Ltd.

Date Of Birth 18/06/1989 Occupation Indoor Date Of Driving Pass 24/08/2009 Driving experience 12 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-88186161 Alt. Phone Number +65-88186161 **Email Address** yeokenn@gmail.com Address 513 YIO CHU KANG RD #01-41 Address complement Postcode 787067 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 Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry 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? Yes Was any injured conveyed to hospital by ambulance? No 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 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 SKETCH. 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	SHA8253J	
Vehicle Manufacturer	-	
Vehicle Model	-	
Vehicle Variant		
Vehicle Colour	-	
Vehicle Category	Taxi	
Name of Driver		
Contact Number		1
Address	-	
Address complement		1 -

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	KENNETH YEO DUN KAI
Gender	27
Phone No	-
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	
Were seat belts worn?	*
Was this injured conveyed to hospital by ambulance?	

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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 Saneral 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 aforesald.
- 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 (tollectively 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)
    - (i) processing, handling and/or dealing with my claims including the settlement of the dalms 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
  - 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.
  - 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:

Driver's Signature (if oriver is not the policyholder)

Date & Time:

Reporting Lentre Pérsonnel's Signature

Werner.

NEIC/FIN NO.:

SKETCH PLAN Vehicle B. SHA8253 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 08/04/2002 at about 3:50pm, I was travelling straight on my rightful lane along Race course Road Suddenly, I felt on impact on the right portion of my vehicle Vehicle B had made a turn from Owen Road towards my vehicle k collided onto my vehicle causing damages to it. I have an in-Car camera footage of the accident. Due to the collicion, I felt pair on my back & neck so I went to see the doctor. DECLARATION I/Wa declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (if Sriver's not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

A. C. I. A. P. C. C. A. A. C. C.

















# COMPUTERISED 4 WHEEL ALIGNMENT HUNTER DSP700

Company:

Z 1

VIN:

SMR 2688 D

Date

18.4.22 9:56

SMD 2608 D

Volvo: V40: 2013-: Chassis 2: 4 cyl. (VED, VEP)

Front: Left

-0°29'	Specified Range -1°27' -0°03'
3°38'	3°06' 6°06'
-0°04'	0.03, 0.09,
17°34'	
17°05'	
	3°38' -0°04' 17°34'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	Before	Specified Range
-1°33'	-1°33'	-1°27' -0°03'
4°59'	4°59'	3°06' 6°06'
-0°02'	-0°02'	0°03' 0°09'
14°53'	14°53'	
13°20'	13°20'	

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

1°04'	Specified Range
-1°21'	-1°00' 1°00'
2°42'	
-0°06'	0°00' 0°24'
	2°42'

Rear: Left

Actual	Before	Specified Range
-1°43'	-1°43'	-2°49' -0°49'
0°08'	0°08'	0°06' 0°12'

Camber

Rear : Right

Actual Before Specified Range
-1°23' -1°23' -2°49' -0°49'
0°09' 0°09' 0°06' 0°12'

Rear

Cross Camber Total Toe Thrust Angle

Actual	Before	Specified Range
-0°19'	-0°19'	-1°00' 1°00'
0°18'	0°17'	0°06' 0°30'
0°00'	0.00,	-0°12' 0°12'

# COMPUTERISED 4 WHEEL ALIGNMENT HUNTER DSP700

Company:

Z 1

VIN:

SMR 2688 D

Date

20.4.22 11:05

Volvo: V40: 2013-: Chassis 2: 4 cyl. (VED, VEP)

Front: Left

Actual	Before	Specified Range
-0°36'	-0°37'	-1°27' -0°03'
3°56'	3°56'	3°06' 6°06'
0°04'	0°07'	0,03, 0,09,
17°34'	17°35'	
16°58'	16°58'	

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	Before	Specified Range
-0°18'	-0°20'	-1°27' -0°03'
4°49'	4°49'	3°06' 6°06'
0°08'	0°02'	0°03' 0°09'
13°41'	13°42'	
13°23'	13°23'	

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
-0°18'	-0°17'	-1°00' 1°00'
-0°53'	-0°53'	-1°00' 1°00'
3°53'	3°52'	
0°12'	0°10'	0°00' 0°24'

Rear: Left

Actual	Before	Specified Range
-1°47'	-1°47'	-2°49' -0°49'
0°07'	0°08'	0°06' 0°12'

Camber Toe

	Rear : Right				
Actual	Before	Specified Range			
-1°17'	-1°17'	-2°49' -0°49'			
0°10'	0°10'	0°06' 0°12'			

Rear

Cross Camber Total Toe Thrust Angle

Actual	Before	Specified Range
-0°30'	-0°30'	-1°00' 1°00'
0°18'	0°18'	0°06' 0°30'
-0°01'	-0°01'	-0°12' 0°12'

WinAlign 14.1 P