

ASS. REC. BY:

REF:

CS3/AXA 70211635/R11622

Special Instruction:

Surveyor:

Grant claim

ASSIGNMENT (Office)

From (Person):

Vale On

of

AXA

Date/Time:

26/12/2017 11:39am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 2009X

Insured:

YK 3508R

at Workshop m/s

N-51 Automotive

Tel:

68112 0051

of

2 Kaki Bukit Ave 2 #01-17

Policy No:

Claim No:

S7M00615

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20/12/2017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

28.12.2017

Person Contacted:

Hui Xin

Vehicle IN/OUT

| Date/Time | Action/Instruction (X) Estimate |
|---------------|-----------------------------------|
| | SKZ 2009X - X |
| | YK 3508R - X |
| | Dismantle Part: 29.12.2017 |
| | After repair: 03.01.2018 |
| 200118 1:31pm | Email to Vale On thru Grant claim |

100

[illegible]



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/AXA17024635/R1b

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 28-12-2017



Code : AXA2

1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|-----------------------|----------------|------------|
| Insured Veh. | YK 5508R | Veh. Inspected | SKZ 2009X |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | S7M00615 | Excess (\$) | 0.00 |
| Assign From | SMART CLAIM (VALE OH) | Assign Date | 26/12/2017 |

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

| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 22/12/2017 | Inspection Date | 28/12/2017 |
| Survey held at | N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921 | | |

5a. General 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. |
|--|



Service Request Details

Claim

S7M00615

Reference

None 

Loss Date

December 22, 2017

Request Date

December 26, 2017

Due Date

January 3, 2018

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 #

SKZ2009X

Make

TPVD HYUNDAI

Service Address

432 TAGORE INDUSTRIAL AVENUE, , , 787811

Primary Contact/Insured

BUILDFORMS CONSTRUCTION PTE LTD
432 TAGORE INDUSTRIAL AVENUE, SINDO INDUSTRIAL ESTATE, 787811, Singapore, Singapore

sales@buildforms.com.sg

Claim Handler

Vale OH
6568804897
vale.oh@axa.com.sg

Additional Instructions
PRI

MessagesInvoicesHistoryDocumentsAssessmentMetricsNotes

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 |
|--------|--------|--------|--------|
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
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| ✓ | | | |
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| ✓ | | | |
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| ✓ | | | |
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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

| | | | |
|---|--|--|--|
| ✓ | | | |
| ✓ | | | |
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| ✓ | | | |
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| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |

(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

| | | | |
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(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

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 | 22/12/2017 16:46 |
| Date Of Accident | 22/12/2017 09:20 |
| Exact Location Of Accident | HOUGANG AVE 3 TWDS EUNOS LINK BEFORE JUNCTION OF B |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKZ2009X |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG HUI HUA |
| NRIC No | S7610912E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96322583 |
| Alternative Phone No | OFFICE-96322583 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA |
| 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 |

Insurance Company

| | |
|---------------------------|-------------------------------------|
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D17MTPV01000696 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG KIM CHIONG |
| NRIC No | S0417978A |
| Date Of Birth | 10/07/1951 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/08/1972 |
| Driving Experience | 45 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84285511 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address BLK 251 HOUGANG AVE 3 #13-372
Postcode 530251
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured PARENT
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
Number of vehicles involved in the accident
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? 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
Passenger 1
NAME: : PASSENGER
GENDER: : MALE

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

I WAS DRIVEN ALONG HOUGANG AVE 3 TWO EUNOS LINK ON THE CENTER LANE OF A 3 LANES ROAD. SOMEWHERE BEFORE THE JUNCTION OF BARTLEY ROAD EAST, I SLOWED DOWN THE SPEED OF MY VEHICLE SLIGHTLY AS I WANTED TO MOVE TO THE RIGHT LANE. HOWEVER, BEFORE I COULD MOVE ON AND MY VEHICLE WAS STILL IN MIDDLE LANE, VEHICLE B CAME FROM THE REAR AND 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 YK5508R
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)


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.

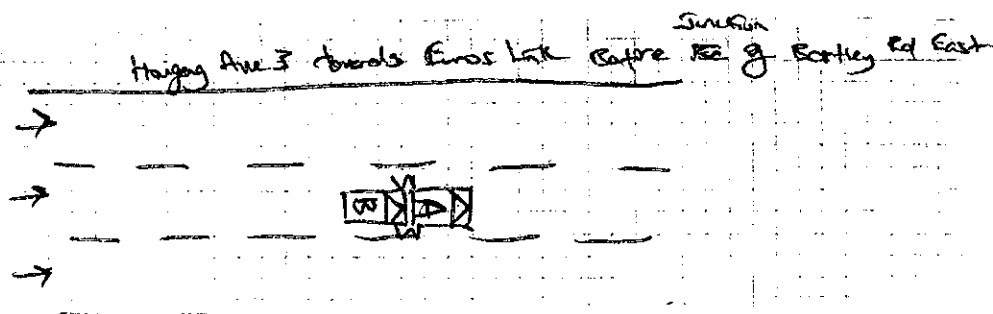

 Policyholder's Signature
 Date & Time:


 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



A - SKZ 2009X

B - YK 5508R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Hargre Ave 3 lanes Ems Lrk on the center line, of a 3-lane road. Somewhere before the junction of Bortley Rd East, I slowed down the speed of my vehicle slightly as I intended to move to the right lane. However before I could move on and my vehicle was still in middle of my lane (center line), veh (B) came from the rear and collided directly onto the rear portion of my vehicle.

A - SKZ 2009X

B - YK 5508R

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:
 NRC/FIN No.:

TAWROT



Pre-repair Inspection

Type

🔍 Question

Message

Dear Vale, Refer to your assignment on 26.12.2017 at 11.39AM. Please be informed that we have inspected the vehicle SKZ 2009X on 28.12.2017 at 2.40PM. At the time of inspection the repairer did not present their estimation to the damaged vehicle. We will submit our report accordingly.

Reply