

ASS REC BY:

REF:

C93/MSG18004774 / Ribet <sup>Range</sup>

Special Instruction:

Surveyor:

Rosal

ASSIGNMENT (Office)

From (Person):

Jasmine Lok

of

msh

Date/Time: 13/03/2018 10:29am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLK 6807A

Insured:

XE 22347

at Workshop m/s

my car consultant

Tel:

of

25 Kaki Bukit Rd 4 # 03-67

Policy No:

288288591MKE

Claim No:

551899

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

08/03/2018

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

14/03/2018 @ 83830606

- Anthony

#08-26

H.O.D. Endorsement:

Date/Time:

13/03/2018 3:59pm

Person Contacted:

Jeremy

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SLK 6807A - X

XE 22347 - X

Dismantle: 15/3/2018

After repair: 22/3/2018

MSIG

# ASSIGNMENT

Veh de-registered

Date 14/3/18

SLK 6807A

Estimated Cost

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

SLK 6807A

My Car Consultant

25 Kaki Bkt Rd 4 # 08-26 03-67

Insured

Policy No

Claims No

Sum Insured Excess

Anthony @ 8383 3060

Policy Condition

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



Sal. or Market Value

Consistent? : Yes or No

Consistent? : Yes or No

days Res: Yes or No

% G Val: Yes or No

CA / REV / REP. / 24 HRS / wpt

Person Contacted

Vehicle IN / OUT

Date Time Action Instruction

\* Repair Estimate : S\$ 9800 - 10,800

\* 7 days

RECEIVED 07 MAY 2018

Preli. Report  
Final Report

Days Of Repair

Resurvey No. of Trip 2

Add Fee: Site Visit \$  
Test \$  
Ag \$

120  
90  
10  
180

PRG

SLK 6807A

TOYOTA RAY4

GREY

158892

Eng No

JTMBD 33VX05 202966

Gen Cond Good Fair Poor Burnt

Steering Jorder Jammed Leaked Burnt on

Brake Jorder Jammed Leaked Burnt on

Mod Nil / STD A/Rim or

225/65R17

BS DUN / EXNOVA / BY / PS / LIZA / MIC / CHTSU / PR / SUM / TOYO / YOKO

08/03/18 14/03/18

My car consultant

Des of Damages: Res O/S N/S U/O Rectified

The U/O / Chassis frame Body Structure affected due to collision

## ...CLAIM SUBFOLDER...(New Assignment)

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Mar 2018		13 Mar 2018 10:29 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

## CLAIM SUBFOLDER DETAILS

Insured:	TRANS AUTO LOGISTICS PTE LTD, Co. Reg. No.: 200100296K		[Created by insurer]
Main Claimant:	CHUA PAK WE, ID: S71278851		
Vehicle Reg. No.:	SLK6807A	Date of Loss:	08/03/2018 14:00 - :59
Claim Type:	TP / 551899	Policy/Cover Note No.:	28828859MKC (Comprehensive) Coverage: 23/09/2016 - 22/03/2018
Vehicle Reg. No. (Insured):	XE2234T	Policy No. (Claimant):	
		Excess:	S\$3,000.00
Repairer:	My Car Consultant Pte Ltd (HQ) 25 KAKIT BUKIT RD 4, #03-67/68, SYNERGY @ KB, 417800 Kaki Bukit - Tel: 98888885		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 14/03/2018]		
Adj Asg. Remarks:	Survey Vehicle at My Car Consultants Pte Ltd, 25 Kaki Bukir Rd 4 #08-26 Synergy@KB S(417800).		

## ASSOCIATED MAIL RECEIVED

There are no mail for this case.

View All

Compose Case Mail

## ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	View All	Search Tasks	Create New Task	Complete
No results.						Assigned By	Completed On	Created On	Done?

## 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	09/03/2018 17:14
Date Of Accident	08/03/2018 14:15
Exact Location Of Accident	AYE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6807A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA PAK WE
NRIC No	S7127885I
Email Address	BLACK_HENRY@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96911121
Alternative Phone No	OTHERS-96911121

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.4 (A)
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	GA175475/1
Cover Note Number	

### Driver

Name of Driver	CHUA PAK WE
NRIC No	S7127885I
Date Of Birth	09/08/1971
Occupation	INDOOR
Date Of Driving Pass	24/03/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96911121
Fax Number	
Contact Number	OTHERS-96911121
Email Address	BLACK_HENRY@YAHOO.COM

Address	BLK 475C UPPER SERANGOON CRESCENT #05-553 SINGAPORE
Postcode	533475
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	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### 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	XE2234T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHUA PAK WE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLK6807A

Were seat belts worn?

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.

Policyholder's Signature

Date & Time:

9/3/18  
5pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Detmen





# Common Statement

## ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident 8/3/18		Time 1415		2 Exact location of accident AYE (Tuas)		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>							
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if helpful is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SLK6807A**

6 Insured / policyholder (see insurance cert.)  
Name **CHUA POK WE**  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. **S712 78851**  
Tel no. (from Singapore) \_\_\_\_\_  
HP **9691 1121**

7 Vehicle  
Make, type **Toyota Rav 4 24**

8 Insurance company  
**AXA** ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **9A17547511**

9 Driver ☒ Driver in Charge  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence **3**  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the following boxes applicable to your vehicle.

<input type="checkbox"/>	Other Collision
<input type="checkbox"/>	Collision into Object
<input type="checkbox"/>	Collision into Motorcyclist
<input type="checkbox"/>	Collision into Parked Vehicle
<input type="checkbox"/>	Collision into Pedestrian
<input type="checkbox"/>	Collision into Property
<input type="checkbox"/>	Collision - Change/Over Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Motorcyclist Hit
<input type="checkbox"/>	Collision - Opening Box of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - 4-Way
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flame
<input type="checkbox"/>	Hit and Run / Abandon / Damaged while Parked
<input type="checkbox"/>	Hit by Falling Item / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Self Injury
<input type="checkbox"/>	Other

Registration No. (VEHICLE B) **XE2234T**

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from Singapore) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence)  
(if different from insured & above)  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

13 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

14 My remarks

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

13 My remarks

\* In the event of injuries or in the event of damage to property, please refer to vehicles A and B, give information marked

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

## Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1. Occupation (if more than one, state all)		Email: <u>antthony289@yahoo.com</u>
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state relationship of driver with owner
	4. Exact purpose for which vehicle was being used at time of accident		<input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state where it is at present
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth	Occupation	Date of license pass
	9/8/71	Indoor	Outdoor
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	9. Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insurer's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Injured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Was injured conveyed to hospital by ambulance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
			Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	13. Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others		
	15. Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others		
	16. Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr		
	17. What warnings were given by driver or other party?		
	18. Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	19. What lights were displayed on your vehicle/the other vehicle(s)?		
	20. If your vehicle is commercial, state weight of load carried at time of accident		
	21. State how accident happened, width of roads, speed limits, etc. (Refer to attached)		
Declaration	22. State number of Passengers (including Driver) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100		
	I/We declare the foregoing particulars are true in every respect		
Policyholder's signature <u>[Signature]</u> Date <u>9/3/18 5:12pm</u>			
Driver's signature (if driver is not the policyholder) _____ Date _____			



**SINGAPORE  
POLICE FORCE**



T/20180309/2056

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180309/2056

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2018 12:28		Vide Report No.:		Station Diary No.: 70	
<b>Informant's Particulars</b>					
Name of Informant: CHUA PAK WE			Address: APT BLK 475C UPPER SERANGOON CRESCENT #05-553 SINGAPORE 533475		
ID Type / ID No.: NRIC NO / S7127885I			Contact No.: Home/Office: Mobile: 96911121		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 09/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retail/Shop sales manager			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/03/2018 14:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards tuas before Clementi Avenue 6 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK6807A	Car	TOYOTA	RAV4 5DR A	Silver	Seriously Damaged	0
XE2234T	Car trailer	HINO	HINO SH1EEMA-KAS	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180309/2056

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180309/2056

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK6807A	AXA INSURANCE SINGAPORE PTE LTD	GA175475	08/03/2018	03/07/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA PAK WE	ID No.	S7127885I
Related Vehicle	SLK6807A (Car)	Contact No.	96911121
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/03/2018	Date Discharge	09/03/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	LEE SEER GOO	ID No.	S1276260G
Related Vehicle	XE2234T (Car trailer)	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

**Brief Details.**

On the above mentioned date and time, I was driving along AYE (Tuas) on the extreme left lane. I noticed that a car trailer was behind me for some time. As I was about to exit the expressway at Clementi Avenue 6, I slow down my vehicle and suddenly felt an impact from the rear of my vehicle. I felt a little dizzy at the point of time however I manage to get out of my vehicle and discovered that the car trailer had hit onto the rear of my vehicle which caused my back windscreen to shatter and drop off. There was also dents sustained at the rear bumper. Soon, ambulance and traffic police arrived and my statement was taken from the traffic police officer. Subsequently, I was then conveyed to Ng Teng Feng Hospital as I felt pain on the back of my neck and I was also feeling giddy. I was then given 6 days of MC.

POLICE REPORT PAGE 3



SINGAPORE  
POLICE FORCE



T/20180309/2056

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20180309/2056

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: G / Sgt 2 MANDRIC NGOH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2018 12:28
Officer In Charge Of Case: TP / GIT / SI MOHAMED AKBAR BIN-MEERA-HUSSAIN Contact No.: 65573313	Classification Of Case:
Authentication Stamp NP168 	
SIGNATURE	

## ...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Mar 2018		13 Mar 2018 10:29 <a href="#">Edit Adj Rpt</a>	<b>\$0.00</b> <a href="#">Edit Estimates</a>	<b>\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	<b>TRANS AUTO LOGISTICS PTE LTD</b> , Co. Reg. No.: 200100296K								
Main Claimant:	<b>CHUA PAK WE</b> , ID: S71278851								
Vehicle Reg. No.:	<b>SLK6807A</b>	Date of Loss:	08/03/2018 14:00 - :59						
Claim Type:	<b>TP / 551899</b>	Policy/Cover Note No.:	28828859MKC (Comprehensive) Coverage: 23/09/2016 - 22/03/2018						
Vehicle Reg. No. (Insured):	<b>XE2234T</b>	Policy No. (Claimant):							
		Excess:	\$43,000.00						
Repairer:	<b>My Car Consultant Pte Ltd (HQ)</b> 25 KAKIT BUKIT RD 4, #03-67/68, SYNERGY @ KB, 417800 Kaki Bukit - Tel: 98888885								
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Jasmine Lok Kheng Kwei</b> - 6594 2550]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>XING GUO QIANG</b> ] ... [Imm.Advice due 14/03/2018]								
Adj Asg. Remarks:	Survey Vehicle at My Car Consultants Pte Ltd, 25 Kaki Bukit Rd 4 #08-26 Synergy@KB S(417800).								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



## Claim Documents

\*SLK6807A (551899)  
[XE2234T]  
TP  
CHUA PAK WE  
Mar 8 2018 2:00PM  
[TRANS AUTO LOGISTICS PTE LTD]  
My Car Consultant Pte Ltd











































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Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	15/03/18 14:25	<b>Accident Statement</b> <small>From: SC - Reg. No: XE2234T, Claimant: TRANS AUTO LOGISTICS PTE LTD</small>	Load HTM	

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
2	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
3	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
4	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
5	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
6	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
7	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
8	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
9	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
10	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
11	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
12	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
13	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
14	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
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16	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
17	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
18	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
19	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
20	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
21	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
22	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
23	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
24	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
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26	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
27	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
28	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
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32	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
33	07/05/18 11:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
34	07/05/18 11:37	General View	 Load JPG	<input checked="" type="checkbox"/>
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43	07/05/18 11:37	General View	 Load JPG	<input checked="" type="checkbox"/>
44	07/05/18 11:40	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
45	07/05/18 11:40	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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48	07/05/18 11:40	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
49	07/05/18 11:40	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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80	07/05/18 11:40	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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82	07/05/18 11:40	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
83	07/05/18 11:40	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>



Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
84	07/05/18 11:41	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
85	07/05/18 11:41	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
86	07/05/18 11:41	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
87	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
88	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
89	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
90	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
91	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
92	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
93	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
94	07/05/18 11:41	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	12/03/18 17:19	PRI Notice	 Load PDF	
2	13/03/18 10:27	TP disagree to our SJE & Our Reply	 Load PDF	
3	15/03/18 14:25	SLK6807A E FILE REPORT. From:SC - Reg. No: XE2234T, Claimant: TRANS AUTO LOGISTICS PTE LTD	 Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG18004774/GBE2

Date: 07/05/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 28828859MKC

Claimant Vehicle No : SLK6807A

Insured Vehicle No : XE2234T

Date of Loss: 08/03/2018

Nature of Claim: TP

Claim No: 551899

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLK6807A

Make &amp; Model: TOYOTA RAV4, 2.4 (A)

Engine No: HIDDEN

Reg. Date: (Man. Year: )

Chassis No: JTMBD33VX05202966

Colour: Grey

Odometer: 158892 km

Engine Capacity: 2362 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 225/65 R17

Rear Tyre Size: 225/65 R17

Front Left Side: Michelin 6 mm

Rear Left Side: Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

INSPECTION

Date of Assignment: 13/03/2018

Date Inspected: 14/03/2018 Inspected At:

My Car Consultant Pte Ltd (HQ)  
25 KAKIT BUKIT RD 4, #03-67/68,  
SYNERGY @ KB  
Singapore 417800

Estimated Period of Repair: 0.0 days

Adjuster: XING GUO QIANG

Manager: CATHERINE CHONG KAI LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- 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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$9,800.00 - \$10,800.00

## REPAIR DETAILS

### Reference

**Part Source:** MRM-SG      **Version:** 1.0 (Last Synchronised: 07 May 2018)

**Parts:** M1-SUV      TOYOTA RAV4 2.4 (A) (Catalogue:Merimen Singapore 1.0)

**Labour:** Repairer's      (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for SLK6807A)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >