

ASS. REC. BY:

REF:

CS/ASIA17023812/Kgber4

Special Instruction:

Surveyor: Kenneth

Smart Claim

**ASSIGNMENT (Office)**

From (Person):

Jas Tan

of

AXA

Date/Time: 15-12-2017 1:08pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKX 1302R

Insured:

at Workshop m/s

Motor Image

Tel:

9299 2693

of

19 Lorong 8 Toa Payoh

Policy No:

Claim No:

SFMD0052C

Sum Insured:

Excess:

NIL

Make of Veh:

D.O.A 03-12-2017

(Client's Record)

**CA / REV / REP. / REV 24 HRS**

H.O.D. Endorsement:

Date/Time: 15-12-2017 1:18pm

Person Contacted:

Sayed

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKX 1302R - x

19/12/17 @ 9.33am revised to Jas Tan via Smart Claim.

12/2 @ 1618.32 Confirmed (Paid @ 1811.52, 53%)

ASS. REC. BY:

REF:

A2A/

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

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

OD / 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: \_\_\_\_\_

03 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

1. B. 1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

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

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

SKX 1302R

Yr Regn: \_\_\_\_\_

11, 15

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Subaru

c.c.

1995

Colour: \_\_\_\_\_

M. Grey

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

30618

T/Radio: Insured / Std / NI / NA

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

C/No: \_\_\_\_\_

JT-18J5KC 5156 059783

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

225/60R17

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. \_\_\_\_\_

9

mm

Rear

R/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

D.O.A. \_\_\_\_\_

3/12/17

D.O.I. \_\_\_\_\_

15/12/17

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

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

Date / Time

Action / Instruction

18/12 File pass to Catherine

Date/Time, File Pass to?

☐

Prell. Report

1) 26/12/17

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

3

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

Add Fee: \_\_\_\_\_

☐

Site Insp (\$ \_\_\_\_\_)

☐

Interview (\$ \_\_\_\_\_)

☐

Tech. Invs (\$ \_\_\_\_\_)

☐

Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

150

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

S + RS. SI

Photos

Others

TOTAL

150

Report Format: \_\_\_\_\_

Smart Claim

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

1618.32



# 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/AXA17023822/Kqb		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 15-12-2017		
		Code : AXA2		
<b>1. Policy Particulars :- OWN DAMAGE</b>				
Insured Veh.		Veh. Inspected		SKX 1302R
Policy No.		Coverage (\$)		0.00
Claim No. S7M0052C		Excess (\$)		0.00
Assign From SMART CLAIM (JAS TAN)		Assign Date		15/12/2017
<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>				
Engine No. HIDDEN		Accident Date 03/12/2017		Inspection Date 15/12/2017
Survey held at		MOTOR IMAGE ENTERPRISES PTE LTD 19 TOA PAYOH LORONG 8 SINGAPORE 319255		
<b>5a. Remarks</b>				
A) THE MARKET VALUE IS S\$----- (EST. AVERAGE) B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.				

# Survey Department Check List (Case Handler)

Reference No.: CS/AXA/17073828/Kqb  
 Policy Type: OD/TP/TP RES/TL/EVA

SKX 1302R

Case Handler

Typist

**Admin** ( Cathy ): 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Surveyor** ( Kenneth ): 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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

- C Resurvey photo Uploaded

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
-------------------------------------	-------------------------------------	--	--

Check By: [Signature] 12/2/18  
 Case Handler Date



## Service Request Details

Claim

S7M0052C

Reference

None

Loss Date

December 3, 2017

Request Date

December 15, 2017

Due Date

March 15, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated survey and authorize

### Actions

Next Step

Finish the work

Complete Work

More ▼

### Vehicle Information

Incident Vehicle Registration #

SKX1302R

Make

SUBARU

Service Address

19 Lorong 8 Toa Payoh, , , 319255

Primary Contact/Insured

CHUN KIAT NG  
123A DUNBAR WALK, 459430, Singapore, Singapore  
84188369  
n9chunkiat@gmail.com


Claim Handler

Jas TAN  
6568804844  
jas.tan@axa.com.sg

Additional Instructions  
OD xs-Nil -workshop-Motorimage

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
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New Message

TYPE	
SENT	12/15/17 1:12 PM
FROM	Jas TAN
SUBJECT	survey
BODY	Please assist to expedite the survey.





Auto  
Consultants  
Pte Ltd

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

Your Ref: S7M0052C

Date: 18<sup>th</sup> December 2017

Our Ref: CS/AXA17023822/Kqb

The Motor Claims Department  
AXA Insurance Singapore Pte L td

Attn: Jas Tan

Dear Sirs/Mdm

**PRELIMINARY ADVICE OF VEHICLE NO. SKX 1302R .**

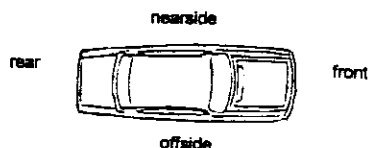
We thank you for the instruction on 15/12/2017 .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/12/2017 (3.02pm) at the premises of M/s MOTOR IMAGE and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,429.84</u> .
Revised Estimate Amount	: S\$ <u>1,618.32</u> .
"Check" Items Amount	: S\$ <u>483.84</u> .
Total	: S\$ <u>2,102.16</u> .
Market Value	: S\$ <u>95,000.00</u> .
LTA Reimbursement Value	: S\$ <u>10,896.00</u> .
Nett Value	: S\$ <u>84,104.00</u> .

Description of Damage:

The vehicle sustained damages at the rear o/s portion.



Comments/ Present Status:

Damages consistent.

Repair cost economical.

Estimated normal period for repairs: 3 working days.

We have authorised the repairs.

Yours faithfully

KONG SENG CHEONG  
Licensed Appraiser

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	0451G

### Vehicle Details

Vehicle No.:	SKX1302R
Vehicle to be Exported:	No
Intended De-registration Date:	18 Dec 2017
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0I-L CVT AWD SR
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	FB20Y089256
Chassis No.:	JF1SJ5KC5FG059783
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,528.00
Original Registration Date:	27 Nov 2015
First Registration Date:	27 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$14,528.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2025
PARF Rebate Amount:	\$10,896.00

### Intended COE Rebate Details

## 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	04/12/2017 09:21
Date Of Accident	03/12/2017 22:45
Exact Location Of Accident	ALONG WHITLEY RD TOWARDS THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1302R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHUN KIAT
NRIC No	S8230451G
Email Address	N9CHUNKIAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84188369
Alternative Phone No	OTHERS-84188369
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	FORESTER 2.0I-L CVT AWD SR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR 
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA075972/1
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG CHUN KIAT
NRIC No	S8230451G
Date Of Birth	02/10/1982
Occupation	INDOOR
Date Of Driving Pass	27/03/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84188369
Fax Number	
Contact Number	OTHERS-84188369
EMail Address	N9CHUNKIAT@GMAIL.COM

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:

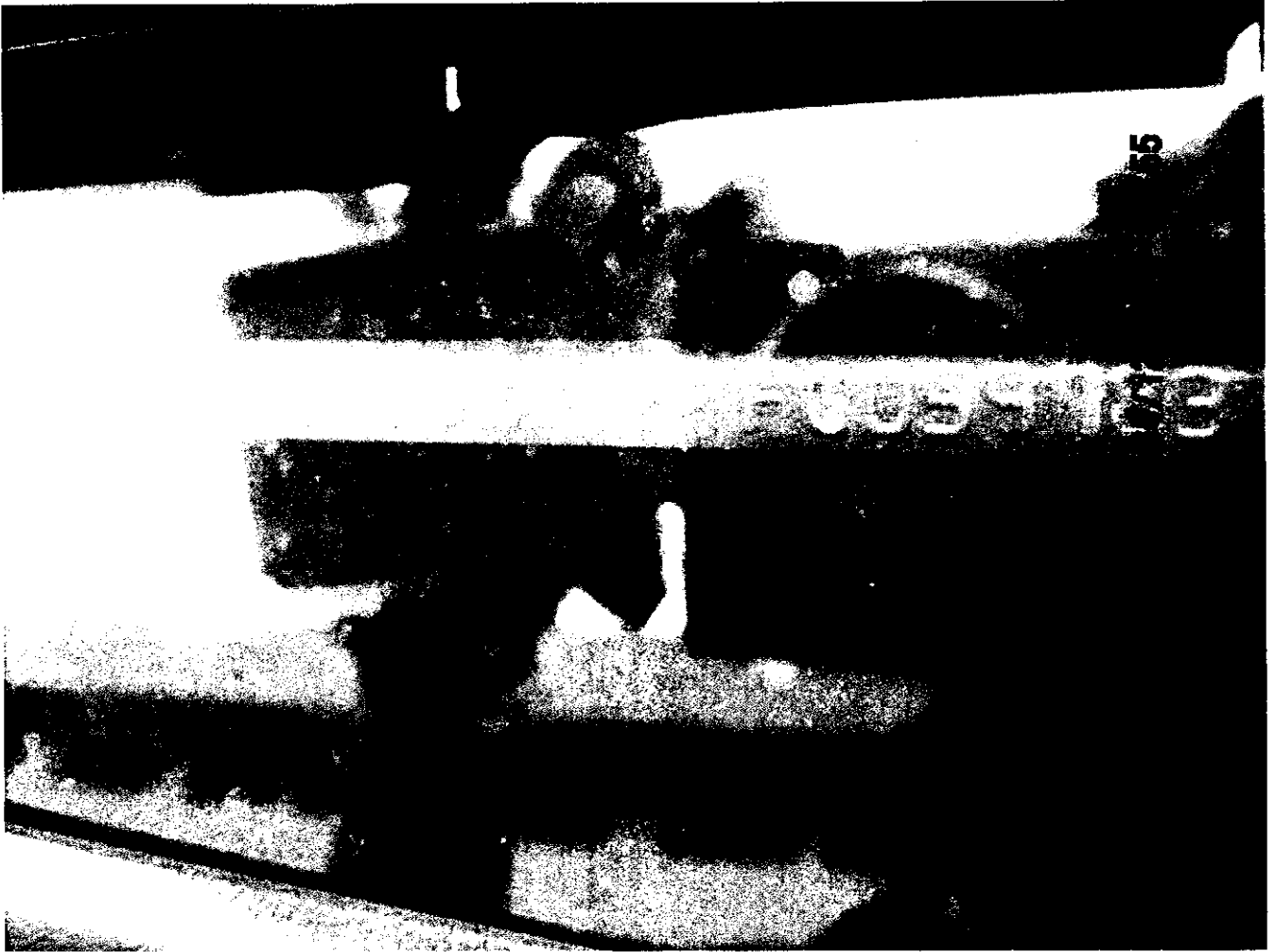
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Sketch Plan Pg. 6

Date: 4 Dec 2017

To: Owner of Vehicle Number: SKX 1302A

The following has been advised to you via your workshop, ODGE through their staff, BRUNDA

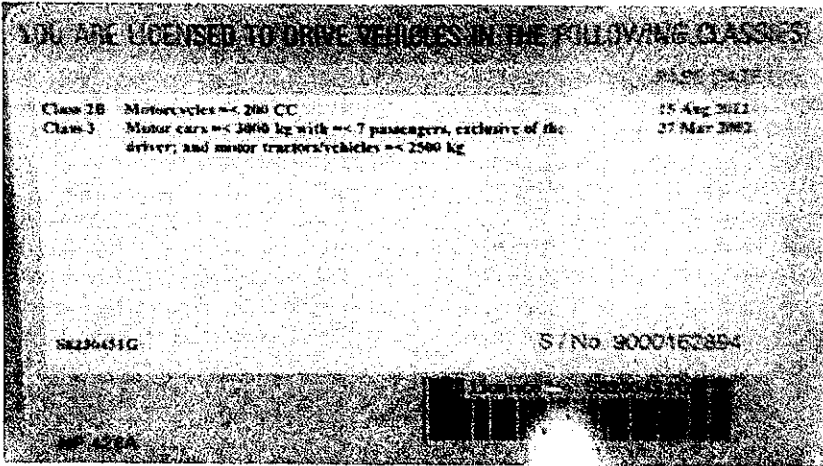
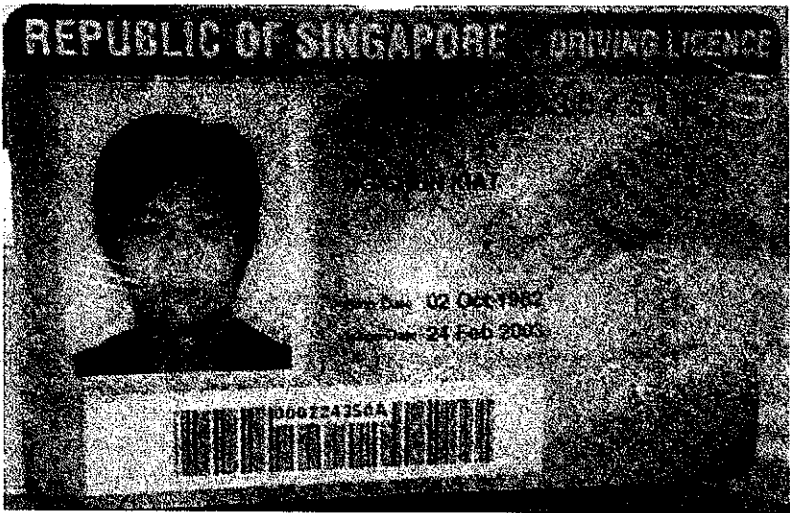
Please tick the applicable box if you had been advised on the content as seen below:

- ☒ You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ The Estimation waiting time for the spare parts to arrive is \_\_\_\_\_  
The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out or using any combination of genuine original parts and/or original equipment manufacture (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own repairs on workmanship related to the accident.
- ☐ For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.
- ☐ Others: \_\_\_\_\_

Signed and acknowledge by:

[Signature]  
Name and signature of policyholder/ authorised driver

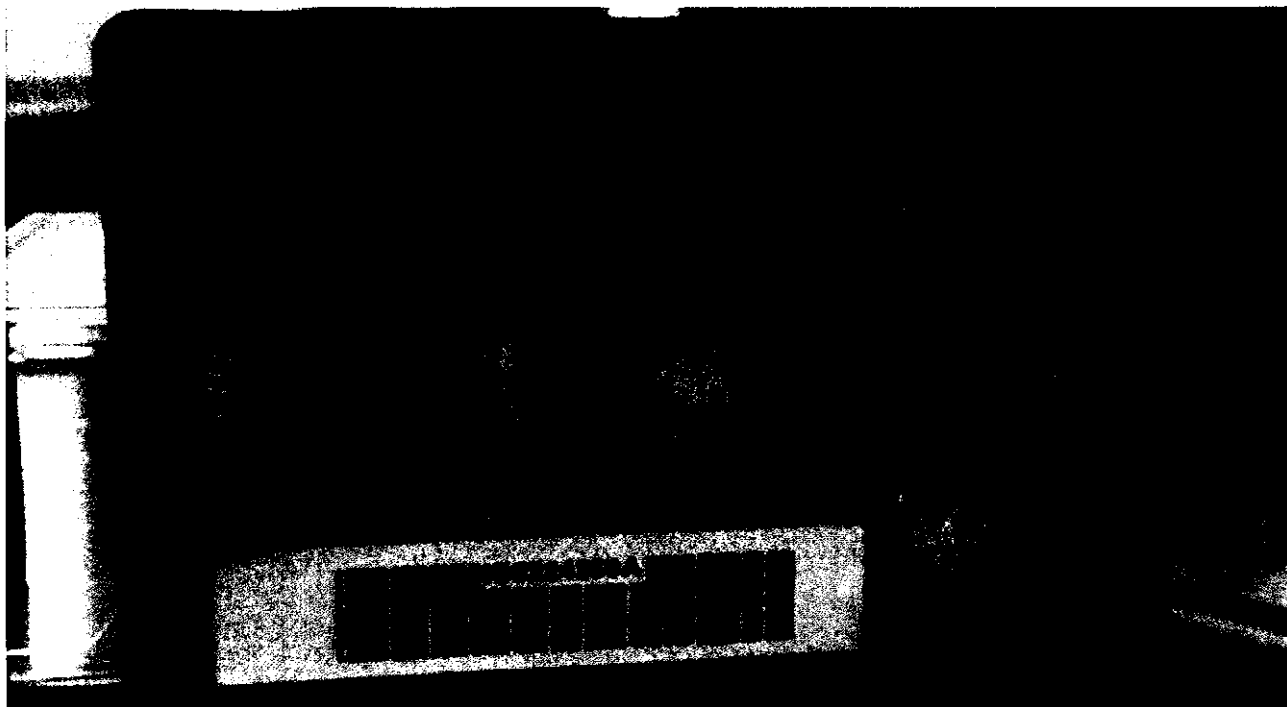
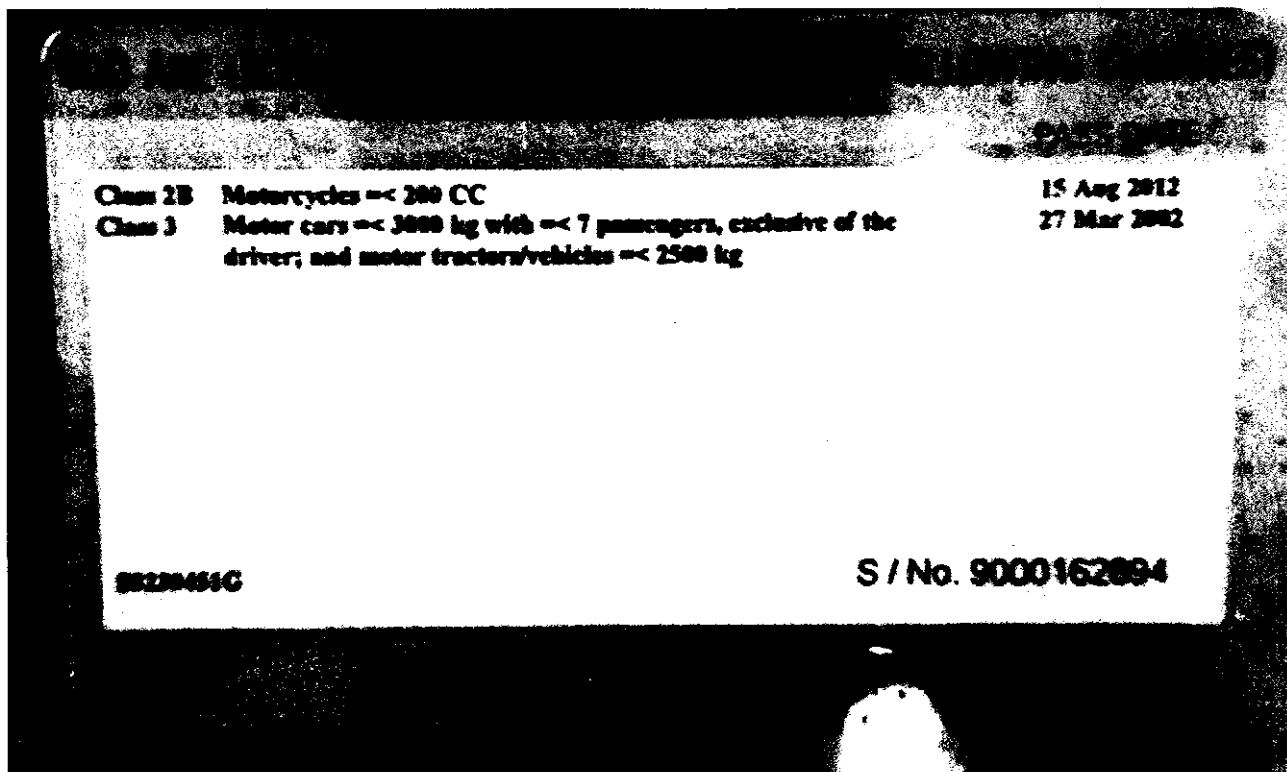
[Signature]  
Name and signature of workshop personnel including company stamp



## Sayedirah Bin Ali

---

**From:** n9chunkiat <n9chunkiat@gmail.com>  
**Sent:** Monday, 4 December 2017 10:15 AM  
**To:** Sayedinah Bin Ali  
**Subject:** Fwd: GIA REPORT - SKX1302R  
**Attachments:** SKX1302R 031217 AXA ODOWS.pdf



Thanks

Regards



redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

# Certificate of Insurance

account number  
 11517

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

## Policy details

<b>Policyholder name</b>	NG CHUN KIAT	<b>Certificate number</b>	GA075972 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	JF1SJ5KC5FG059783
<b>Plan name</b>	Flexi	<b>Engine number</b>	FB20Y089256
<b>NCD applicable</b>	50%		
<b>Vehicle registration number</b>	SKX1302R		
<b>Period of insurance</b>	from 27/11/2017 to 26/11/2018 (both dates inclusive)		
<b>Finance loan company</b>	DBS BANK LTD		

## Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
 (b) Any person who is driving on the Policyholder's order or with their permission

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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

## Limitation as to use\*

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

The policy does not cover - use for hire or reward, 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

## Additional clauses & endorsements to your policy

Nil

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

AXA Insurance Pte Ltd

Authorised signature

## Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8230451G



Name

NG CHUN KIAT

黄健杰

Race

CHINESE

Date of birth

02-10-1982

Country of birth

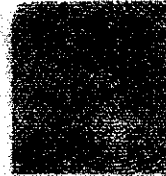
SINGAPORE

S8230451G



4854625

Identity No. S8230451G



Date of issue

28-03-2013

Address

122A DINBAR WALK  
SINGAPORE 459430

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : TOA PAYOH  
CONTACT NO : 64730333  
REFERENCE : INS/IC/CHI/0519/2017  
DATE : 09-DEC-2017

AXA INSURANCE SINGAPORE PTE LTD  
8 SHENTON WAY  
#27-01 AXA TOWER  
S(068811)  
TEL : 6338 7288  
FAX : 6880 4838/6338 2522  
MS LINA EXT: 824

OWNER'S NAME : NG CHUN KIAT 92999709  
ADDRESS : 123A DUNBAR WALK  
  
S(459430)  
TELEPHONE NO : 8418 8369

TYPE OF CLAIM : COMPREHENSIVE CLAIM  
POLICY NO : GA075972/1  
VEHICLE NO : SKX1302R  
MODEL CODE : SJ5CK7C  
MODEL/YEAR : FORESTER 2.0I-L AWD CVT  
ENGINE NO : FB20Y089256  
CHASSIS NO : JF1SJS5KC5FG059783  
MILEAGE : 1 KM  
DATE IN : 09/12/2017  
LIABILITY : 0.00  
EXCESS CLAUSE : 500.00  
ESTIMATE BY : SAYEDINAH ALI\*\*  
ACCIDENT DATE : 03/12/2017

Print Date : 09/12/2017  
Print Time : 14:33:36

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKX1302R  
-----

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	REPLACE/REPAIR REAR BUMPER END PANEL	1120.00	<del>280</del> 2801/
2	ZZ/002	RESPRAY REAR BUMPER AND END PANEL	840.00	✓
3	ZZ/003	CHECK LIGHTING AFTER REPAIR	50.00	301/
4	ZZ/004	SUNRIES	100.00	201/
TOTAL LABOUR CHARGES			2110.00	

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKX1302R

S/NO PARTS DESCRIPTION		PARTS NUMBER	DAMAGED PARTS & PRICES			
			NETT	LIST	S/NETT	S/LIST REMARKS
1	R EXH CUTTER RH	44370FG002	Sm 72.00	X		
2	SKIRT COMPL R -END PANEL	52401SG0109P	R 288.00	X		
3	REAR BUMPER ASSY	57704SG012	Bu 540.00			
4	BRKT SD R RH	57707SG080	R 14.40	X		
5	BRKT SD R LH	57707SG090	R 14.40	X		
6	BEAM COMPL R EU	57711SG0219P	R 288.00	X		
7	COVER HOOK R	57731SG010EN	Sm 11.20	X		
8	COVER HOOK R	57731SG010NN	Mc 12.60	X		
9	REFLEC AY RH	84281SC000	CP 20.40			
10	LENS & BODY COMPLRFR	84912SG021	Sm 388.80	X		
SUB TOTAL			1649.80	0.00	0.00	0.00
LESS DISCOUNT ( NETT-20 %)			329.96	0.00	0.00	0.00
GRAND TOTAL			1319.84	0.00	0.00	0.00
OVERALL TOTAL			1319.84			

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SKX1302R

TOTAL LABOUR CHARGES	2110.00
TOTAL SPARE PARTS CHARGES	1319.84
GRAND TOTAL	3429.84 *

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	500.00
LIABILITY	:	0.00
REMARKS	:	

*At home*  
*1.B1*  
*Repair B4 paint*  
*3 days*

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

UKK Auto Consultants hence notify the Repairer of the following:

- To resurvey Undercoat/spray painting
- To display damaged part(s) during resurvey
- Parts claims are subject to confirmation
- Third party survey is on a "Without prejudice" basis
- No "legal proceedings" is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Accepted by Repairer

Signature:

\_\_\_\_\_

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

Low: 3 days

FINALIZED : ACCIDENT/BODY REPAIRS  
WORKSHOP : TOA PAYOH  
CONTACT NO : 64730333  
REFERENCE : INS/IC/CHI/0519/2017  
DATE : 09-DEC-2017

AXA INSURANCE SINGAPORE PTE LTD  
8 SHENTON WAY  
#27-01 AXA TOWER  
S(068811)  
TEL : 6338 7288  
FAX : 6880 4838/6338 2522  
MS LINA EXT: 824

OWNER'S NAME : NG CHUN KIAT  
ADDRESS : 123A DUNBAR WALK  
S(459430)  
TELEPHONE NO : 84188369

TYPE OF CLAIM : COMPREHENSIVE CLAIM  
POLICY NO : GA075972/1  
VEHICLE NO : SKX1302R  
MODEL CODE : SJ5CK7C  
MODEL/YEAR : FORESTER 2.0I-L AWD CVT  
ENGINE NO : FB20Y089256  
CHASSIS NO : JF1SJ5KC5FG059783  
MILEAGE : 1 KM  
DATE IN : 09/12/2017  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : SAYEDINAH ALI\*\*  
ACCIDENT DATE : 03/12/2017

Print Date : 06/02/2018  
Print Time : 09:29:33

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKX1302R

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	REPLACE/REPAIR REAR BUMPER END PANEL	1120.00	280.00 /
2	ZZ/002	RESPRAY REAR BUMPER AND END PANEL	840.00	840.00 /
3	ZZ/003	CHECK LIGHTING AFTER REPAIR	50.00	30.00 /
4	ZZ/004	SUNRIES	100.00	20.00 /
TOTAL LABOUR CHARGES			2110.00	1170.00

MOTORIMAGE ENTERPRISES PTE. LTD.  
 19 LORONG 8, TOA PAYOH  
 SINGAPORE 319255

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKX1302R

S/NO PARTS DESCRIPTION		PARTS NUMBER	DAMAGED PARTS & PRICES				S/LIST REMARKS
			NETT	LIST	S/NETT		
1	R EXH CUTTER RH	44370FG002	72.00				X
2	SKIRT COMPL R -END PANEL	52401SG0109P	288.00				X
3	REAR BUMPER ASSY	57704SG012	540.00				OK
4	BRKT SD R RH	57707SG080	14.40				X
5	BRKT SD R LH	57707SG090	14.40				X
6	BEAM COMPL R EU	57711SG0219P	288.00				X
7	COVER HOOK R	57731SG010EN	11.20				X
8	COVER HOOK R	57731SG010NN	12.60				X
9	REFLEC AY RH	84281SC000	20.40				OK
10	LENS & BODY COMPLRFR	84912SG021	388.80				X
SUB TOTAL			560.40	0.00	0.00		0.00
LESS DISCOUNT ( NETT-20 %)			112.08	0.00	0.00		0.00
GRAND TOTAL			448.32	0.00	0.00		0.00
OVERALL TOTAL			448.32				

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD.  
19 LORONG 8, TOA PAYOH  
SINGAPORE 319255

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SKX1302R

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NETT ITEM	560.40
LESS 20 %	-112.08
NETT AMOUNT	448.32

LIST ITEM	0.00
LESS 50 %	0.00
LIST AMOUNT	0.00

SPECIAL NETT AMOUNT	0.00
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S/LIST ITEM	0.00
LESS 30 %	0.00
S/LIST AMOUNT	0.00

TOTAL LABOUR CHARGES	1170.00
TOTAL SPARE PARTS CHARGES	448.32

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TOTAL CHARGES	1618.32
ADD 7 % GST	113.28

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GRAND TOTAL	1731.60
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Motor Image Enterprises Pte Ltd  
19 Lorong 8 Toa Payoh Singapore 319255  
T (65) 6417 0333 F (65) 6252 5655  
W www.motorImage.net

Co Reg No: 198702032R

## DISCHARGE VOUCHER

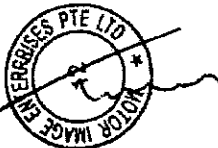
Name of Insured: NG CHUN KIAT  
Address of Insured: 123A DUNBAR WALK S(459430)  
Name of Repairs: MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP  
Address of Repairs: NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319225  
Place of Accident: ALONG WHITLEY RD TOWARDS THOMSON RD  
Date of Accident: 03/12/2017 Vehicle No: SKX1302R  
Policy No: GA075972/1 Claim No: \_\_\_\_\_

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of AXA INSURANCE PTE LTD settling the repair costs stated above with the said repairers, I/We hereby release and discharge the said insurers from all further obligations and liabilities under the aforesaid policy in respect on and accident involving my/our said motor vehicle on or about the abovementioned date and place.

I/We agree that by virtue of such payment, all my/our rights and remedies in respect of the damages to the said Motor Vehicle are subrogated to the said Insurers in accordance with the laws governing such matters.

I/We hereby grant the said insurers the authority to use my/our name to the extent necessary to effectively exercise all or any of such rights and remedies including the right to give discharge and receipts therefore.  
I/We further agree to furnish the said Insurers with any assistance that they may reasonably require of me/us when exercising such rights and remedies whilst on their parts they agree to indemnify me/us against liability for costs charges and expenses arising in connection with any proceedings which they may take in my/our name in the exercise of such rights and remedies.

REPAIRERS:



Company's Chop & Signature

INSURED:

S8230451G

IC No. & Signature/Company's Chop

SAYEDINAH ALI

Name

NG CHUN KIAT

Name

20/12/2017

Date

20/12/2017

Date

**MotorImage**



**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh Singapore 319255  
Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535  
25 Leng Kee Road Singapore 159097  
Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137  
Website: www.motorimage.net



## TAX INVOICE

GST Reg No. M2-0076975-9  
Co. Reg No. 198702032R

**Sales: INSURANCE CUSTOMER**

**Invoice No: L471290**

**For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.**

**DATE REC'D: 18-Dec-2017**

**SERVICE ADVISOR: SAYED**

**JOB No.: L472954**

**MILEAGE: 30797**

**ID:**

**NAME: AXA INSURANCE SINGAPORE PTE LTD**  
**ADDRESS: 8 SHENTON WAY**  
#27-01 AXA TOWER. S(068811)  
**TELEPHONE: 6338 7288**  
**MODEL: FORESTER 2.0I-L AWD CVT**  
**ENGINE No.: FB20Y089256**  
**CHASSIS No.: JF1SJ5KC5FG059783**  
**REGISTRATION No.: SKX1302R**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	ODCLAI CONDUCT BODYWORK REPAIR (OWN DAMAGE CLAIM)	
2	REMARK CONDUCT O/D RECOVERY-AXA,A/DATE:03/12/2017 TIME: 2245HRS LOCATION:ALONG WHITLEY RD TOWARDS THOMSON	
3	REMARK EXCESS WAIVED BY AXA	
4	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
5	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
6	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
7	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
8	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
9	INS06 THE OWNER IS REQUIRED.	
10	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
11	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
12	INS09 CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
13	REMARK REPLACE&REPAIR REAR BUMPER END PANEL	280.00
14	REMARK RESPRAY REAR BUMPER AND END PANEL	840.00
15	REMARK CHECK LIGHTING AFTER REPAIR	30.00
16	REMARK SUNDRIES	20.00
	<b>TOTAL(LABOUR)</b>	<b>1,170.00</b>
1	BUMPER FACE R 57704SG012(Qty : 1 @ 540.00 each(Discount 20.00%))	432.00

*Certified True Copy*



**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh Singapore 319255  
Service Centre Tel (65) 64170100/101 Fax (65) 62535535  
25 Leng Kee Road Singapore 159097  
Service Centre Tel (65) 64764776 Fax (65) 64791137  
Website: www.motorimage.net



## TAX INVOICE

GST Reg No. M2-0076975-9  
Co. Reg No. 198702032R

**Sales: INSURANCE CUSTOMER**

**Invoice No: L471290**

**For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.**

**DATE REC'D: 18-Dec-2017**

**SERVICE ADVISOR: SAYED**

**JOB No.: L472954**

**MILEAGE: 30797**

**ID:**

**NAME: AXA INSURANCE SINGAPORE PTE LTD**  
**ADDRESS: 8 SHENTON WAY**  
#27-01 AXA TOWER. S(068811)  
**TELEPHONE: 6338 7288**  
**MODEL: FORESTER 2.0I-L AWD CVT**  
**ENGINE No.: FB20Y089256**  
**CHASSIS No.: JF1SJ5KC5FG059783**  
**REGISTRATION No.: SKX1302R**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
2	REFLEC AY RH	16.32
	84281SC000(Qty : 1 @ 20.40 each(Discount 20.00%))	
	TOTAL(SPARE PARTS)	448.32

Subtotal 1,618.32  
GST(7%) 113.28  
**TOTAL \$1,731.60**

DATE : 13-Feb-2018

\_\_\_\_\_  
CUSTOMER

  
\_\_\_\_\_  
MANAGER

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

**CUSTOMER**

**Not yet a DUO Member? Join us now at [www.DUO.com.sg](http://www.DUO.com.sg) and start accumulating your points for your invoice today!**

Certified True Copy



Motor Image Enterprises Pte Ltd  
19 Lorong 8 Toa Payoh Singapore 319255  
T (65) 6417 0333 F (65) 6252 5655  
W www.motorimage.net  
Co Reg No: 198702032R

# DISCHARGE VOUCHER

Name of Insured: NG CHUN KIAT  
Address of Insured: 123A DUNBAR WALK S(459430)  
Name of Repairs: MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP  
Address of Repairs: NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319225  
Place of Accident: ALONG WHITLEY RD TOWARDS THOMSON RD  
Date of Accident: 03/12/2017 Vehicle No: SKX1302R  
Policy No: GA075972/1 Claim No: \_\_\_\_\_

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of AXA INSURANCE PTE LTD settling the repair costs stated above with the said repairers, I/We hereby release and discharge the said insurers from all further obligations and liabilities under the aforesaid policy in respect on and accident involving my/our said motor vehicle on or about the abovementioned date and place.

I/We agree that by virtue of such payment, all my/our rights and remedies in respect of the damages to the said Motor Vehicle are subrogated to the said Insurers in accordance with the laws governing such matters.

I/We hereby grant the said insurers the authority to use my/our name to the extent necessary to effectively exercise all or any of such rights and remedies including the right to give discharge and receipts therefore.  
I/We further agree to furnish the said Insurers with any assistance that they may reasonably require of me/us when exercising such rights and remedies whilst on their parts they agree to indemnify me/us against liability for costs charges and expenses arising in connection with any proceedings which they may take in my/our name in the exercise of such rights and remedies.

REPAIRERS:



Company's Chop & Signature

INSURED:

S8230451G

IC No. & Signature/Company's Chop

SAYEDINAH ALI

Name

NG CHUN KIAT

Name

20/12/2017

Date

20/12/2017

Date

**MotorImage**