

22/05/2002

ASS. REC. BY:

REF:

CS3 / ASM18001961 / MIBS²

Special Instructions:

Surveyor:

smart claim

Ma Sinyan
Stacy Ng

ASSIGNMENT (Office)

From (Person):

of

ASM

Date/Time: 31/01/2018 856am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJY 486G

Insured:

CB 9988U

at Workshop m/s

Lee Leow Sing

Tel:

9668 6354

of

Blk 10 AMK Ind Park 2A #03-10

Policy No:

Claim No:

SGM00812

Sum Insured:

Excess:

Make of Veh:

D.O.A.

29/01/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

31/01/2018 1059am

Person Contacted:

Mr. Lee

Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (X) Estimate
	SJY 486G - X
	CB 9988U - N3/INC10005229 / Ph
	Dismantle Part: 01/02/2018

DAA: 15032010




Service Request Details

Claim

S8M0081Z

Reference

None 

Loss Date

January 29, 2018

Request Date

January 31, 2018

Due Date

February 7, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SJY486G

Make

VOLKSWAGEN

Service Address

...

Primary Contact/Insured

KAL TRANSPORT PTE LTD
12 FABER CRESCENT, 129460, Singapore, Singapore

Claim Handler

Stacey NG
6568804351
stacey.ng@axa.com.sg

Additional Instructions

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

MOJ19013071 / ConventDeGoo Engineering Pte Ltd - Pindan
 ENTRY DATE & TIME: 29/01/2018 10:43
 SUBMITTED BY: Wong Chee Wei

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 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 29/01/2018 10:43
 Date Of Accident 29/01/2018 08:20
 Exact Location Of Accident ALONG CHOA CHU KANG ROAD (PHONEIX LRT)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY486G
Insured/Policyholder
 Name Of Registered Owner GUEK AH LIAN
 NRIC No S1388377H
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91481881
 Alternative Phone No OTHERS-91481881
Vehicle Particulars
 Manufacturer VOLKSWAGEN
 Model GOLF-1.4 TSI (A)
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USAGE
 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 GREAT EASTERN GENERAL INSURANCE LIMITED
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 2017-V0098354-VDP-R001
 Cover Note Number
Driver
 Name of Driver WONG SZE MIN CLARA
 NRIC No S8727434I
 Date Of Birth 05/09/1987
 Occupation INDOOR
 Date Of Driving Pass 24/11/2006
 Driving Experience 11 YEARS AND 2 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-93369490
 Fax Number
 Contact Number
 Email Address CLARAWONGSM@GMAIL.COM

30-01-18:09:56

Address 25 HAZEL PARK TERRACE #18-01 SINGAPORE
 Postcode 878948
 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 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? 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? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME (OTHER) KEBUN BARU NPP
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED 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 CB9988U
 Vehicle Make/Model/Colour TOYOTA / UNKNOWN / WHITE
 Details Of Properties FRONT PORTION
 Vehicle Category BUS
 Name of Driver GOH LAI TING
 NRIC/Passport Number S0875724J
 Contact Number 91277692
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJM186K

30-01-18;09:56

Vehicle Make/Model/Colour	NISSAN / LATIO
Details Of Properties	LIGHT DAMAGED
Vehicle Category	PRIVATE CAR
Name of Driver	NEO CHAI THIAM
NRIC/Passport Number	S7237212C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	WONG ZSE MIN CLARA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY486G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

30-01-18:09:56

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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: 29/1/18

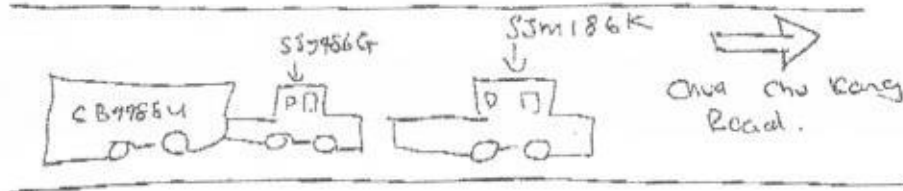
Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC/FIN No: 72780992

CC-SUBSCRIPTION POWERED BY THE
SINGAPORE POLICE
NAME & SIGNATURE: [Signature]
DESIGNATION: [Signature] DATE: 29/1/18

30-01-18;09:56

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

29/01/2018, Approx 08:00h, while I was driving along Chua Chu Kang road, vehicle SJM186K carried out an emergency brake, therefore I responded with an immediate emergency brake. Next moment I look into the rearview mirror, vehicle CB9986U coming toward my rear at a speed. My vehicle SJ9486G was hit at the rear and leads the vehicle over to move forward and gently contact with vehicle SJM186K rear. No injuries were arise for SJM186K (only I drive in the car) and CB9986U.

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: 29/1/2018

COLFORD/DELORO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIVISION BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: [Signature] DATE: 29/1/18

Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC/FIN No.: 472180994


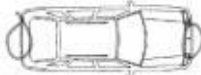
**LKK Auto Consultants Pte Ltd**

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

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PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: XINYOU		Ref: CS3/ASM18001961/M1bs2 Date: 06-04-2018 Code: ASM	
			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	CB 9988U	Veh. Inspected	SJY 486G
Policy No.		Coverage (\$)	0.00
Claim No.	S8M0081Z	Excess (\$)	0.00
Assign From	SMART CLAIM (STACEY NG)	Assign Date	31/01/2018
2. Vehicle Particulars & Condition			
Make & Model	VOLKSWAGEN GOLF	c.c	1390
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WWZZZ1KZAW363510	Colour	BLACK
Odometer	149346 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/45R17	PIRELLI	8 mm
L/H Front Tyre	225/45R17	PIRELLI	8 mm
R/H Rear Tyre	225/45R17	PIRELLI	8 mm
L/H Rear Tyre	225/45R17	PIRELLI	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
5. General Information			
Accident Date	29/01/2018	Inspect Date / Time	31/01/2018 (05:36 PM)
Survey held at	LEE LUEW SING MOTORS NO 10 ANG MO KIO INDUSTRIAL PARK 2A #03-10 AMK AUTOPOINT SINGAPORE 568047		
5a. 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.			

Report Ref No. CS3/ASM18001961/M1bs2

Inspected By



MA CHIN FOOK

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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