

22/03/2002

ASS. REC. BY:

REF: CS3 / AXA 17022725 / M1692

Special Instruction:

SURVIVOR:
Mermen

ASSIGNMENT (Office)

From (Person):

Khor Saw Theng

of AXA

Date/Time: 29/11/2017 3:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GX 2086E

Insured:

SHC 5481B

at Workshop m/s

Nexwave Auto

Tel:

9138 1381

of

160 Sin ming Drive #05-15

Policy No:

P1680520

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25-11-2017

CA / REV / REP. / REV 24 HRS WP

30-11-2017

H.O.D. Endorsement:

Date/Time:

29/11/2017 4:50 pm

Person Contacted:

Jeanne

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

GX 2086E - X CS3 / AXA 16003879 / M16C2

QA: 27/02/2016

SHC 5481B - X

Dismantle Part: 01-12-2017

After repair: 15-12-2017

15/12/17 4:18pm Email to Khor Saw Theng thru Mermen.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

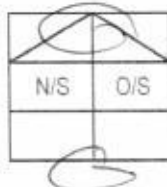
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SX2086E Yr Regn: MAR 2004

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: NIS URYAN c.c 2053Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 248461 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3N1M64E2520710320

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/15 YokoR: 195/15 OHTSU

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. 25/1/07 D.O.I. 30/1/07 @ 4pmSurvey held at Nexwave AutoDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

No estimate upon survey.

Date/Time, File Pass to?

☐ : Preli. Report1) 15.12.2017☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$) S + RS \$☐ : Interview (\$) Photos☐ : Tech. Invs (\$) Others☐ : Weekend (\$)

TOTAL

Report Format : PRS

Lump Sum / I.B.I: (\$)

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

✓			
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(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

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Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014



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/AXA17022725/M1b

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 29-11-2017



Code : AXA2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHC 5481B	Veh. Inspected	GX 2086E
Policy No.	P1680520	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (KHOR SAW THENG)	Assign Date	29/11/2017

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	25/11/2017	Inspection Date	30/11/2017
Survey held at	NEXWAVE AUTO 160 SIN MING DRIVE #05-15 SIN MING AUTOCITY SINGAPORE 575722		

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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...CLAIM SUBFOLDER...(New Assignment)

PRI BI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Nov 2017		29 Nov 2017 15:05 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:		TRANS-CAB SERVICES PTE LTD							
Main Claimant:		CHAN INNOVATION SERVICES							
Vehicle Reg. No.:	GX2086E	Date of Loss:	25/11/2017 14:00 - :59						
Claim Type:	TP	Policy/Cover Note No.:	P1680520 (Third Party Only)						
Vehicle Reg. No. (Insured):	SHC5481B	Policy No. (Claimant):							
		Excess:	S\$5,000.00						
Repairer:	Nexwave Auto (HQ) 160, Sin Ming Drive, #05-15, Sin Ming Autocity, 575722 Sin Ming - Tel:								
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Khor Saw Theng - 6880 4754]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/12/2017]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail 									
<ul style="list-style-type: none"> AXA_SG (29/11/2017): WP/ PRI Assignment - /P1680520 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	27/11/2017 14:48
Date Of Accident	25/11/2017 14:15
Exact Location Of Accident	CLEMENTI RD OUTSIDE MAJU (TRAFFIC LIGHT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2086E
Insured/Policyholder	
Name Of Registered Owner	CHAN INNOVATION SERVICES
Co Reg No	- 53357611C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94518564
Alternative Phone No	OFFICE-94518564

Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MU003836
Cover Note Number	

Driver

Name of Driver	CHAN KAM JONG
Work Permit No	F7112590N
Date Of Birth	20/02/1973
Occupation	INDOOR
Date Of Driving Pass	25/11/1991
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Details Of Properties

Name of Driver	YEO POH SENG
NRIC/Passport Number	S1324341G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

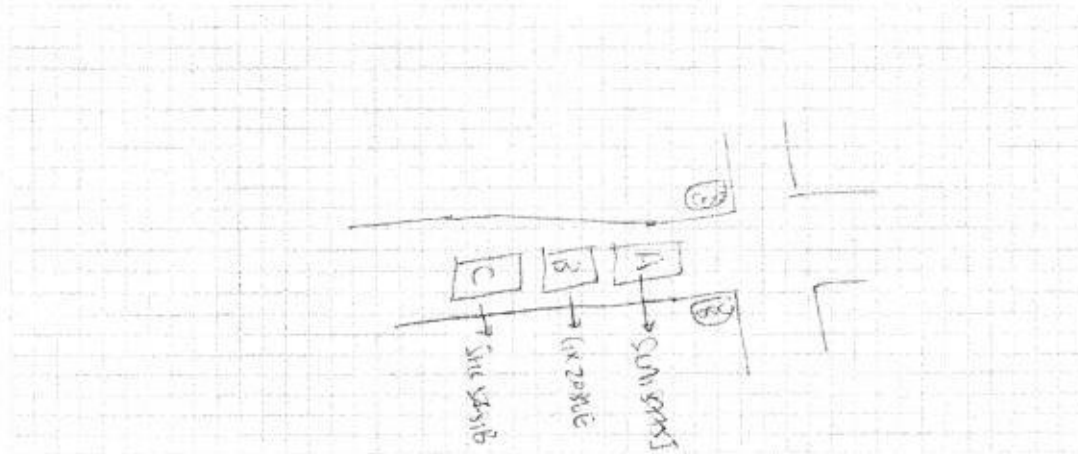
Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	CHAN KAM JONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GX2086E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

25/11/17, SATURDAY, ROAD AT CURRENTLY ROAD, DURING THE NIGHT DRIVE
WHILE WE WAITING FOR THE TRAFFIC LIGHT, THE BEHIND TAXI BANG
OUR VAN. WE HAVE FORGOTTEN TO BANG IN FRONT VEHICLE 2018/17/17
I don't see NO police reports

DECLARATION

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/FIN No.:

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE:

Class 2B Motorcycles of 200 cc or less
 Class 3 Motor Cycles 2000cc and over, with passengers, w/ class 1
 or less or over, and other motor vehicles of 2500kg or less

11 May 1991
 11 May 1991



NOT 425P

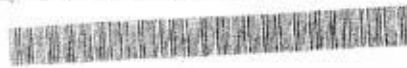
VISIT PASS
 Immigration Regulations

NAME
 CHAN KAM JONG



Date of Birth	Sex	Nationality
20-02-1973	M	MALAYSIAN
PN	Date of Issue	Date of Expiry
F7112090N	05-04-2015	05-04-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



View Sent Message

This mail is associated with :

***GX2086E**
[SHC5481B]
TP
CHAN INNOVATION SERVICES
Nov 25 2017 2:00PM
[TRANS-CAB SERVICES PTE LTD]
Nexwave Auto

[Resend](#) [View Recipients](#) [Print Message](#) [Delete Message](#) [Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 15/12/2017 16:18 PM.
To AXA_KhorSawTheng
CC AXA_SG
Subject Pre-repair Inspection

Dear Saw Theng,

Refer to your assignment on 29.11.2017 at 3.05PM.

Please be informed that we have inspected the vehicle GX 2086E on 30.11.2017 at 4PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

DOCUMENTS SUMMARY

There are no documents.

...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI BI

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Nov 2017		29 Nov 2017 15:05 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: -									
Main Claimant: CHAN INNOVATION SERVICES									
Vehicle Reg. No.: GX2086E		Date of Loss: 25/11/2017 14:00 - :59							
Claim Type: TP		Policy/Cover Note No.: P1680520 (Third Party Only)							
Vehicle Reg. No. (Insured): SHC5481B		Policy No. (Claimant):							
		Excess: S\$5,000.00							
Repairer: Nexwave Auto (HQ) 160, Sin Ming Drive, #05-15, Sin Ming Autocity, 575722 Sin Ming - Tel:									
Handling Insurer: AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Khor Saw Theng - 6880 4754]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Final Rpt due 08/12/2017]									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AXA_SG (29/11/2017): WP/ PRI Assignment - /P1680520 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***GX2086E**
[SHC5481B]
TP
CHAN INNOVATION SERVICES
Nov 25 2017 2:00PM
[TRANS-CAB SERVICES PTE LTD]
Nexwave Auto

Upload Documents			Upload Photos			Compose New Letter			View Use Viewer		
Documentation									1 per page		<input checked="" type="checkbox"/>
No	Finalized On								Thumbnail	Print	
1	28/11/17 09:32	AXA Insurance Pte Ltd (HQ) CO LEGAL & GX2086E TP GIA								Load PDF	
2	28/11/17 09:32	EMAIL								Load PDF	
3	28/11/17 09:32	SHC5481B INS GIA								Load PDF	
4	28/11/17 09:32	SLM8775J GIA								Load PDF	
5	29/11/17 15:02	FRM TP								Load TIF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)							Thumbnail	Print	
1	15/12/17 16:17	LKKPhotosIn6-1								Load PDF	
2	15/12/17 16:17	LKKPhotosIn6-2								Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

[Reset](#) [Save](#) [Print](#)

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AXA17022725/M1BS2

Date: 21/12/2017

REFERENCE

Handling Insurer:	AXA Insurance Pte Ltd	Policy No:	P1680520
Claimant Vehicle No :	GX2086E	Insured Vehicle No :	SHC5481B
Date of Loss:	25/11/2017	Nature of Claim:	TP
		Claim No:	N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GX2086E	Engine No:	ZD30031112
Make & Model:	NISSAN URVAN, 3.0 D (M)	Chassis No:	JN1MG4E25Z0710320
Reg. Date:	02/03/2004 (Man. Year: 2003)	Odometer:	248461 km
Colour:	Blue		
Engine Capacity:	2953 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	195 R15	Rear Tyre Size:	195 R15
Front Left Side:	Yokohama 7 mm	Rear Left Side:	OHTSU 7 mm
Front Right Side:	Yokohama 7 mm	Rear Right Side:	OHTSU 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:	29/11/2017	
Date Inspected:	30/11/2017	Inspected At: Nexwave Auto (HQ) 160, Sin Ming Drive, #05-15, Sin Ming Autocity Singapore 575722
Estimated Period of Repair:	0.0 days	

Adjuster: MA CHIN FOOK

Manager: CATHERINE CHONG KAI LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- 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.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 21 Dec 2017)	
Parts:	N/A	NISSAN URVAN 3.0 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GX2086E)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items**There are no new miscellaneous items selected.****Recommended Labour****There are no labour items selected.**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >