

ASS. REC. BY:

REF: CS3/ASM18000048/mlb Special Instruction:

SURVAYOR:

ASSIGNMENT (Office)

From (Person):

Ruth Chua

of

ASM

Date/Time: 29.12.2017 3.22pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT 9576 Y

Insured:

XD 4940 E

at Workshop m/s

AT Performance

Tel:

of 160 Sin Ming Drive #07-18/19 Sin Ming Auto Ctry, Singapore 575722

Policy No:

Claim No:

S7M0068F

Sum Insured:

Excess:

Make of Veh:

D.O.A. 28/22017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Alvin 96866219

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
23042015	SJT 9576 Y - NBA/INC15006931/e 1 DOA: 23/04/2015
	Dismantle Part: 05012018
	After repair: 09012018
270118 1.55pm	Email to Ruth Chua thru smart claim

AXA

## ASSIGNMENT

From \_\_\_\_\_ Date 3/1

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

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

To Inspect Vehicle No: SJT 9576Yat Workshop in/s AT Performanceof 160 S/m #01-18

Insured \_\_\_\_\_

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

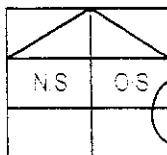
Claims No. \_\_\_\_\_

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: \_\_\_\_\_

IDAO 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: SJT 9576YVeh Regn: Nor 2009Type: McCar / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover

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

Make: TOYOTAColour: P. WhiteSo. Reading: 178958

Eng. No: \_\_\_\_\_

C No: JTDAT20W965001193

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65/15R: 195/65/15

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

TOYO / YOKO or CON

Front

R. Bal. 7 mmL. Bal. 7 mmD.O.A. 28/12/17Survey held at: AT Performance

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

PRI -

Date/Time File Pass to:



Preli. Report

Days Of Repair:

Date/Time File Return to:



Final Report

Resurvey No. of Trip:

Survey Fee

Date/Time File Return to:

Transportation

i

Add Fee:



Site Insp: \$



Inter: \$



Tech: \$



Veh Insp: \$

Report Format: PRS

Lump Sum (L.Bal): \$

Printed

Signed

Date



# 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/ASM18000048/M1b

8 SHENTON WAY #24-01  
AXA TOWERSINGAPORE 068811

Date : 02-01-2018



Code : ASM

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	XD 4940E	Veh. Inspected	SJT 9576Y
Policy No.		Coverage (\$)	0.00
Claim No.	S7M0068F	Excess (\$)	0.00
Assign From	SMART CLAIM (RUTH CHUA)	Assign Date	29/12/2017

## 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. Vehicle Description of Damages

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## 5. General Information

Accident Date	28/12/2017	Inspection Date	03/01/2018
Survey held at	160 SIN MING DRIVE #07-18		
Repairer	A T PERFORMANCE		

## 5a. General Remarks

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

Claim

S7M0068F

Reference

None 

Loss Date

December 28, 2017

Request Date

January 2, 2018

Due Date

January 2, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Standard workshop survey

### Actions

Next Step

PAST DUE: Report that your work is blocked, and modify the Expected Completion Date.

Complete Work

More ▼

### Vehicle Information

Incident Vehicle Registration #

SJT9576Y

Make

TPVD TOYOTA

Service Address

...

Primary Contact/Insured

CHIP SENG CONTRACTOR PTE LTD  
1 CHOA CHU KANG TRACK 14, 698933, Singapore, Singapore  
63148588  
contractor@csgroup.com.sg

Claim Handler

Ruth CHUA  
6568804087  
ruth.chua@axa.com.sg

Additional Instructions  
PRS

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
New Message						

Celine Fong (LKKAUTO)

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**From:** Aridas & Associates <aridasv@singnet.com.sg>  
**Sent:** Friday, 29 December, 2017 12:26 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Subject:** REQUEST FOR PRE REPAIR INSPECTION FOR SJT 9576Y OUR REF : AA.21463.17.ATP  
**Attachments:** 29122017122428.pdf  
**Categories:** Amol

Dear Sirs

**ACCIDENT INVOLVING MOTOR VEHICLES NOS. SJT 9576Y AND XD 4940E ALONG BEDOK SOUTH AVENUE 1 TO ECP ON 28.12.2017.**

We are instructed by LIM KIM HUN to notify you of a road traffic accident on 28.12.2017 at about 8.00 a.m. along Bedok South Avenue 1 involving our client's vehicle registration number **SJT 9576Y** and vehicle registration number **XD 4940E** driven by you at the material time. Copies of the Singapore Accident Statement filed and LTA search particulars are enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damage vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Our client's motor vehicle **SJT 9576Y** can be inspected at M/s A T Performance, 160 Sin Ming Drive, #07-18/19, Sin Ming Auto City, Singapore 575722. Please contact **Mr. Alvin** at handphone number : **9686 6219**; fax number : 6552 2061.

Yours faithfully

**M/s ARIDAS & ASSOCIATES**  
**75 Bukit Timah Road**  
**#05-18, Boon Siew Building**  
**Singapore 229833**  
**Tel : 6337 6359**  
**Fax : 6338 2713**

enc

cc Chip Seng Contractor Pte Ltd  
210 Verde View  
Villa Verde  
Singapore 688762

Wilson  
3/1/2018

# 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

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

**(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: 

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Case Handler Date

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

## 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	28/12/2017 17:55
Date Of Accident	28/12/2017 08:00
Exact Location Of Accident	BEDOK SOUTH AVE 1 TO ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9576Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM HUN
NRIC No	S7836609E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96693549
Alternative Phone No	OFFICE-96693549

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH

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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10024938R00
Cover Note Number	

### Driver

Name of Driver	LIM KIM HUN
NRIC No	S7836609E
Date Of Birth	04/12/1978
Occupation	INDOOR
Date Of Driving Pass	21/06/2002
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96693549
Fax Number	
Contact Number	OFFICE-96693549
EEmail Address	NOEMAIL



Address	62 TANAH MERAH KECHIL AVE #01-22
Postcode	465530
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
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: : ONG POH LIAN GENDER: : FEMALE

#### 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

WAS DRIVING TOWARD ECP, SUDDENLY I FEEL AN IMPACT ON MY RIGHT SIDE. VEHICLE B HIT ONTO MY VEHICLE RIGHT SIDE.

#### 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	XD4940E
Vehicle Make/Model/Colour	
Details Of Properties	
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)

## Accident Sketch Plan Pg. 1

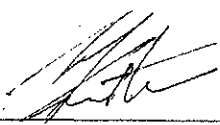
### SKETCH PLAN

#### 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:

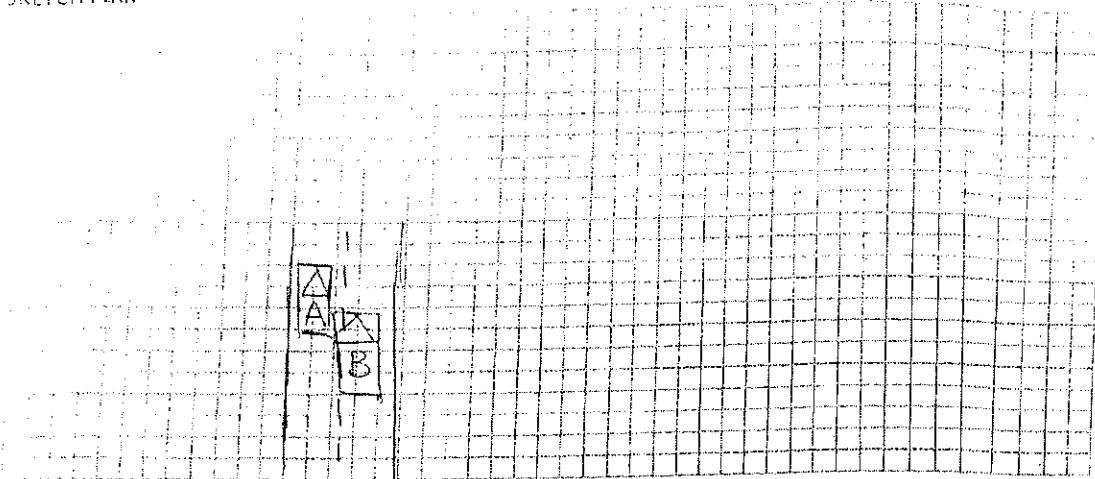
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING TOWARD ECP, SUDDENLY I FEEL AN IMPACT ON  
MY RIGHT SIDE. VEHICLE B HIT ONTO MY VEHICLE RIGHT SIDE.

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.:



## Pre-repair Inspection

Type

🔍 Question

Message

Dear Ruth, Refer to your assignment on 29.12.2017 at 3.22PM. Please be informed that we have inspected the vehicle SJT 9576Y on 03.01.2018 at 4.25PM. At the time of inspection the repairer did not present their estimation to the damaged vehicle. We will submit our report accordingly.

Reply