

SS. REC. BY:

REF CS3/ASM18003412/Wd35² Special Instruction:

Surveyor: Wilson ASSIGNMENT (Office)

From (Person): Ernest Tay of ASM Date/Time: 22/2/18

Estimated Cost: _____ Bill to: _____

OD IP WS TP RES OD RES EVA INV MV CS

To Inspect Vehicle No: PC1145D Insured: GBE79634

at Workshop m/s: N-SI Automotive Tel: 6842 0051

of 2 Kaki Bkt Ave 2 #01-17

Policy No: _____ Claim No: S8M009BW

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20/2/18
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{1 up} H.O.D. Endorsement: _____

Date/Time: 1:41pm @ 22/2/18 Person Contacted: Melody Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	PC1145D - NA / INC 18003337 D.O.A: 20/2/2018
	GBE79634 - X
	Dismantle: 27/2/2018
	After repair: 9/3/2018 (Guo Bing)

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV _____
 To inspect Vehicle No PC 1145D
 at Workshop No NSI
 of _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured _____ Excess _____
 (Client's Record) _____
 Make of Veh _____

Veh No PC 1145D Regn 04 2011
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
 Make Toyota Hance CC 2982
 Colour white AC Insured / Std / Nil / NA
 Sp Reading 3910'S T Read Insured / Std / Nil / NA
 Eng No _____
 C No 3TFST 22A 00011472
 Gen Cond Good / Fair / Poor / Burnt
 Steering Inorder / Jammed / Leaked / Burnt or
 Brake Inorder / Jammed / Leaked / Burnt or
 Modr Nil / S/Rim / STD A/Rim or

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size F: 195 R15
 R: 195 R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or LIANAM (F)
BIS (R)
 Front _____ Rear _____
 R/Bal 4 mm R/Bal 3 mm
 L/Bal 4 mm L/Bal 3 mm
 D.O.A. 20/2/2018 D.O.I. 22/2/2018
 Survey held at: At Above 5:15pm
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

Bal. or Market Value _____
 JDAC 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

Date / Time Action / Instruction
11/4/18 Submit PRE report.

RECEIVED 12 APR 2018

Date Time File Pass to: : Preli. Report Days Of Repair: _____
 : Final Report Resurvey No. of Trip: _____
 Date Time File Return to: _____
 Add Fee: Site Insp \$
 Interview \$
 Tech Insp \$
 Weekend \$
 Report Format: PRE
 Lump Sum / I.B.F: \$ _____
 Survey Fee _____
 Transactor _____



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/ASM18003412/Wd3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 22-02-2018



Code : ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBE 7963U	Veh. Inspected	PC 1145D
Policy No.		Coverage (\$)	0.00
Claim No.	S8M009BW	Excess (\$)	0.00
Assign From	ERNEST TAY	Assign Date	22/02/2018

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

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5. General Information

Accident Date	20/02/2018	Inspection Date	22/02/2018
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		

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.
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Service Request Details

Claim
S8M009BW

Reference
None 

Loss Date
February 20, 2018

Request Date
February 22, 2018

Due Date
February 22, 2019

LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

Actions

Next Step
Finish the work

Vehicle Information

Incident Vehicle Registration #
PC1145D

Model

TOYOTA HIACE HIROOF AUTO 14 SEATER

Service Address

22 DEFU LANE 10, , 539203

Primary Contact/Insured

TAN HOE GUAN

22 DEFU LANE 10, #01-256, 539203, Singapore

65674755

AAIIA@SINGNET.COM.SG

Claim Handler

TAY Ernest

6568804835

ernest.tay@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

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	21/02/2018 18:05
Date Of Accident	20/02/2018 14:30
Exact Location Of Accident	KJE NEAR TO EXIT OF JALAN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1145D
Insured/Policyholder	
Name Of Registered Owner	3H TRANSPORTATION & TRADING
Co Reg No	53203678J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94890712
Alternative Phone No	OFFICE-94890712
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING HOURS
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093864366
Cover Note Number	

Driver

Name of Driver	ZULKANAIN BIN MOHD NOR
NRIC No	S1702839A
Date Of Birth	11/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1995
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94890712
Fax Number	
Contact Number	OTHERS-94890712
Email Address	NOEMAIL

Address BLK 622A PUNGGOL CENTRAL
#11-258

Postcode 821622

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 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) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3689999 - FAX NO: 63682383

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180220/2159

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 GBF7963U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver DANE TAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ZULKANAIN BIN MOHD NOR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	PC1145D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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.


3H TRANSPORTATION & TRADING

Policyholder's Signature
Date & Time:


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

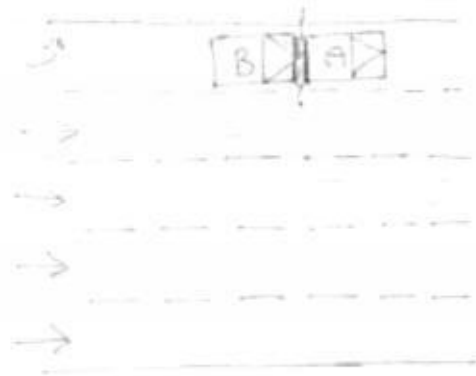

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

PIG FORWARD INTO DIRECTION
REPORT JALAN BAYAN LRT

VEHICLE A - PC 1149 D
VEHICLE B - GNF 7463 M



RSE →

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORTS	REPORT NUMBER
	T/2018060/2159
	SAULT STEAKHOUSE NORTH
VEHICLE A - PC 1149 D	
VEHICLE B - GNF 7463 M	

DECLARATION

(/We declare the foregoing particulars are true in every respect.

3H TRANSPORTATION & TRADING

Policyholder's Signature
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/ID No _____

21/2/2018



SINGAPORE POLICE FORCE



T/20180220/2159

1 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20180220/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2018 19:03		Vide Report No.:	Station Diary No.: 43
Informant's Particulars			
Name of Informant: ZULKANAIN BIN MOHD NOR		Address: APT BLK 622A PUNGGOL CENTRAL #11-258 SINGAPORE 821622	
ID Type / ID No.: NRIC NO / S1702839A		Contact No.: Home/Office:	Mobile: 94890712
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 11/10/1965	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY Near to Exit of Jalan Bahar				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7963U	Lorry				Seriously Damaged	0
PC1145D	Bus/Coach/Mi nibus				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20180220/2159

CONTINUATION OF REPORT

Name	DANE TAN		ID No.	NIL
Related Vehicle	GBF7963U (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	ZULKANAIN BIN MOHD NOR		ID No.	S1702839A
Related Vehicle	PC1145D (Bus/Coach/Minibus)		Contact No.	94890712
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 20/02/2018 at about 1440hrs, I was driving an excursion bus along KJE with bus attendant in the bus namely Sarah Binte Tangkie NRIC: S1614400B. I was on the left most lane as I wanted to exit to Jalan Bahar. As there was only one lane to exit to Jalan Bahar the traffic was slow. While moving slowly, out of a sudden I felt an impact from the rear right of my vehicle. I then saw the lorry moving forward and stopped. I then drive forward and went in front of the lorry. I then alighted from my bus and discovered the driver could not exit his vehicle as his leg stuck. SCDF and ambulance arrived. SCDF then help to release the driver's leg. I then exchange particulars with the driver of the lorry. Damage to my vehicle are broken rear right mirror and dented rear right side of the bus. No one was conveyed to the hospital. Both vehicle still moveable hence after exchanging particulars, I drove off while the lorry had called for a tow. No government property damaged.



**SINGAPORE
POLICE FORCE**



T/20180220/2159

3 of 3

Report No. T/20180220/2159


Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 MUHAMMAD FAIDHI BIN ROZZID	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2018 19:03
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168

Signature : 

Singapore Police Force

SN 127




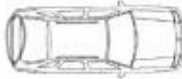
LKK Auto Consultants Pte Ltd

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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD		Ref: CS3/ASM18003412/Wd3s2	
8 SHENTON WAY #24-01		Date: 03-05-2018	
AXA TOWERSINGAPORE 068811			
ATTN: ERNEST TAY		Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBE 7963U	Veh. Inspected	PC 1145D
Policy No.		Coverage (\$)	0.00
Claim No.	S8M009BW	Excess (\$)	0.00
Assign From	ERNEST TAY	Assign Date	22/02/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	JTFST22PX00011472	Colour	WHITE
Odometer	391015 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15	LINAM	4 mm
L/H Front Tyre	195 R15	LINAM	4 mm
R/H Rear Tyre	195 R15	BRIDGESTONE	3 mm
L/H Rear Tyre	195 R15	BRIDGESTONE	3 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	20/02/2018	Inspect Date / Time	22/02/2018 (05:18 PM)
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
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/ASM18003412/Wd3s2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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