

27/03/2002

ASS. REC. BY:

REF: CS/ASM17018722/Gaboz

Special Instruction:

Surveyor

Smart claim

612

ASSIGNMENT (Office)

From (Person):

Flossie Ang

of

AXA

Date/Time: 28/09/2017

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SKZ 3382K

Insured:

SKH 5006D

at Workshop m/s

Allswell

Tel:

9147 8545

of

25 Dehu Lane 9

Policy No:

Claim No:

97MD0262

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 22/09/2017

CA / REV / REP. / REV 24 HRS WP

3pm - 3.30pm

H.O.D. Endorsement:

Date/Time:

29/09/2017 4.38am

Person Contacted:

Ben

Vehicle IN / OUT

Date/Time

Action/Instruction ( X ) Estimate

SKZ 3382 K-X

SKH 5006D - CC7/AIG13005715 / Ka2t2y - D.O.A: 19/13/2013

25/10/17

Received estimate from repairer. don't need check liability

31/11/18 @ 2.22pm

revised to Ernest Tay via Smart claim.

Surveyor: *XLH*

Smart claim

## ASSIGNMENT

From: \_\_\_\_\_ Date: *29/09/2017*

Estimated Cost: \_\_\_\_\_

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: *SKZ 3382K*at Workshop m/s *Allswell*of *25 Deftu Lane 9*

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

*3pm - 330pm*Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: *2* days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: *SK83382K* Yr Regn: *19 Jan 2016*Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *Toyota Wish* c.c. *1798*Colour: *Grey* A/C: Insured / Std / NI / NASp. Reading: *71347* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *JTD6620W70 J603370*Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD ☒ A/Rim orTyre Size: F: *195/65R15*R: *11*BS / DUN / EXNOVA ☒ GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. *7* mm R/Bal. *7* mmL/Bal. *7* mm L/Bal. *7* mmD.O.A. \_\_\_\_\_ D.O.I. *29-09-17*Survey held at *W/S* *3:30pm*Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

*20/7* *kindly \$871.18 with Ben.*  
*cred \$1288.77, 60%.*

RECEIVED 01 AUG 2018

*1/8/18*

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: *2*

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: *250*

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

Report Format: *Smart claim*Lump Sum / I.B.I: (\$ *871-18*)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

TOTAL

*250*



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CS/AXA17018722/Gqb

8 SHENTON WAY #24-01  
AXA TOWERSINGAPORE 068811

Date : 29-09-2017



Code : AXA2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKH 5006D	Veh. Inspected	SKZ 3382K
Policy No.		Coverage (\$)	0.00
Claim No.	S7M00262	Excess (\$)	0.00
Assign From	SMART CLAIM (FLOSSIE ANG)	Assign Date	29/09/2017

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	22/09/2017	Inspection Date	29/09/2017
Survey held at	25 DEFU LANE 9		
Repairer	ALLSWELL MOTOR TRADERS		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
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## Service Request Details

Claim

S7M00262

Reference

None 

Loss Date

September 22, 2017

Request Date

September 28, 2017

Due Date

October 5, 2017

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Direct settlement

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SKZ3382K

Make

TPVD SKZ3382K TOYOTA

Service Address

40 BEDOK SOUTH ROAD, , 460040

Primary Contact

LIAN CHENG TEE  
69883823  
ZHAOYOUNING88@GMAIL.COM



Claim Handler

Flossie ANG  
6568804823  
flossie.ang@axa.com.sg

Additional Instructions  
PLEASE ACKN RECEIPT OF SERVICE

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
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New Message

TYPE	
SENT	9/28/17 10:04 AM
FROM	Flossie ANG
SUBJECT	SERVICE CREATED -NEW CASE
BODY	Hi - Please confirm receipt of service & documents...
	



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 31/07/18

### Survey Details:

Date of loss	22-Sep-17
Date of appointment	28-Sep-17
Date of survey	29-Sep-17
Location of survey	ALLSWELL

### Vehicle Details:

Claim Type:	Third Party
Vehicle number	SKZ 3382K
Make and Model	TOYOTA WISH
Date of registration	19/1/2016
Excess	\$ -
Market Value	\$ -
Parf Rebate	\$ -
Nett Loss	\$ -

### Repair details:

Initial Estimate	\$ 2,159.95
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### Proposed/Revised repair cost:

Parts	\$ 431.18
Check items (estimate)	\$ -
Labour	\$ 440.00
<b>Total</b>	<b>\$ 871.18</b>
<b>Lump Sum(if applicable)</b>	<b>\$</b>

Number of days for repair	<u>2</u>
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Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

**Remarks:**

DAMAGES CONSISTENT.

**Mandate:**

Liability(TP)	%	
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total	#VALUE!	

Text size + -

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

Owner ID Type: Company

Owner ID: 2541Z

**Vehicle Details**

Vehicle No.: SKZ3382K

Vehicle to be Exported: No

Intended De-registration  
Date: 02 Oct 2017

Vehicle Make: TOYOTA

Vehicle Model: WISH 1.8 CVT

Primary Colour: Grey

Manufacturing Year: 2015

Engine No.: 2ZR1680610

Chassis No.: JTDGG20W70J003370

Maximum Power  
Output: 105.0 kW (140 bhp)

Open Market Value: \$19,953.00

Original Registration  
Date: 19 Jan 2016

First Registration Date: 19 Jan 2016

Transfer Count: 0

Actual ARF Paid: \$19,953.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes

PARF Eligibility Expiry  
Date: 18 Jan 2026

PARF Rebate Amount: \$14,964.00

**Intended COE Rebate Details**

COE Expiry Date: 18 Jan 2026

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$55,001.00

COE Rebate Amount: \$45,612.00

**Total Rebate Amount: \$60,576.00**

The information contained herein is correct as at 02 Oct 2017



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Last updated on 17 Sep 2017 at 12:38 AM



## 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 ability.
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 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	22/09/2017 21:31
Date Of Accident	22/09/2017 06:10
Exact Location Of Accident	SLIP ROAD CTE TOWARDS PIE CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3382K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92984177
Alternative Phone No	OFFICE-64625405

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5085700497
Cover Note Number	

### Driver

Name of Driver	RUSLAN BIN MOHD NOOR
NRIC No	S1326249G
Date Of Birth	16/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/02/1979
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 416, WOODLANDS STREET 41. #06-153
Postcode	730416
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

on 22.09.2017 at 0616hrs, I was travelling from CTE slip road towards Changi PIE. My car was stopped due to a big accident on PIE. Suddenly there is a big impact that hit my car from behind. We changed particulars after that. I only manage to get the driver name, phone number and his car plate because we were told by the traffic officer to move our cars due to a big accident ahead.

#### 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	SKH5006D
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Name of Driver	HU NING
NRIC/Passport Number	
Contact Number	87487590
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**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:

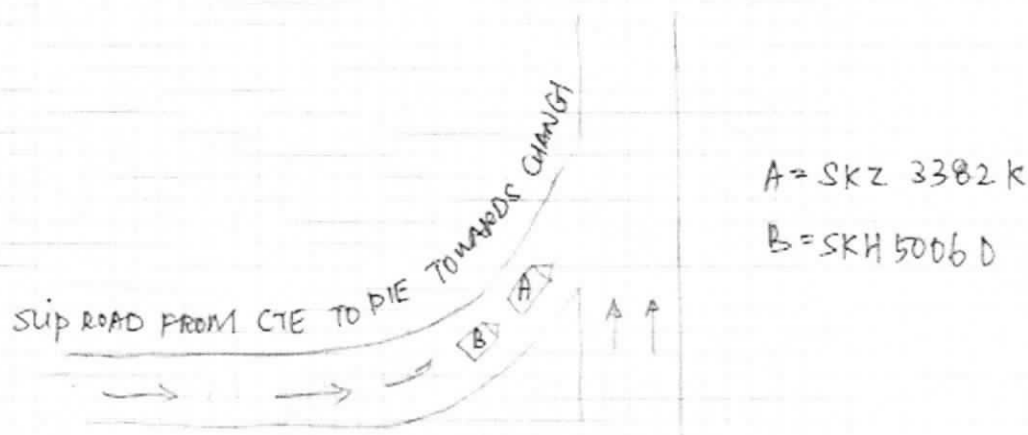
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/9/18

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

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22-09-17 At 0610am, I was traveling from CTE slip road toward Changi PIE. My car <sup>was</sup> stop due to a big accident on PIE. Suddenly there is a big impact that hit my car from behind. We change particular after that. I only manage to get the driver name, phone no and his car plate number because he asked by traffic officer to move <sup>on the car</sup> due to big accident ahead.

## DECLARATION

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

Policyholder's Signature

Date & Time: 22/9/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.