

ASS. REC. BY:

REF: C8/ASM 18000706 /R1bez

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

Smart claim

From (Person):

Yvonne Ang

of ASM

Date/Time: 11-01-2018 228pm

Estimated Cost:

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

To Inspect Vehicle No:

PA 8251 U

at Workshop m/s

Poh Lee Bus

Insured:

of

3 Joo Koon Road

Tel:

6862 9691 966 89663

Policy No:

Sum Insured:

Claim No:

S8MD06Y5

Make of Veh:

Excess:

\$1250.00

(Client's Record)

D.O.A.

09-01-2018

CA / REV / REP. / REV 24 HRS

after 9am @ 12.01.2018

Date/Time:

11.01.2018 408pm

Person Contacted:

Florence

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

Pending DL

15/1 -

Peret via ~~via~~ ASM

17/1 - @ 9:38am

inform by Yvonne authorise repair

17/1 - @ 9:45am

inform workshop authorise repair excess \$1250/-

Smile@pohlee-transport.com.sg

Rasm

ASM (AXA)

84170

COXPIR4: 2018/0CT

12/01/2018

PA 82514

2008 OCT

TO: WIS TO RES TOC RESERVATION MV

PA 82514
Poh Lee Bus
3,500 Koon Road

PAID

PAID

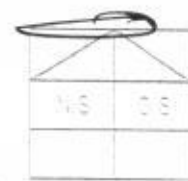
PAID

PAID

PAID

PAID

Pending DL



Policy Condition

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

Be of Vehicle

201K

Accident Report Consistent? Yes or No

Accident Report Consistent? Yes or No

Accident Report Consistent? Yes or No

Accident Report Consistent? Yes or No

Accident Report Consistent? Yes or No

Accident Report Consistent? Yes or No

Vehicle IN / OUT

Track / Plate MINI-BUS

MITSUBISHI ROSA 4.9L 4899

WHITE

436665

Engine

BE 630JF 00081

Gen. Cond. Good

Steering Good Jammed Leaked Burnt

Brake Good Jammed Leaked Burnt

Mod. Good STD 4.9L

Tyre Size 215/75R17.5

BS/DUN EXNOVA BY RS LIZA MID-OCT-18 PIR SUM

TOYO/YOKO FIRENZA

Front

Rear

7

7

09/01/18

POH LEE BUS

Des of Damage

The U/C / Chassis frame, Body structure affected due to collision

According to Steven owner refused to Lump Sum
Confirm \$6145.94, 4 days (Red: 500 7%)

28/3/2018

RECEIVED 28 MAR 2018
RECEIVED 05 APR 2018

Days Of Repair 4

Resurvey No. of Trip 1

Add Fee

6145.94

200

200



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/ASM18000706/R1tb

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 11-01-2018



Code : ASM

1.

Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	PA 8251U
Policy No.		Coverage (\$)	0.00
Claim No.	S8M006Y5	Excess (\$)	1,250.00
Assign From	SMART CLAIM (YVONNE ANG)	Assign Date	11/01/2018

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	09/01/2018	Inspection Date	12/01/2018
Survey held at	POH LEE REPAIR & SERVICING OF VEHICLES NO.3 JOO KOON ROAD SINGAPORE 628967		

5a.


Remarks

- A) THE MARKET VALUE IS S\$----- (EST. AVERAGE)
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.

Service Request Details

Claim
S8M006Y5

LKK AUTO CONSULTANTS PTE LTD (OD) ▾

Reference
None 

Loss Date
January 9, 2018

Request Date
January 11, 2018

Due Date
January 18, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss
Incident Only

Services
Accelerated workshop survey

Actions

Next Step
Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #
PA8251U

Make
MITSUBISHI ROSA BUS 4.9 L MT

Service Address

3 JOO KOON ROAD, ., 628967

Primary Contact/Insured

POH LEE BUS TRANSPORT PTE LTD
3 JOO KOON ROAD, 628967, Singapore, Singapore
68629691

Claim Handler

Default Owner

Additional Instructions
EXCESS 1250 PENDING DL

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



SERVICE REQUESTS

MESSAGES

CLAIMS

<< Service Request Details

Claim

S8M006Y5

Reference

None

Loss Date

January 9, 2018

Request Date

January 11, 2018

Due Date

April 11, 2018

Vendor NameLKK AUTO CONSULTANTS PTE LTD
(OD)**Type of Loss**

Incident Only

Services

Accelerated workshop survey

Actions**Next Step**

Finish the work

Complete Work

More ▾

Vehicle Information**Incident Vehicle Registration #**

PA8251U

Make

MITSUBISHI ROSA BUS 4.9 L MT

Model

MITXXX

Service Address

3 JOO KOON ROAD, , 628967

Primary Contact/InsuredPOH LEE BUS TRANSPORT PTE LTD
3 JOO KOON ROAD, 628967,
Singapore, Singapore
68629691**Claim Handler**

Default Owner

Additional Instructions

EXCESS 1250 PENDING DL

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE**SENT**

1/17/18 9:38 AM

FROM

Yvonne ANG

SUBJECT

Authorized

BODY

Please proceed to authorize



Denise Tay (LKKAuto)

From: Steven Tan <almightyautomotive@hotmail.com>
Sent: Wednesday, 14 March 2018 2:51 PM
To: Denise Tay (LKKAuto)
Subject: Re: Repair photo for PA8251U

Hi Denise,

Confirm.

Regards
Steven

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Monday, March 12, 2018 6:44 PM
To: Steven Tan
Subject: RE: Repair photo for PA8251U

Dear Steven,

Offer at \$6145.94, 4days.

Please confirm.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Steven Tan [mailto:almightyautomotive@hotmail.com]
Sent: Thursday, 1 March 2018 11:34 AM
To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Subject: Re: Repair photo for PA8251U

Hi Denise,

Is part by part.

Rgards



Auto
Consultants
Pte Ltd

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

Your Ref: S8M006Y5

Our Ref: CS/ASM18000706/R1tb

Date: 15/01/2018

The Motor Claims Department
M/s AXA Insurance Singapore Pte Ltd

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO PA 8251U

We thank you for the instruction on 11/01/2018

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/01/2018 @ 10AM at the premises of M/s Poh Lee Bus and have the following to report: -

Workshop Estimate Amount : S\$ 6,645.94
Revised Estimate Amount : S\$ 6,145.94
"Check" Items Amount : S\$ 0.00
Total : S\$ 6,145.94
Market Value : S\$ TBA
LTA Reimbursement Value : S\$ 1,153.00
Nett Value : S\$ 0.00

Description of Damage:

The vehicle sustained damages at the front portion.

Comments/ Present Status:

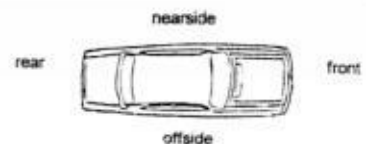
Damages Consistent

Days of repair: 4days

Yours Faithfully,

Rasul

Automotive Assessor



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8417D
Vehicle Details	
Vehicle No.:	PA8251U
Vehicle to be Exported:	No
Intended De-registration Date:	15 Jan 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	ROSA BUS 4.9 L MT 2WD 6T TURBO
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	4M50D19428
Chassis No.:	BE63DJF00081
Maximum Power Output:	-
Open Market Value:	\$68,641.00
Original Registration Date:	22 Oct 2008
First Registration Date:	22 Oct 2008
Transfer Count:	0
Actual ARF Paid:	\$3,433.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	

COE Expiry Date:	21 Oct 2018
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$15,058.00
COE Rebate Amount:	\$1,153.00
Total Rebate Amount:	\$1,153.00

The information contained herein is correct as at 15 Jan 2018

OK

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	10/01/2018 11:46
Date Of Accident	09/01/2018 16:35
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8251U
Insured/Policyholder	
Name Of Registered Owner	POH LEE BUS TRANSPORT PTE LTD
Co Reg No	200208417D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68629691

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA-4.9 D BE63DJRMDA (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VBX/P0726321
Cover Note Number	

Driver

Name of Driver	LIU ZHEN QING
Passport No/FIN	G5327294R
Date Of Birth	11/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82817585
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 214 BOON LAY PLACE #01-17

Postcode

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 - HEAD TO REAR

Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

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) 1

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 09/01/2018 AT 1635HRS, I WAS DRIVING PA8251U ALONG WOODLANDS AVE 12. SUDDENLY SJU7427C STOPPED AND I APPLY BRAKE AND COULD NOT STOP IN TIME AND HIT ONTO ITS REAR. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU7427C
Vehicle Make/Model/Colour TOYOTA PREMIO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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: 10/01/18

12:20 PM

Reporting Centre Personnel's Signature
Name: LILEWEI
NRIC/FIN No.: S9324227J



VISIT PASS
Immigration Regulations

Name
LIU ZHENQING



Date of Birth	Sex	Nationality
11-06-1969	M	CHINESE
FIN	Date of Issue	Date of Expiry
G5327294R	09-06-2016	10-07-2018

MULTIPLE JOURNEY VISA ISSUED

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



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
POH LEE BUS TRANSPORT PTE. LTD.

Sector: **MANUFACTURING**
Name
LIU ZHENQING
Occupation
BUS DRIVER



S Pass No.
0 75490348

Date of Application
01-06-2016

Date of Issue
09-06-2016

Date of Expiry
10-07-2018



L6889513

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

03 May 2013

24 Oct 2014

- C**
- | | |
|---------|---|
| Class 3 | Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg |

G5327294R

S / No. 9000210306



Licence No. G5327294R

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE



LIU ZHENQING

Date of Birth **11 Jun 1969**

Issue Date **03 May 2013**

Valid Till **02 May 2016**



002176053J

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	27/08/2014



Land Transport Authority



VOCATIONAL LICENCE

Licence No. **G5327294R**

Name **LIU ZHENQING**

Issue Date **27/08/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence

POH LEE REPAIR & SERVICING OF VEHICLES

No. 3 Joon Koon Road (S628967)
Tel : 6862 9691 Fax : 68629693
ROC No.: 52799345W

Our Ref: ODC/PA8251U/8013

11th Jan 2018

Poh Lee Bus Transport Pte Ltd
3 Joo Koon Road
Singapore 628967

QUOTATION

Dear Sir,

(D.O.A 09/01/18)

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Bumper, Fr	1	1,934.67	1,934.67
2.	Grille, Radiator	1	1,055.11	1,055.11
3.	Headlamp Assy, LH	1	1,028.08	1,028.08
4.	Headlamp Assy, RH	1	1,028.08	1,028.08
5.	Complete spray painting onto front portion with artwork.	1	800.00	800.00
6.	Labour & Misc. Charges: To remove the affected parts & all relevant attachment & fittings to commence repairs; panel beat & reshapes the affected areas.	1	800.00	800.00
SUB-TOTAL				S\$6,645.94

Thank you.

Yours faithfully,

EDDDE

Eddie Ong
Operation Manager

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:
Signature: _____
Date: _____

Rasul
Hp 90000068

4 days

P/P

12/01/18 @ 1510

EXCESS: 1250

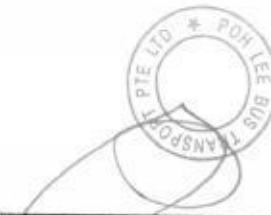
And
REVERT

Resy 64 point

Date: 2/2/18

Satisfaction & Discharge Voucher

I/We Hereby declare that the repairs to my/our Poh Lee Bus Transport Pte Ltd No.PA8251U have been completed to my/our satisfaction and I/We agree the payment of amount \$ 4,645.94 to be paid to Poh Lee Repair & Servicing of Vehicles for such repair are in full discharge of our claim in respect of the damage caused in the accident which occurred on the 09 day of Jan 2018.



Signature of Assured

POH LEE REPAIR & SERVICING OF VEHICLES

No. 3 Joo Koon Rd

(S628967)

Tel: (+65) 6862-9691 Fax: (+65) 6862-9693

Reg No: 52799345W

TO: AXA Insurance (S) Pte Ltd

Tax Invoice No.:

30121

DATE : 20-Feb-18

Our Ref :

Your Ref :

S/N	DESCRIPTION	AMOUNT
1	Being supply of Being Repair to Vehicle PA8251Ufor Accident Damaged. D.O.A :09/01/18 Own Damages Claim Less Excess	\$6,145.94 -\$1,500.00
TOTAL :		\$4,645.94

E. & O.E.

* Please inform any discrepancy within 7 days from the date of this statement

POH LEE REPAIR & SERVICING OF VEHICLES

* A 1% Late Payment Charge will be imposed on any outstanding balance in the next statement, if no payment is received

* All cheque(s) should be crossed and made payable to POH LEE REPAIR & SERVICING OF VEHICLES

Eddie Ong

Authorised Signature