

ASS REC. BY:

REF:

CS3 / AXA17020781 / Wbe

Special Instruction:

SURVEYOR

WILSON

## ASSIGNMENT (Office)

Smart claim

From (Person):

Khor Saw Theng

of

AXA

Date/Time: 31.10.2017 1.28pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLA 3818 R

Insured:

SLB 5937L

at Workshop m/s

Twincar

Tel:

6842 0051

of

2 Kaki Bukit Ave 2 #01-17

Policy No:

Claim No:

87M003KJ

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28.10.2017

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

31.10.17 250pm

Person Contacted:

Huixin

Vehicle OUT

Date/Time

Action/Instruction (X) Estimate

SLA 3818R - X

SLB 5937L - X

Dismantle Part: 03.11.2017

After repair: 06.11.2017

31.10.17 7.44pm Email to Khor Saw Theng from Smart claim





## 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 : CS3/AXA17020781/Wb	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 31-10-2017	
		Code : AXA2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SLB 5937L	Veh. Inspected	SLA 3818R
Policy No.		Coverage (\$)	0.00
Claim No.	S7M003KJ	Excess (\$)	0.00
Assign From	SMART CLAIM (KHOR SAW THENG)	Assign Date	31/10/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	28/10/2017	Inspection Date	31/10/2017
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
<b>5a. Remarks</b>			
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.			




## Service Request Details

Claim

S7M003KJ

Reference

None 

Loss Date

October 28, 2017

Request Date

October 31, 2017

Due Date

November 7, 2017

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Standard workshop survey

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

Make

TPVD

## Service Address

...

## Primary Contact

GEOK HOON LIM

65080332

MAG2CAM@GMAIL.COM

## Claim Handler

Saw Theng KHOR

6568804754

sawtheng.khor@axa.com.sg

## Additional Instructions

TP is not ARC workshop.

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

## Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ) : Case handler to make sure all information created by the assignment team are **ACCURATE**.

**(1) Office Assign Form**

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**Surveyor (** ) : Case handler to make sure the surveyor completed all required information.

**(1) Assignment Form**

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**(2) System - (Views/Merimen)**

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

**(3) Workshop Estimate/Assignment Form**

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days


**(4) System - (Views/Merimen)**

- C Resurvey photo Uploaded

--	--	--	--

Check By: 







  
Case Handler Date

\*C: Critical \*N: Non-Critical

MSME17142968 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 30/10/2017 12:54

## 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	30/10/2017 12:54
Date Of Accident	28/10/2017 15:50
Exact Location Of Accident	MALAYSIA CHECKPOINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3818R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INSPIRE SEIKI PTE LTD
Co Reg No	200200345N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91383818
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HARRIER
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0015314-MVA
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANG LYE SHENG
NRIC No	S6931680H
Date Of Birth	12/09/1969
Occupation	INDOOR
Date Of Driving Pass	19/02/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91383818
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 60 PAVILION RISE  
 Postcode 658413  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 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) 4

### 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 THE ABOVE DATE AND TIME, I WAS DRIVING ALONG MALAYSIA CHECKPOINT ON THE LEFT LANE OF THE 2 LANES ROAD. SOMEWHERE REACHING THE CHECKPOINT, VEHICLE AHEAD OF ME SLOWED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I APPLIED BRAKE AND STOPPED ACCORDINGLY. OUT OF THE SUDDEN, VEHICLE B (SLB5937L) CUT FROM THE ROAD DIVIDER AND CAME FROM THE REAR, COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE.

### 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 SLB5937L  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

### Details of Witness

Name  
 Phone Number  
 Email Address



## Sketch Plan Pg. 1

**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.



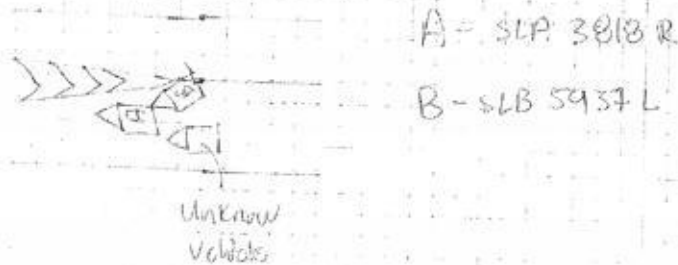
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along Malaysia check point on the left lane on the 2 lanes road. Somewhere reaching the check point, vehicle ahead of my slowed down and stopped due to the heavy traffic flow. As such I applied brake and stopped accordingly. Out of the sudden vehicle B (SLB 5937 L) cut from the road divider and came from the rear and collided directly onto the rear portion of my vehicle.

A - SLA 3818 R

B - SLB 5937 L

## 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:

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

TWINCAT

## ◀ Assessment Details

[General & Workshop Details](#)[Vehicle & Driver Details](#)[Vehicle Condition](#)[Taxes & Ratio](#)[Parts & Labour](#)[Miscellaneous](#)[Summary](#)

### General Details

Involving

TPVD TBC

Date of Loss

October 28, 2017

Time of Loss

15.50

Loss Description

SLB5937L (INSD) C/W SLA3818R (TP)

Comment

### Workshop Details

Total Rebate Amount

5000

Nett Loss Amount

-\$5,000.00

Assigned Workshop

LKK AUTO CONSULTANTS PTE LTD (TP)

Target Date of Completion \*

01/06/2018



Days of work completion \*

67

<<

Assessment Details

- General & Workshop Details
- Vehicle & Driver Details
- Vehicle Condition
- Taxes & Ratio
- Parts & Labour
- Miscellaneous
- Summary

Vehicle & Driver Details

Vehicle Registration#

Registration State

SINGAPORE

Mileage

47298

Purchase Date

mm/dd/yyyy



Registration Date \*

06/03/2016



Age of Vehicle

1

CATEGORY

Manufacturing Year

POLICY INFORMATION

ASSESSMENT INFORMATION

CATEGORY

Make

POLICY INFORMATION

TPVD

ASSESSMENT INFORMATION

TOYOTA

CATEGORY

Model

POLICY INFORMATION

TBC

## ◀ Assessment Details

[General & Workshop Details](#)[Vehicle & Driver Details](#)[Vehicle Condition](#)[Taxes & Ratio](#)[Parts & Labour](#)[Miscellaneous](#)[Summary](#)

### Detailed Assessment

Inspection Date \*

10/31/2017



Total Loss

**Yes**

No

Towing Charges

0

Voluntary Excess

0

Compulsory Excess

0

Young/Inexperienced/Unnamed Driver Excess

0

Other Excess

Condition of Vehicle at time of survey

General condition

Good ▾

Steering (Serviceable)

**Yes**

No

**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

Page No.:1 of 1

**PRE-REPAIR INSPECTION REPORT**

AXA INSURANCE PTE LTD

Ref: CS3/AXA17020781/Wbe2

8 SHENTON WAY #24-01

Date: 02-01-2018

AXA TOWERSINGAPORE 068811



ATTN : KHOR SAW THENG

Code: AXA2

1.

**Policy Particulars :- (THIRD PARTY CLAIM)**

Insured Veh.	SLB 5937L	Veh. Inspected	SLA 3818R
Policy No.		Coverage (\$)	0.00
Claim No.	S7M003KJ	Excess (\$)	0.00
Assign From	KHOR SAW THENG	Assign Date	31/10/2017

2.

**Vehicle Particulars & Condition**

Make & Model	TOYOTA HARRIER	c.c	1986
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	ZSU600076941	Colour	SILVER
Odometer	47298 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3.

**Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	225/65 R17	MICHELIN	3 mm
L/H Front Tyre	225/65 R17	MICHELIN	3 mm
R/H Rear Tyre	225/65 R17	MICHELIN	3 mm
L/H Rear Tyre	225/65 R17	MICHELIN	3 mm

4.

**Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
--	--

5.

**General Information**

Accident Date	28/10/2017	Inspect Date / Time	31/10/2017 ( 05:06 PM )
Survey held at	TWINCAR AUTOMOTIVE PTE LTD 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		

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.
--

Report Ref No. CS3/AXA17020781/Wbe2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.  
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.