

Our Ref: 2022/11083
Vehicle No.: SLF7009G

INSPECTION PHOTOS



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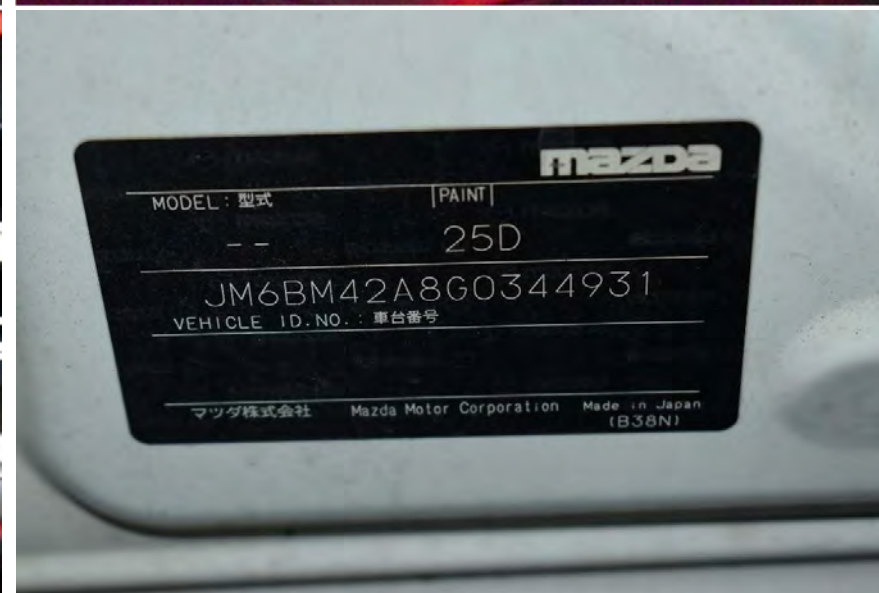
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INSPECTION PHOTOS



Your Ref : **SDH 9928A**
Our Ref : **JP/SW/22/SLF 7009G/JCM**
Date : 28 November 2022

Fax : 6538 3708
Tel : **3152 0985**
Email : jiapei@kscgp.com

Auto & General Insurance Singapore Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 18 NOVEMBER 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SLF 7009G to notify you of a road traffic accident on 18 November 2022 at about 9.30 p.m. along PIE TUAS before CTE EXIT, involving our client's vehicle registration number SLF 7009G, vehicle registration number SHC 2495G and vehicle registration number **SDH 9928A** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f sw

Enc.

Your Ref : **S2M04F69**
Our Ref : **JP/SW/22/SLF 7009G/JCM**
Date : 28 November 2022

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

AXA Insurance Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 18 NOVEMBER 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Anthony Lim	Precise Appraisers Pte Ltd
2.	Nicky Seah	Absolute Appraisal Services Pte Ltd
3.	Andrew How	Prominent Appraiser Services Pte Ltd

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : JCM Rental Pte. Ltd.
1 Bukit Batok Crescent
#04-40 WCEGA Plaza
Singapore 658064

Contact Person/Tel : Li Shun / HP: 9099 1505

Yours faithfully,

SW

Your Ref : **S2M04F69**
Our Ref : **JP/SW/22/SLF 7009G/JCM**
Date :

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

_____ Name and signature of Appointed Surveyor Company Stamp	_____ Witnessed by: Date:
--	---------------------------------

(b) Pre- Repair Survey/Inspection (during dismantling) on _____[Date] at _____[Time].

_____ Name and signature of Appointed Surveyor Company Stamp	_____ Witnessed by: Date:
--	---------------------------------

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____[Time].

_____ Name and signature of Appointed Surveyor Company Stamp	_____ Witnessed by: Date:
--	---------------------------------

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

_____ Name and signature of Appointed Surveyor Company Stamp	_____ Witnessed by: Date:
--	---------------------------------

Your Ref : SHC 2495G
Our Ref : **JP/SW/22/SLF 7009G/JCM**
Date : 28 November 2022

Fax : 6538 3708
Tel : **3152 0985**
Email : jiapei@kscgp.com

AXA Insurance Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 18 NOVEMBER 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

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NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f sw

Enc.

Ourf: C10018739 || SW - Your insured: SDH 9928A; Our Ref: JP/SW/22/SLF 7009G/JCM - Accident involving SLF 7009G, SDH 9928A and SHC 2495G along PIE TUAS before CTE EXIT on 18.11.2022

Claims <claims@budgetdirect.com.sg>

Mon 28/11/2022 10:37

To: Motor Claims <motorclaims@kscgp.com>

Cc: Jason Tea Chee Kiat <jason.tea@budgetdirect.com.sg>; jiapei <jiapei@kscgp.com>

Dear Sirs,

Without Prejudice

Kindly redirect your survey request to the 3rd vehicle - SHC2485G.

Thank you.

Best regards,

Maybie Chua

Admin Executive, Claims

F +65 6725 0853

E maybie.chua@budgetdirect.com.sg



auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance.**

From: Motor Claims <motorclaims@kscgp.com>

Sent: Monday, 28 November 2022 10:18 am

To: Claims <claims@budgetdirect.com.sg>

Cc: jiapei <jiapei@kscgp.com>

Subject: SW - Your insured: SDH 9928A; Our Ref: JP/SW/22/SLF 7009G/JCM - Accident involving SLF 7009G, SDH 9928A and SHC 2495G along PIE TUAS before CTE EXIT on 18.11.2022

Dear Sirs,

Please find enclosed the 1st Notice to Conduct Pre-Repair Survey for your attention/action.

This is a chain collision involving 3 vehicles.

Kindly confirm if you wish to carry out pre-repair inspection of our client vehicle.

Thank you.



RECORD MANAGEMENT CENTRE

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

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 13/02/2023

Your Ref No: JP/SW/22/2973/JCM

Dear Sir/Madam,

Date of Accident: 18/11/2022 00:00 (SGT)

Vehicle No: SLF7009G

Place of Accident: PIE, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SDH9928A	PIE, Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due (GST Inclusive)				(31.00)

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.

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	19/11/2022 14:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/11/2022 21:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS BEFORE CTE CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH9928A
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG HE TIAN

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10452864R02

DRIVER

Name of Driver	ONG HE TIAN
NRIC No	S0219512G
Address	28A TOH YI ROAD
Address complement	-
Postcode	596507
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
------------------------	-----------------

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221119/7001.

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 SLF7009G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC2495G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ONG HE TIAN
Gender Male
Phone No -
Injured person in which vehicle? SDH9928A

SKETCH PLANIMPORTANT 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.
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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.

x 

Policyholder's Signature

Date & Time:

19/11/22

x 

Driver's Signature

(If driver is not the policyholder)

Date & Time:

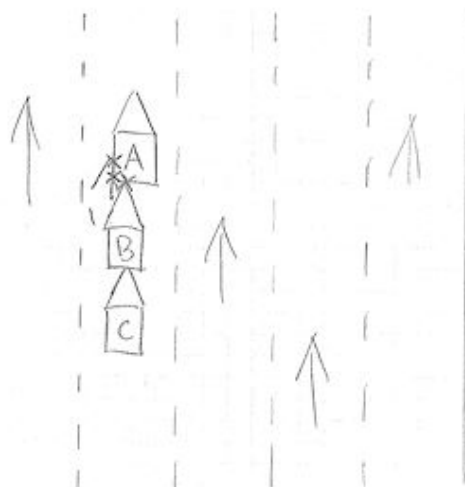
19/11/22

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PIE toward τ_{aws} (Before CTE cit.)



A = SDH 9928A

B-SLF 7009G

C = SHC 2495 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

T/20321119/7001

DECLARATION

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

X *HPB-f*

Policyholder's Signature _____

Date & Time:

19/11/22

x ~~ABO-f~~

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/11/22

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

















**SINGAPORE
POLICE FORCE**



T/20221119/7001

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

1 of 3

Report No. T/20221119/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2022 00:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG HE TIAN			Address: 28A TOH YI ROAD SINGAPORE 596507		
ID Type / ID No.: NRIC NO / S0219512G			Contact No.: Home/Office: Mobile: 96306097		
Nationality: SINGAPORE CITIZEN			Email: onghetian@hotmail.com		
Sex: Male	Age: 77	Date of Birth: 30/05/1945	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: retire			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/11/2022 21:35	Type of Location: Flyover
Location: LORONG BAKAR BATU				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDH9928A	Car	TOYOTA	CAMRY 2.0 AUTO	Grey	Seriously Damaged	0
SHC2495G	Car				Seriously Damaged	0
SLF7009G	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221119/7001

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

2 of 3

Report No. T/20221119/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDH9928A	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10452864R02	15/10/2022	14/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG HE TIAN		ID No. S0219512G
Related Vehicle	SDH9928A (Car)		Contact No. 96306097
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	18/11/2022		Date 19/11/2022
No. of Days granted Medical Leave		03	Degree of Serious

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ALONG PIE TOWARDS BEFORE CTE CITY EXIT.

I WAS TRAVELLING ON LANE 4 WITH MY VEHICLE (SDH9928A). AND I SAW AN ACCIDENT AHEAD OF ME AND HENCE I SLOWED DOWN AND CAME TO A STOP TO PREVENT COLLIDING ONTO THE FRONT VEHICLE. AFTER AWHILE, I FELT A STRONG IMPACT FROM THE REAR.

I ALIGHTED MY VEHICLE AND REALISED I WAS INVOLVED IN A CHAIN COLLISION.

I AM INJURED AND CONSULTED A DOCTOR. I WAS AWARDED WITH 3 DAYS OF MC



**SINGAPORE
POLICE FORCE**



T/20221119/7001

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

3 of 3

Report No. T/20221119/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
19/11/2022 00:13

Classification Of Case:

It is easy to choose



Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10452864R02

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10452864R02 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	:	SDH9928A
Chassis Number	:	MR053DK5100103028
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	15/10/2022 (00:00)
3) Date / Time of Expiry of Insurance	:	14/10/2023 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Ong He Tian
6) Persons or Classes of Persons Entitled to Drive*		
Drivers named as a Main / Named Driver in this Certificate of Insurance only.		
Provided that the person driving is permitted in accordance with the licensing 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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.		
Main Driver / Date of Birth	:	Ong He Tian(30/05/1945)
Named Driver(s) / Date of Birth	:	Ong Bee Huah (28/05/1951) Chua Tse-Wei (05/01/1978)
7) Limitation as to use*		
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or 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.		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.		
8) Finance Company	:	NA

1. We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
15/09/2022

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch
Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**
191 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg



Thank you







You have successfully logged out.

Your last login date and time was 28 Nov 2022, 09:39:22.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(\$\$) 	Log Date/Ti 
1	Vehicle	SDH9928A	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	28 Nov 21



Thank you







You have successfully logged out.

Your last login date and time was 28 Nov 2022, 09:54:52.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(\$\$) 	Log Date/Ti 
1	Vehicle	SHC2495G	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	28 Nov 21

Enquire Vehicle's Insurance Particulars (As At 18 Nov 2022 / 21:30:00)

Vehicle No.:

SHC2495G

Make Description/Model:

HYUNDAI / AE IONIQ HEV FL 1.6 DCT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20221128095616661232

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle Owner Details (As At 18 Nov 2022 / 21:30:00)

Vehicle Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S0219512G

Owner Name:

ONG HE TIAN

Registered Address Type:

**Private Residential (Condo Apt or House) /
Shopping / Office Complexes**

Registered Block/House No.:

28A

Registered Street Name:

TOH YI ROAD

Registered Unit No.:

-

Registered Building Name:

-

Registered Postal Code:

596507

Vehicle Insurance Details

Vehicle No.:

SDH9928A

Make Description/Model:

TOYOTA / CAMRY 2.0 AUTO

Insurance Company Name:

**AUTO & GENERAL INSURANCE
(SINGAPORE) PTE. LIMITED**

Enquire Vehicle Owner Details (As At 18 Nov 2022 / 21:30:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTE LTD

Registered Address Type:

**Private Residential (Condo Apt or House) /
Shopping / Office Complexes**

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details

Vehicle No.:

SHC2495G

Make Description/Model:

HYUNDAI / AE IONIQ HEV FL 1.6 DCT

Insurance Company Name:

AXA INSURANCE PTE LTD

Enquire Vehicle's Insurance Particulars (As At 18 Nov 2022 / 21:30:00)

Vehicle No.:

SDH9928A

Make Description/Model:

TOYOTA / CAMRY 2.0 AUTO

Insurance Company Name:

**AUTO & GENERAL INSURANCE
(SINGAPORE) PTE. LIMITED**

Business Transaction Reference No.:

20221128094055551556

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).