

2/9/2002

ASS. REC. BY:

REF: CS | CTI 18004538 | R1rd3

Special Instruction:

Sur. Levot:  
Menther

Rasul

ASSIGNMENT (Office)

From (Person):

Sawyn Tay

of

CTI

Date/Time:

8/3/18 @ 5:20pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFM 2777P

Insured:

CB 7325X

at Workshop m/s

Volkswagen

Tel:

6305 7176

of

247 Alexandra Road

Policy No:

DMB18N1739421700

Claim No:

8NM18D0124902

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

6/3/2018

CA / REV / REP. / REV 24 HRS

'wp?

13/3/18 @ 10am owner waiting

H.O.D. Endorsement:

Date/Time:

9:10am @ 9/3/18

Person Contacted:

charmedine

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SFM 2777P - X
	CB 7325X - CC3 / CTI 18004490 / K/pa3 D.O.A: 6/3/18

Signature: *[Signature]*

REF:

1565C

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

To Inspect Vehicle No: SFM 2777P

at Workshop m/s Volkswagen

of \_\_\_\_\_

Insured: CTI/TP

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

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

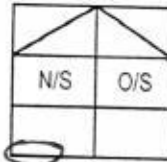
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 10 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: SFM 2777P Yr Regn: 2013 / OCT

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

Truck / Trailer or

Make: Volkswagen Scirocco 1.4 c.c. 1390

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

Sp. Reading: 38610 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WYN222-132 DV014505

Gen. Cond: Good Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/40 R18

R: 235/40 R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 06/03/18 D.O.I. 13/03/18

Survey held at Volkswagen Alexndex

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Claimant revert to DD claim.

Submit final fig \$8998.21 (Red. 15,709.34, 632)

RECEIVED 17 OCT 2018

Date/Time. File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: 1

Survey Fee:

Transportation.

220 \$ + RS \$

) Photos

) Others

TOTAL

Report Format: TP

Lump Sum / I(B): \$ 8,998.21

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$



# 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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CTI18004538/R1rd3

3 ANSON ROAD #16-00  
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 09-03-2018



Code : CTI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	CB 7325X	Veh. Inspected	SFM 2777P
Policy No.	DMB1SN1739421700	Coverage (\$)	0.00
Claim No.	SNM18D01249C02	Excess (\$)	0.00
Assign From	MERIMEN (JOWYN TAY)	Assign Date	09/03/2018

## 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	06/03/2018	Inspection Date
Survey held at	VOLKSWAGEN CENTRE SINGAPORE 247 ALEXANDRA ROAD SINGAPORE 159934	

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## ...CLAIM SUBFOLDER...(New Assignment)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Mar 2018		08 Mar 2018 17:20 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	MICHELLE NEO AI LIN		
Vehicle Reg. No.:	SFM2777P	Date of Loss:	06/03/2018 00:00 - :59
Claim Type:	TP / SNM18D01249C02	Policy/Cover Note No.:	DMB1SN1739421700
Vehicle Reg. No. (Insured):	CB7325X	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Volkswagen Group Singapore Pte Ltd (-) 247 ALEXANDRA ROAD, 159934 Alexandra - Tel: 63057293		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/03/2018]		
Adj Asg. Remarks:	EST - \$25,015.42 , CASE WITH SJE		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date   Priority   Type   Task Group   Subject   Handler   Assigned By   Completed On   Created On   Done?

No results.

**Lucas Lee**

---

**From:** Kong, Charmaine (VWG Singapore) <charmaine.kong@vw.com.sg>  
**Sent:** Tuesday, 6 March, 2018 4:34 PM  
**To:** Claims Dept of CTI  
**Cc:** Wong, MeiY (VWG Singapore); Cheong, Pearlyn (VWG Singapore); Goh, Edmund (VWG Singapore)  
**Subject:** REQUEST FOR DIRECT SETTLEMENT FOR ACCDT INVOLVING SFM2777P & CB7325X ON 6.3.18  
**Attachments:** MyDocument\_2018\_03\_06\_04\_26\_38.pdf

Dear Claims,

Please revert on liability & survey arrangements.

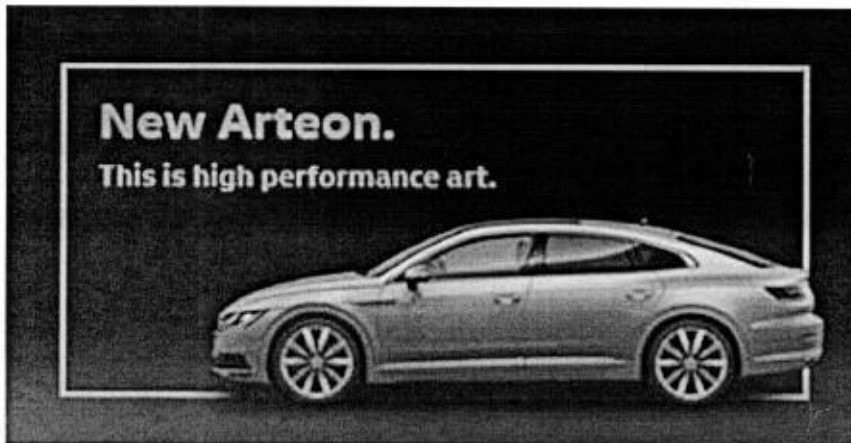
Thanks.

Best Regards,

Charmaine Kong  
Insurance Service Advisor  
Aftersales

Volkswagen Group Singapore Pte Ltd  
247 Alexandra Road  
Singapore 159934

Direct line: +65 6305 7176  
Main Line: +65 6305 7299  
Main Fax: +65 6474 3643  
[charmaine.kong@vw.com.sg](mailto:charmaine.kong@vw.com.sg)  
<http://www.vw.com.sg>



**From:** charmaine.kong@vw.com.sg [mailto:charmaine.kong@vw.com.sg]  
**Sent:** Tuesday, 6 March, 2018 4:28 PM  
**To:** Kong, Charmaine (VWG Singapore)  
**Subject:** Scan von MyMFP

Scan from MyMFP

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This email has been scanned by the Symantec Email Security.cloud service.  
For more information please visit <http://www.symanteccloud.com>

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AXA  
VS  
CHINA TAIPINH

## 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.

001

### ACCIDENT STATEMENT

Date Of Report 06/03/2018 09:19  
Date Of Accident 06/03/2018 08:30  
Exact Location Of Accident BUKIT TIMAH ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFM2777P  
**Insured/Policyholder**  
Name Of Registered Owner MICHELLE NEO AI LIN  
NRIC No S2191565C  
Email Address MNEO183@GMAIL.COM  
Mobile Phone No (LOCAL) +65-96371106  
Alternative Phone No OFFICE-96371106

### Vehicle Particulars

Manufacturer VOLKSWAGEN  
Model SCIROCCO 1.4 TSI+KL1

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 VPA/P1436095  
Cover Note Number

### Driver

Name of Driver MICHELLE NEO AI LIN  
NRIC No S2191565C  
Date Of Birth 15/05/1966  
Occupation INDOOR  
Date Of Driving Pass 19/06/2001  
Driving Experience 16 YEARS AND 8 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-96371106  
Fax Number  
Contact Number OFFICE-96371106  
Email Address MNEO183@GMAIL.COM

Address	1A,SHELFORD ROAD,#05-05
Postcode	288534
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 - 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?	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

REFER TO SKETCH PLAN

#### 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	CB7325X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZAKBA BIN BAKAR
NRIC/Passport Number	S1615434B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

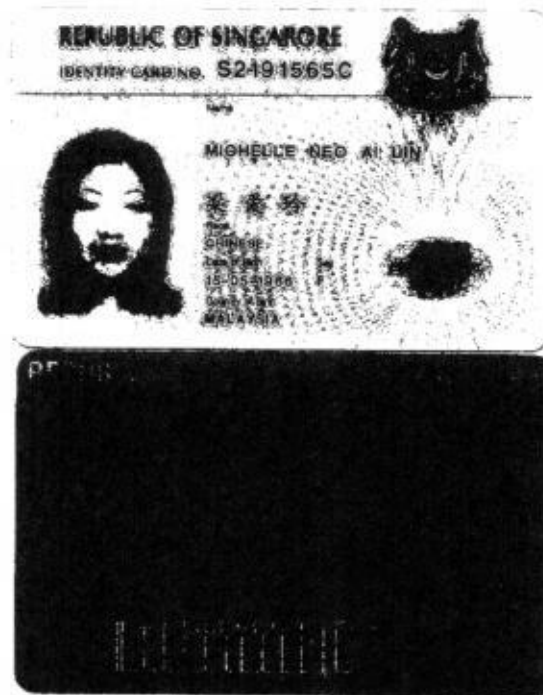


AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel:(65)63387288 Fax:(65)63382522  
Website:www.axa.com.sg  
GST Registration Number: 199903512M  
customer.service@axa.com.sg



Private Cars COMP  
POLICY SCHEDULE  
**DUPLICATE**  
RENEWAL  
COPY FOR FINANCE COMPANY Duplicate

<b>POLICY INFORMATION</b>		Policy No. : VPA/P1436095	
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)		
Insured	: MICHELLE NEO AI LIN		
Address	: 1A SHELFORD ROAD #05-05 THE SHELFORD SINGAPORE 288534		
Business/Profession	: LAWYER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance : From 30/10/2017 To 29/10/2018 (Both Dates Inclusive)			
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 50.00% : SGD 895.23 NCD			
Safe Driver Disc	: SGD 44.76 5.00%		
GST 7.00%	: SGD 59.53		
Annual Premium	: SGD 910.00		
Total Payable	: SGD 910.00		
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	: Comprehensive		
Regn No.	: SFM2777P		
Type Of Use	: Private Car		
Make/Model	: VOLKSWAGEN SCIROCCO 1.4 TSI		
Year of Manufacture	: 2012	Seating Capacity (excl. Driver) : 03	
Body Type	: HATCHBACK	Engine C.C. : 1390	
Engine No.	: CTH026887	Chassis No. : WVVZZZ13ZDV014505	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use : As specified in Certificate of Insurance			
Hire Purchase	: STANDARD CHARTERED BANK SINGAPORE LTD		
<u>Extra Coverage(Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
VW Daily Cash Benefit			
Basic Own Damage Excess		: SGD 1,200.00	
Windscreen Excess		: SGD 100.00	
<u>Named Drivers</u>			
1 MICHELLE NEO AI LIN			

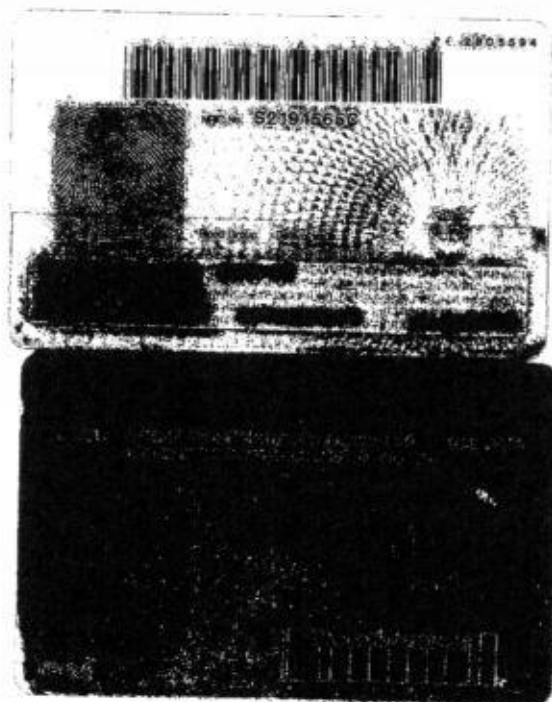
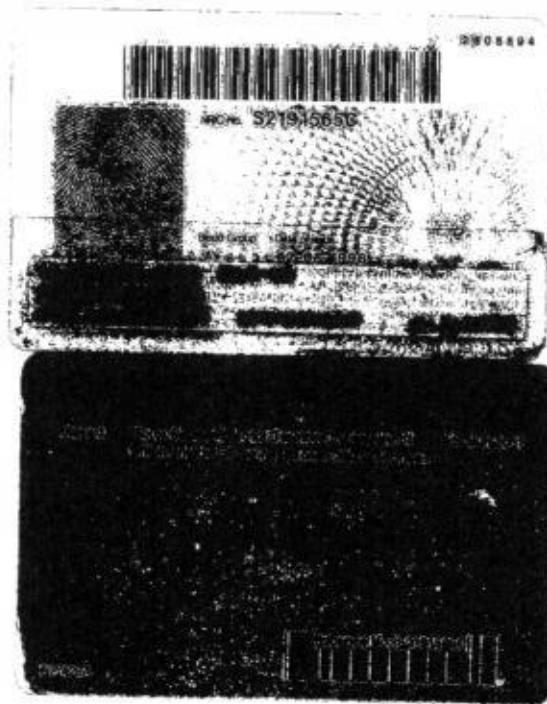


SFM2777P

contact : 96371106

E MAIL : mneo183@gmail.com

Sketch Plan #3 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:

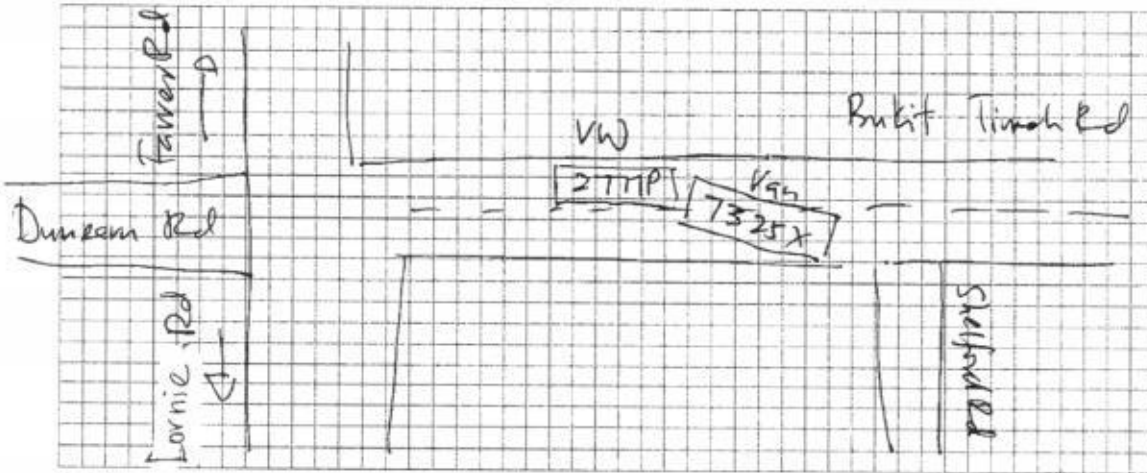
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 6/3/2018

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/3 830am I drove out of Sheffield Rd and took the right lane along Bunkit Timoh Rd ready to turn right onto Farver Rd.

About 1 or 2 minutes later, Van 7325X (on the left lane behind me) drove very close to me. I could see his van from my rear mirror. Suddenly he knocked into the left back of my car.

The driver said he was trying to give way to another car.

Subsequently after we parted ways, about 50 metres down the road, I saw he knocked into a NTUC Ceb as he tried to filter into Lornie Rd.

DECLARATION

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

Policyholder's Signature  
Date & Time: 6/3/2018

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

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

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

