

ASS. REC. BY:

REF:

CS3 / ASM18001079 / Ribet

Special Instruction:

SUMATOR:

Rusul

ASSIGNMENT (Office)

From (Person):

Small claim

Stacey Ng

of

Asm

Date/Time:

10012018 1006 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

STW 909P

Insured:

SLG 546M

at Workshop m/s

Gold Auto

Tel:

8778 9382

of

48 Toh Guan Rd East #01-119

Policy No:

Claim No:

S8M006YQ

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 18012018

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

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Jess

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	STW 909P - (TP/ICR17011379 / KWD3
	SLG 546M - X
	Dismantle Part: 12-01-2018

D.O.A: 24052017

30/1/18 *KARU*

REF: ASM (AXA)

ASSIGNMENT

From: _____ Date: 11-01-2018

Estimated Cost: _____

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

To inspect Vehicle No: STW 909P

at Workshop mis Gold Auto

of 18 Toh Guan Rd East #01-119

Insured: _____

Policy No. _____

Claims No. _____

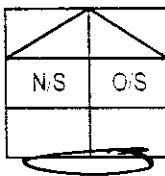
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STW 909P Yr: 2015 Jun 15

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

Truck / Trailer or

Make: MERCEDES Benz GLA 200A

Colour: grey A/C: Insured / Std / NI / NA

Sp. Reading: 73457 T Radio: Insured / Std / NI / NA

Eng. No: _____

C No: WOC1569432 J103908

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50R18

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 11/01/18 @ 227pm

Survey held at Gold Auto

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

RECEIVED 13 JAN 2018

Date/Time File Pass to?

012018

Date/Time File Return to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

_____ S - PS _____

Photos

Others

Add Fee: ☐ Site Insp. \$

☐ Interview \$

☐ Tech. Ins. \$

☐ Clean up \$

Report Format: PA3

Lump Sum / I.B. \$

TOTAL


100

◀ Service Request Details

Claim

S8M006YQ

Reference

None 

Loss Date

January 8, 2018

Request Date

January 10, 2018

Due Date

April 27, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Incident Only

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

[Complete Work](#)

More ▾

Vehicle Information

Incident Vehicle Registration #

SJW909P

Make

TPVD MERCEDES-BENZ

Service Address

...

Primary Contact/Insured

JUNXIAN LIN

BLK 757, CHOA CHU KANG NORTH 5, #02-119, 680757, Singapore, Singapore

GSASSURE@GMAIL.COM

Claim Handler

Stacey NG

6568804351

stacey.ng@axa.com.sg

Additional Instructions

Pending TP estimate

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

Catherine Chong (LKK Auto)

From: claims@goldautoworks.com.sg
Sent: Wednesday, 10 January, 2018 1:14 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Subject: Requesting Pre-Repair Inspection for Vehicle no.: SJW909P
Attachments: img-110125157.pdf

Categories: Mateen

Our Ref : 2018-01-005

Date : 10/1/2018

Attention Motor Claims Department

Dear Sir/Mdm,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PERSUANT TO PARAGRAPHS 6.2 OF PRE-ACTION FOR NIMA CASES.

Accident involving SJW909P and SLB2826T and SLG546M at/along PIE towards Toa Payoh on 8.1.2018; 18:30H.

We act for motor vehicle no. SJW909P with instruction to repair the same.

Please be informed that the said vehicle can be inspected at the following address:-

Venue: 48 Toh Guan Rd East
Enterprise Hub
01-119, Gold Auto Works
Singapore 608586

Contact Person : Mr Zoron Koh (HP: 9619-9144) and/or myself at 8778-9382.

Note: Kindly contact us to arrange for Pre-Repair Inspection.

If you fail to conduct the Pre-Repair Inspection within the next 2 working days excluding any intervening Saturday, Sunday and Public Holiday, the said workshop will commence repairs thereafter without further notice to you.

Warmest Regards,
jess Chua
Gold Auto Works Pte Ltd

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:

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	09/01/2018 18:08
Date Of Accident	08/01/2018 18:30
Exact Location Of Accident	PIE TOWARDS TOA PAYOH EXIT (TUAS/JURONG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW909P
Insured/Policyholder	
Name Of Registered Owner	LEE LINDA
NRIC No	S7804166H
Email Address	URBANITE.DENIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97437585
Alternative Phone No	OFFICE-97437585

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA200

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA042716

Cover Note Number

Driver

Name of Driver	NG YONG NGEE
NRIC No	S7627836I
Date Of Birth	04/09/1976
Occupation	INDOOR
Date Of Driving Pass	11/11/2008
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90062242
Fax Number	
Contact Number	
EMail Address	URBANITE.DENIS@GMAIL.COM

Address	BLK 90 DAWSON ROAD #23-14
Postcode	142090
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG546M
Vehicle Make/Model/Colour	MERCEDES BENZ E250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN JUN XIAN
NRIC/Passport Number	S8509461J
Contact Number	91882242
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB2826T
Vehicle Make/Model/Colour	MAZDA 3

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LUAY MING TONG JEFFREY
NRIC/Passport Number	S8202737H
Contact Number	90932017
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG YONG NGEE
Approximate Age	
Injuries Sustain	HEADACHE AND ASTHMATIC
Injured person in which vehicle?	SJW909P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

④



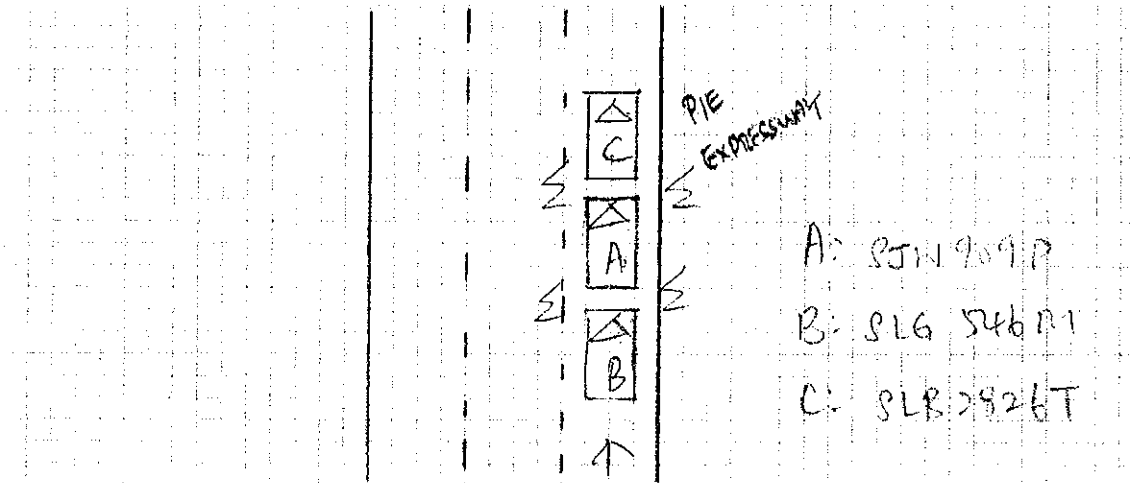
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 1 January 2018, 6.30pm, affected driver / CAR A was driving along PIE expressway to township on the extreme right lane. During driving along the lane, CAR A was being hit from the rear / back by CAR B after CAR A ^{has} fully stopped his car. Prior to CAR B ~~hit~~ hitting the rear bumper of CAR A when CAR A has fully stopped.

The impact from the crash from CAR B hitting on ^{the rear of} CAR A has inflicted to CAR A hitting the rear of CAR C when CAR A is fully stopped.

* Repair at other workshop.

DECLARATION

I/We declare the foregoing particulars are true in every respect

(X)

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

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 Stacey, Refer to your assignment on 10.01.2018 at 10.06PM. Please be informed that we have inspected the vehicle SJW 909P on 11.01.2018 at 2.27PM. At the time of inspection the repairer did not present their estimation to the damaged vehicle. We will submit our report accordingly.

Reply