

ASS. REC. BY:

REF: CS/ASM18004964/T1 qd3r/ Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Peter Wang

of

ASM

Date/Time:

26/03/2018

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SLT 7523 P

Insured:

at Workshop m/s

Vantage Automotive

Tel:

8383 3190

of

305 Alexandra Road

Policy No:

Claim No:

S8M00ALL

Sum Insured:

Excess:

\$ 400

Make of Veh:

D.O.A.

10/03/2018

(Client's Record)

CA / ☒ REV / REP. / REV 24 HRS

GET DL and owner's Signed Authorization letter

H.O.D. Endorsement:

Date/Time:

12:03pm @ 26/3/18

Person Contacted:

Guo Xiong

Vehicle-IN/OUT

'VIRTUAL'

Date/Time	Action/Instruction
	(✓) Estimate Addendum made on 14/3/18 that Insured wanted to switch to OD (sign by wksp stuff only) - confirm with Insured that he is aware of that and ask for reason for late submission of OD claim (submitted on 23 Mar)
	SLT 7523P - CC11ASM18004964/T1eq3 D.O.A.: 10/3/18
78/3/18 @ 2:04pm	Revert to Peter Wang via Smart Claim. Pending insd's authore letter
06/4/18 @ 5:57pm	Peter informed C/A via Smart Claim.

Surrounding Traffic
'Virtual'

REF: ASM (AXA) 4964/Nea3, @

ASSIGNMENT

From: _____ Date: 16-03-2018
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLT 7523P
at Workshop m/s: Autofrance
of: 305 Alexandra Rd
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: Guo Xiang
1230pm - 3pm
(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: \$96K.
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 5 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: SLT 7523P Yr Regn: 2017 / New
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Peugeot 308 C.C. 1199
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 4172 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: VES LPHNYWH S153323
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: 225 / 45 R17
R: 7
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. D.O.I. 16/5/18 @ 3pm
Survey held at Autofrance.
Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or
Rear - / S
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
00/4/18 @ 1.57pm	Informed Guo Xiang via Ex: TBA by email.
05/4/18 @ 3.55pm	Informed Guo Xiang via Ex: 8400 by email.
23/4/18 @ 12pm	confirmed with Shahir final fig \$3810, 5 days by email. (Red \$ 1319.40, 76%).

RECEIVED 17 MAY 2018

Date/Time. File Pass to? ☐ : Prel. Report
11/1/18 11:15 AM ☐ : Final Report
Date/Time. File Return to? _____
Report Format: Smart Claim.
Lump Sum / I.B.I.: \$ 3810
Days Of Repair: 5
Resurvey No. of Trip: _____
Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Weekend (\$)
Survey Fee: 200
Transportation: _____
Photos: _____
Others: _____
TOTAL: 200
skt-2217L
shl auto



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 : CS/ASM18004964/T1qd3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 15-03-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SLT 7523P
Policy No.	Coverage (\$)	0.00
Claim No. S8M00ALL	Excess (\$)	0.00
Assign From SMARTCLAIM (PETER WANG)	Assign Date	15/03/2018

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

--

5. General Information

Accident Date 10/03/2018	Inspection Date 16/03/2018
Survey held at AUTOFRANCE 305, ALEXANDRA ROAD SINGAPORE 159942.	

5a. Remarks

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



Service Request Details

Claim

S8M00ALL

Reference

None 

Loss Date

March 10, 2018

Request Date

March 26, 2018

Due Date

April 3, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLT7523P

Make

PEUGEOT

Service Address

305 ALEXANDRA ROAD, ., 159942

Primary Contact/Insured

LIM ERN MINN

BLK 103 SPOTTISWOODE PARK, RD # 09 - 104, 080103, Singapore

94524405

ELIM.CONSOLIDATEDHEALTH@GMAIL.COM

Claim Handler

WANG Peter

peter.xiao@axa.com.sg

Additional Instructions

To survey WP To get DL and owner's signed authorization letter

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE



SENT

3/26/18 9:42 AM

FROM

WANG Peter

SUBJECT

Find out reason for late OD submission

BODY

There was an addendum made on 14 Mar indicating th...



Nivitha (LKK Auto)

From: Wong Guo Xiang <wong.guo.xiang@simedarby.com.sg>
Sent: Friday, 23 March 2018 5:36 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: Mohamed Shabir Abdul Hamid; Natarajan Kavidha Rajan
Subject: Own Damage Claim - SLT7523P
Attachments: estimate - slt7523p.pdf; GIA - SLT7523P - OD.PDF

Categories: Mateen

Dear officer,

Please find the attached documents for your reference.

Kindly advise on the approval & excess amount.

Regards,
Wong Guo Xiang
Customer Service Advisor
AutoFrance (PEUGEOT) / Regent Motors (FORD)
c/o Vantage Automotive Limited
DID: 6477 7409 HP: 8383 3190

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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 23 April 2018 12:00 PM
To: Mohamed Shabir Abdul Hamid; Taufikh (LKKAUTO)
Cc: CS A Team; Admin A; Wong Guo Xiang; Natarajan Kavidha Rajan; SUR
Subject: RE: SLT7523P - FINALISE *** LKK REF: CS/ASM18004964/T1qd3

Dear Shabir,

Confirm final fig \$3,810.00 before excess \$400.00 & GST and 5 repair days.

Kindly expedite the discharge voucher and tax invoice to us for close case.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mei Kwan (LKKAUTO)

Sent: Thursday, 19 April 2018 1:55 PM

To: Mohamed Shabir Abdul Hamid <shabir.abdul.hamid@simedarby.com.sg>; Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>

Cc: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Wong Guo Xiang <wong.guo.xiang@simedarby.com.sg>; Natarajan Kavidha Rajan <natarajan.k.rajan@simedarby.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SLT7523P - FINALISE *** LKK REF: CS/ASM18004964/T1qd3

Dear Sir /Madam,

Thank you for your email.

Please note that: -

LKK ref	Officer in charge
CS/ASM18004964/T1qd3	Shiau Chan

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Mohamed Shabir Abdul Hamid [<mailto:shabir.abdul.hamid@simedarby.com.sg>]

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 9 April 2018 5:55 PM
To: Wong Guo Xiang; SUR
Cc: Mohamed Shabir Abdul Hamid; Natarajan Kavidha Rajan
Subject: RE: SLT7523P

Dear Guo Xiang,

Please be informed that the excess is \$400.00 of above vehicle.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sjewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 9 April 2018 1:57 PM
To: Wong Guo Xiang <wong.guo.xiang@simedarby.com.sg>; SUR <sur@lkkauto.com>
Cc: Mohamed Shabir Abdul Hamid <shabir.abdul.hamid@simedarby.com.sg>; Natarajan Kavidha Rajan <natarajan.k.rajan@simedarby.com.sg>
Subject: RE: SLT7523P

Dear Guo Xiang,

As instructed by our client , please proceed to repair the insured vehicle **SLT 7523P (Excess TBA)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their right **not to pay** if there is no valid approval obtained before repair.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sjewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Wong Guo Xiang [<mailto:wong.guo.xiang@simedarby.com.sg>]
Sent: Thursday, 5 April 2018 4:37 PM
To: SUR <sur@lkkauto.com>
Cc: Mohamed Shabir Abdul Hamid <shabir.abdul.hamid@simedarby.com.sg>; Natarajan Kavidha Rajan <natarajan.k.rajan@simedarby.com.sg>
Subject: SLT7523P

Dear Shiau Chan,

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 9 April 2018 1:57 PM
To: 'Wong Guo Xiang'; SUR
Cc: Mohamed Shabir Abdul Hamid; Natarajan Kavidha Rajan
Subject: RE: SLT7523P

Dear Guo Xiang,

As instructed by our client, please proceed to repair the insured vehicle **SLT 7523P (Excess TBA)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their right **not to pay** if there is no valid approval obtained before repair.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Wong Guo Xiang [mailto:wong.guo.xiang@sime-darby.com.sg]
Sent: Thursday, 5 April 2018 4:37 PM
To: SUR <sur@lkkauto.com>
Cc: Mohamed Shabir Abdul Hamid <shabir.abdul.hamid@sime-darby.com.sg>; Natarajan Kavidha Rajan <natarajan.k.rajan@sime-darby.com.sg>
Subject: SLT7523P

Dear Shiau Chan,

Please find the attached letter of authorisation for your reference.

Regards,

Wong Guo Xiang

Customer Service Advisor

AutoFrance (PEUGEOT) / Regent Motors (FORD)

c/o **Vantage Automotive Limited**

DID: 6477 7409 HP: 8383 3190

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Authorized

Type

🔔 Question

Message

Hi Shiau Chan, please proceed to authorize repair. OD Excess: \$400.

Reply



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: S8M00ALL

Date: 28th March 2018

Our Ref: CS/ASM18004964/T1qd3

The Motor Claims Department
AXA Insurance Singapore Pte L td

Attn: Peter

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SLT 7523P .

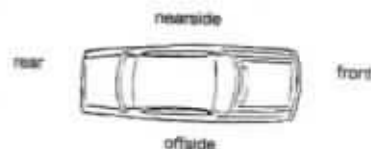
We thank you for the instruction on 26/03/2018 .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 16/03/2018 (3pm) at the premises of M/s VANTAGE AUTOMOTIVE and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,129.40</u> .
Revised Estimate Amount	: S\$ <u>3,810.00</u> .
"Check" Items Amount	: S\$ <u>239.40</u> .
Total	: S\$ <u>4,049.40</u> .
Market Value	: S\$ <u>96,000.00</u> .
LTA Reimbursement Value	: S\$ <u>49,302.00</u> .
Nett Value	: S\$ <u>46,698.00</u> .

Description of Damage:

The vehicle sustained damages at the rear o/s portion.



Comments/ Present Status:

Damages consistent.

Recommend days of repair: 5 days

Pending for insured's authorize letter.

We have not authorised the repairs.

Yours faithfully

Taufikh
Automobile Assessor

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6986J
Vehicle Details	
Vehicle No.:	SLT7523P
Vehicle to be Exported:	No
Intended De-registration Date:	27 Mar 2018
Vehicle Make:	PEUGEOT
Vehicle Model:	308 5DR ALLURE PURETECH 1.2 A/T 2WD S/R
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	10XTA40709575
Chassis No.:	VF3LPHNYWHS153323
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$21,687.00
Original Registration Date:	10 Nov 2017
First Registration Date:	10 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$12,362.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Nov 2027
PARF Rebate Amount:	\$9,271.00
Intended COE Rebate Details	
COE Expiry Date:	09 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,617.00
COE Rebate Amount:	\$40,031.00
Total Rebate Amount:	\$49,302.00

The information contained herein is correct as at 27 Mar 2018

OK

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	12/03/2018 18:43
Date Of Accident	10/03/2018 16:10
Exact Location Of Accident	ECP TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7523P
Insured/Policyholder	
Name Of Registered Owner	LIM MAE-LYNN
NRIC No	S7636986J
Email Address	MAE-LYNN@INBOX.COM
Mobile Phone No	(LOCAL) +65-94524405
Alternative Phone No	OFFICE-94524405

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308-1.2 5DR ACTIVE PURETECH 1.2 A/T 2W (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN856437
Cover Note Number	

Driver

Name of Driver	LIM ERN MINN
NRIC No	S7636986J
Date Of Birth	04/07/1978
Occupation	INDOOR
Date Of Driving Pass	06/01/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94524405
Fax Number	
Contact Number	OFFICE-94524405
Email Address	ELIM.CONSOLIDATEDHEALTH@GMAIL.COM

Address	BLK 103 SPOTTISWOODE PARK RD # 09 - 104
Postcode	080103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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)	5

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 THE ATTACH STATEMENT & SKETCH PLAN

Attachment(s)

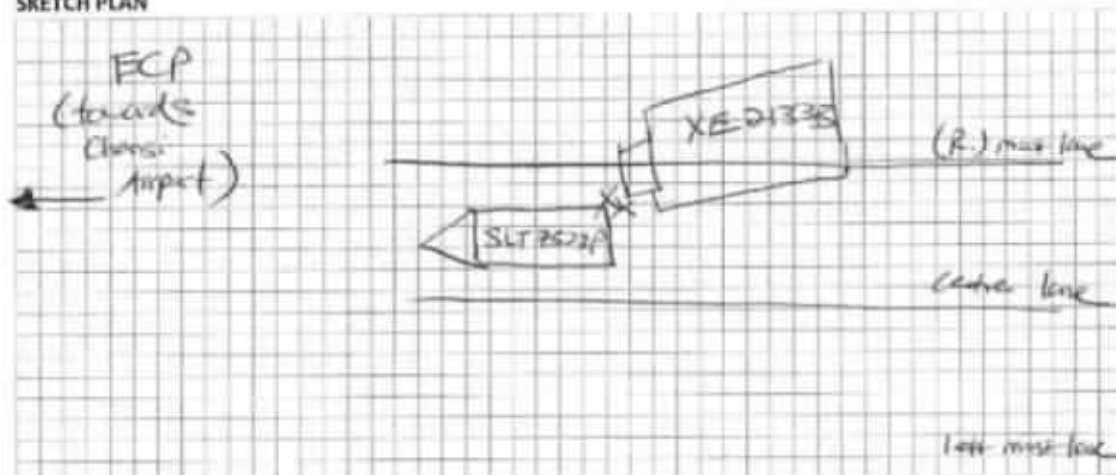
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2133B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Saturday 10th March 2018 at around 4.10pm, I, driver of vehicle no SLT 7523P, NAIC S781859SC, was travelling on ECP towards the airport. There was a 'Chong' float police escort in front of us. I was travelling in the middle lane of ECP. Suddenly, a construction truck (vehicle no XE 2133B) ramped into the side/rear of my car. There was 3 rear passengers (father-in-law, mother-in-law & sister-in-law) and 1 front passenger (my wife) at the point/time of accident.

Both vehicles could not stop because traffic was delayed & very heavy due to the police escort of the float.

my wife took a picture of the construction vehicle as he moved over to the left most lane of the ECP (to gather evidence).

no one was injured, all passengers were just slightly shocked.

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:

Reporting Centre Personnel's Signature
Name: WONG KUN FUNG
NAIC/PIN No: 60658828

CONTAINER OFFICIALS

Accident 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 willful 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:

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

Reporting Centre Personnel's Signature
Name: Wong
NRIC/IN No.: W2458826

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S605500206 / GST Reg. No.: M400017715

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVAL18034384 Vehicle Registration No: SLT7523P
Name(as shown in NRIC) : LIM MAE-LYNN NRIC/FIN/Passport No : S7636986J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 103 SPOTTISWOODE PARK RD # 09 - 104 Singapore(080103)
Contact (Tel) : _____ Mobile No. : 94524405
Email Address : MAE-LYNN@INBOX.COM
Date of Accident : 10/03/2018 Time of Accident : 18:10
Place of Accident : ECP TOWARDS AIRPORT
Insurance Company: AXA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND THIRD PARTY VEHICLE NO. " SE2133B " > " XE2133B "

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: WONG GUO XIANG
NRIC/FIN No.: G2638773L
Date: 14/3/2018

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S60550220 / GST Reg. No.: M400017715

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVAL18034384 Vehicle Registration No: SLT7523P
Name (as shown in NRIC) : LIM MAE-LYNN NRIC/FIN/Passport No : S7636986J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 103 SPOTTISWOODE PARK RD # 09 - 104 Singapore (080103)
Contact (Tel) : _____ Mobile No. : 94524405
Email Address : MAE-LYNN@INBOX.COM
Date of Accident : 10/03/2018 Time of Accident : 16:10
Place of Accident : ECP TOWARDS AIRPORT
Insurance Company : AXA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO " OWN DAMAGE CLAIM "

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: WONG GUO XIANG
NRIC/FIN No.: G2638773L
Date: 14/3/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7818595C**
 Name: **LIM ERN MINN (LIN ENMING)**
 Birth Date: **04 Jul 1978**
 Issue Date: **17 Jan 2004**


001080165C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7818595C


 Name: **LIM ERN MINN (LIN ENMING)**
林恩明
 Race: **CHINESE**
 Date of birth: **04-07-1978** Sex: **M**
 Country of birth: **SINGAPORE**

S7818595C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

PASS DATE: **06 Jan 1997**

Licence No: **S7818595C**

TOP 428A

4407713


 Licence No: **S7818595C**


 Date of issue: **22-05-2009**

Address: **APT BLK 103 SPOTTISWOODE PARK ROAD #09-104 SINGAPORE 080103**

Jas Tan | CC 4, Asm 1800 4964, T. ea3

34888

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

14/3/2018

Registered in Merimen:

Pre-assign / CCU / FTE

XE233B

"VIRTUAL"



Insured Vehicle No.:

Claim No.:

S8M00A20

Name of Insured:

Reclams Enterprise Pte

Policy No.:

P1835567

Insured Tel No.:

HP:

Make / Model:

M7. Pro

Excess Sec II :SS

3,000.00

D.O.A.:

10/3/2018

Place of Accident:

E47 7 (Changi Airport)

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Lim Giew Chong

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

81468777

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLT 7523P



INSRS:

WSP:

Tel:

Liability:

RMKS:

autoframe.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

20/3

After

SLT 7523P - X; XE 233B - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler: Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / OIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lin:
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search:	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost:	S\$			2) Report Format:
Total:	S\$	Global Sum S\$:		3) Survey fee:
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

Surveyor Tamplin
'Virtual'

REF:

ASM (AXA)

4964/Nea's

ASSIGNMENT

From: _____ Date: 16-03-2018

Estimated Cost: _____

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

To inspect Vehicle No: SLT 7523P

at Workshop m/s

Autofranch

of

305 Alexandra Rd

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

Guo Xiang

(Policy Condition)

1230pm - 3pm

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

N/S	O/S

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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

SLT 7523P

Yr Regn: 2017 Nav

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

Truck / Trailer or

Make: _____

Peugeot 308

c.c. 1199

Colour: _____

Grey

A/C: Insured / Std / NI / NA

Sp. Reading: _____

4172

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VFS LPHNYWHS153323

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: _____

225/45R17

R: _____

7

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. _____

D.O.I. _____

16/5/18 @ 3pm

Survey held at _____

Autofranch

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

Date/Time. File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

Site Insp (\$

) \$ - RS \$

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format: _____

Lump Sum / I.B.I: (\$

TOTAL

3k+227L
341 auto

AUTOFRANCE

(A Division of Vantage Automotive Limited)

Business Registration No. S2907220C GST Registration No. M2-0000551-1

305 Alexandra Road

159942, Singapore

Tel : 6376 2288

Fax : 6477 7373



PEUGEOT

GST Registration No. M2-0000551-1

ESTIMATE

Estimate No. : BP 3594
Date Estimated : 14/03/2018
Prepared By : Wong Guo Xiang

Page No. : 1 of 1

- ESTIMATE REPAIR FOR -
Lim Mae-Lynn (Lin Meiling)
103 Spottiswoode Park Road
#09-104
Singapore 080103

- ACCOUNT - 2000
CASH - Sale service

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLT7523P	VF3LPHNYWHS153323	10/11/2017	3081.2 Allurel7	0

DESCRIPTION	VALUE
SUNDRIES	30 150.00
REPLACE / REPAIR REAR RHS FENDER, REAR BUMPER	900 1,200.00
RESPRAY REAR RHS FENDER, REAR BUMPER	1200 1,800.00
WIRING CONNECTION & CHECK (NETT)	✓ 150.00
REMOVE & REFIX REAR LIGHTING SYSTEM (NETT)	✓ 150.00
REMOVE & REFIX REVERSE SENSOR (NETT)	✓ 150.00
TUFF KOTE @ \$60 PER PANEL	X 60.00
TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE (NETT)	✓ 600.00

Total Labour 1: 4,260.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
1610767180	REAR BUMPER - TO BE PAINTED	1	700.00	10.00	630.00
1610767480	RR BUMPER SIDE BRACKET SET	1	60.00	10.00	54.00
9677817580	REAR WING LIGHT RH	1	206.00	10.00	185.40
Total Parts :					869.40

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Customer Service Officer
Signature:

Contact

Labour 1	:	4,260.00
Parts	:	869.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	359.06
Grand Total	:	5,488.46

Tan Jhen 97495449
WP
14/3/18 @ 3pm
Resurvey before paint
Sun @ lkkauto.com
5 days

The above estimates are based on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.



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 : CC4/ASM18004964/ea3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811			Date : 15-03-2018	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	XE 2133B	Veh. Inspected	SLT 7523P	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M00AQ0	Excess (\$)	0.00	
Assign From		Assign Date	15/03/2018	
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				
5. General Information				
Accident Date	10/03/2018	Inspection Date		
Survey held at	AUTOFRANCE 305, ALEXANDRA ROAD SINGAPORE 159942.			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

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	12/03/2018 18:43
Date Of Accident	10/03/2018 16:10 ✓
Exact Location Of Accident	ECP TOWARDS AIRPORT ✓
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7523P ✓
Insured/Policyholder	
Name Of Registered Owner	LIM MAE-LYNN
NRIC No	S7636986J
Email Address	MAE-LYNN@INBOX.COM
Mobile Phone No	(LOCAL) +65-94524405
Alternative Phone No	OFFICE-94524405

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308-1.2 5DR ACTIVE PURETECH 1.2 A/T 2W (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

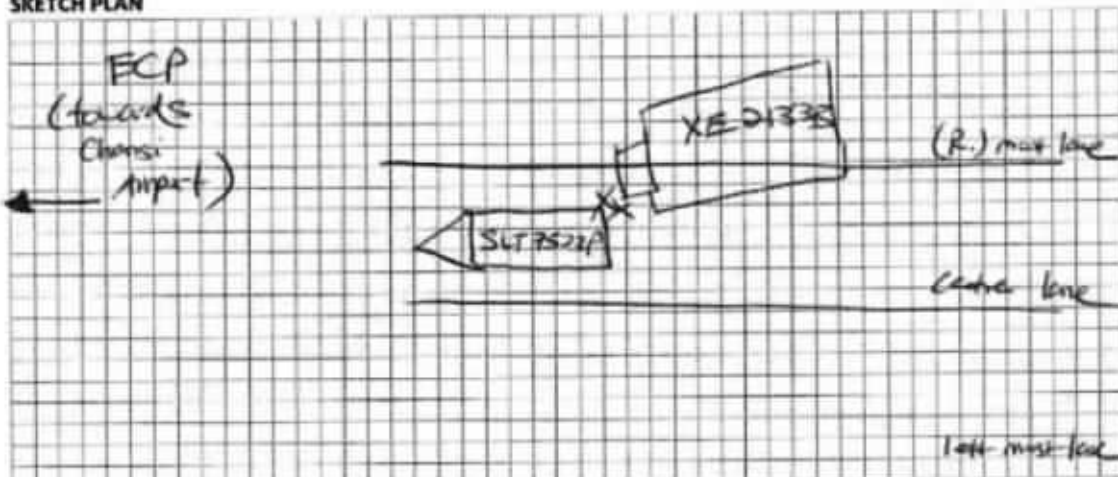
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN856437
Cover Note Number	

Driver

Name of Driver	LIM ERN MINN
NRIC No	S7636986J
Date Of Birth	04/07/1978
Occupation	INDOOR
Date Of Driving Pass	06/01/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-94524405
Fax Number	
Contact Number	OFFICE-94524405
Email Address	ELIM.CONSOLIDATEDHEALTH@GMAIL.COM

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Saturday 10th March 2018 at around 4.10pm, I, driver of vehicle no SLT 7523 P, NAC 37818545C, was travelling on ECP towards the airport. There was a 'Chinggy' float police escort in front of us. I was traveling in the middle lane of ECP. Suddenly, a construction truck (vehicle no XE 2133 B) ramped into the side/rear of my car. There was 3 rear passengers (father-in-law, mother-in-law & sister-in-law) and I front passenger (my wife) at the point/time of accident.

Both vehicles could not stop because traffic was delayed & very heavy due to the police escort of the fleet.

my wife took a picture of the construction vehicle as he moved over to the left most lane of the ECP (to gather evidence).

no one was injured, all passengers were just slightly shocked

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:

Reporting Centre Personnel's Signature
Name: WYNNE LIND KIRKALL
NRIC/PIN No.: 101656329

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MVAL18034384 Vehicle Registration No: SLT7523P
Name(as shown in NRIC) : LIM MAE-LYNN NRIC/FIN/Passport No : S7636986J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 103 SPOTTISWOODE PARK RD # 09 - 104 Singapore(080103)
Contact (Tel) : _____ Mobile No. : 94524405
Email Address : MAE-LYNN@INBOX.COM
Date of Accident : 10/03/2018 Time of Accident : 16:10
Place of Accident : ECP TOWARDS AIRPORT
Insurance Company: AXA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND THIRD PARTY VEHICLE NO. " SE2133B " > " XE2133B "

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: WONG GUO XIANG
NRIC/FIN No.: G2638773L
Date: 14/3/2018

<< Service Request Details

Claim

S8M00AQ0

LKK AUTO CONSULTANTS PTE LTD (TP) ▾

Reference

None 

Loss Date

March 10, 2018

Request Date

March 14, 2018

'Virtual'

Due Date

March 21, 2018

14/03/2018 @ 2pm

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Guo Xiang veh not in

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 #

SLT7523P

Make

TPVD PEUGEOT

Service Address

...

Primary Contact/Insured

RECLAIMS ENTERPRISE PTE LTD
10 TUAS SOUTH STREET 7, 637114, Singapore
63380083
JEUNESSE@VIRTUALINVEST.BIZ

Claim Handler

TAN Jas
6568804844
jas.tan@axa.com.sg

Additional Instructions

VIRTUAL ACCOUNT TP XS - \$3000 Non - reporting TP workshop-Autofrance

[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	16/03/2018 14:03
Date Of Accident	10/03/2018 16:05
Exact Location Of Accident	ECP TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2133B
Insured/Policyholder	
Name Of Registered Owner	RECLAIMS ENTERPRISE PTE LTD
Co Reg No	200903101E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90251502

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1835567
Cover Note Number	

Driver

Name of Driver	LIM SIEW CHONG
NRIC No	F7213741T
Date Of Birth	08/06/1970
Occupation	INDOOR
Date Of Driving Pass	28/01/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86468277
Fax Number	
Contact Number	
Email Address	NOEMAIL

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:


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


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

LETTER OF UNDERTAKING

RECLYMS ENT. P. L., the owner of vehicle no. XE 2133B

I/We shall decide whether
er my/our Policy or against the Third Party and if the former shall submit such a
AXA Insurance Singapore Pte Ltd with all relevant facts and documents within
n) days of occurrence or discovery of damage.

d Party claim is handle by my/our preferred workshop,



Acknowledge by:


signature of policyholder



16/03/2018
Date

Identification Card



Accident Photo



Accident Photo



Accident Photo



Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	F7213741T
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	2B,3,4
Expiry Date :	23/04/2019

PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. :	F7213741T
Status of Provisional Driving Licence :	No Licence
Class of Provisional Driving Licence :	
Expiry Date :	-

The above information is accurate as at 20/03/2018 12:01 AM.

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Wednesday, 21 March 2018 3:13 PM
To: Mei Kwan (LKKAUTO); Bodyshop
Cc: Wong Guo Xiang; Mohamed Shabir Abdul Hamid; Natarajan Kavidha Rajan; Vic (LKKAUTO); Admin A
Subject: RE: VANTAGE// REQ FOR DIRECT SETTLEMENT- SLT7523P AND XE2133B ON 10/03/2018- TP AXA *** LKK REF: CC4/ASM18004964/ea3
Attachments: OI SKETCH PLAN.pdf

Without Prejudice

Dear Sirs,

We refer to the above matter.

Please be informed that liability is unclear for this matter. Our insured driver reported **NO ACCIDENT /NO COLLISION**. Enclosed herewith in this email is a copy of our insured's accident report for your perusal.

We are in a course of investigating into the circumstances of the accident. After verifying further with our OI we will revert with our opinion on the cause of the accident. Kindly do not refer to any party for legal assistance until you heard further from us.

Meanwhile, we would like to request a copy of **video footage/witness statement/scene photos**(if any) in order for us to look into the matter.

We shall revert upon hearing from you.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mei Kwan (LKKAUTO)
Sent: Thursday, 15 March 2018 5:19 PM
To: Bodyshop <bodyshop@simedarby.com.sg>
Cc: Wong Guo Xiang <wong.guo.xiang@simedarby.com.sg>; Mohamed Shabir Abdul Hamid <shabir.abdul.hamid@simedarby.com.sg>; Natarajan Kavidha Rajan <natarajan.k.rajan@simedarby.com.sg>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: VANTAGE// REQ FOR DIRECT SETTLEMENT- SLT7523P AND XE2133B ON 10/03/2018- TP AXA *** LKK REF: CC4/ASM18004964/ea3

Dear Sir / Madam,

We refer to the above matter.

Please be informed that our insured has yet to report the accident.

Kindly provide us :-

- evidence to support your claim if any.

Please note that for liability, claim negotiation and settlement, please contact Asher at 6841 6051.

Our respective case handler will look into the matter and revert to you in due course.

Meanwhile, please arrange appointment for survey.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bodyshop [<mailto:bodyshop@simedarby.com.sg>]

Sent: Wednesday, 14 March, 2018 9:58 AM

To: SG AXA Insurance SM AXA SGP - Motor Survey <motor_survey@axa.com.sg>

Cc: Wong Guo Xiang <wong.guo.xiang@simedarby.com.sg>; Mohamed Shabir Abdul Hamid

<shabir.abdul.hamid@simedarby.com.sg>; Natarajan Kavidha Rajan <natarajan.k.rajan@simedarby.com.sg>

Subject: VANTAGE// REQ FOR DIRECT SETTLEMENT- SLT7523P AND XE2133B ON 10/03/2018- TP AXA

Dear Sirs,

We refer to the above matter.

We have instructions from our client to seek repair cost and loss of use/car rental from you through Direct Settlement.

Attached is the estimates and supporting documents for your consideration.

Please let us have your confirmation that you agree that liability is clear and we may proceed with Direct Settlement.

If Direct Settlement is approved, kindly let us have your offer for LOU/rental.

Warmest Regards,

Kavidha Rajan (Kavi)

Assistant Executive for Accident & Insurance Claims

Tel : +65 64777364

Fax : +65 64777398

Email : natarajan.k.rajan@sime-darby.com.sg

"This electronic mail content and any accompanying attachments ("the Message") is intended only for the named addressee ("the Recipient") and may contain information that is confidential, privileged and/or proprietary to the Sime Darby group of companies ("Sime Darby") and/or protected under applicable laws. If you are not the intended Recipient, you are strictly prohibited from using, disseminating, forwarding and/or printing the Message. Please notify the sender immediately by return e-mail and permanently delete all copies of the Message. Sime Darby disclaims all liability for any error, loss or damage arising from the Message being infected by computer virus or other malicious software. Any views and/or opinions expressed in the Message are solely those of the author's and do not necessarily represent those of Sime Darby's."

AUTOFRANCE

(A Division of Vantage Automotive Limited)

Business Registration No. S2907229C GST Registration No. M2-0000551-1

305 Alexandra Road

159942, Singapore

Tel : 6378 2288

Fax : 6477 7373



GST Registration No. M2-0000551-1

ESTIMATE

Estimate No. :	BP 3594	Page No. :	1 of 1
Date Estimated :	14/03/2018		
Prepared By :	Wong Guo Xiang		

- ESTIMATE REPAIR FOR - Lim Mae-Lynn (Lin Meiling) 103 Spottiswoode Park Road #09-104 Singapore 080103	- ACCOUNT - 2000 CASH - Sale service
---	---

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLT7523P	VF3LPHNYWHS153323	10/11/2017	3081.2 Allure17	0

DESCRIPTION	VALUE
SUNDRIES	30 150.00
REPLACE / REPAIR REAR RHS FENDER, REAR BUMPER	900 1,200.00
RESPRAY REAR RHS FENDER, REAR BUMPER	1200 1,800.00
WIRING CONNECTION & CHECK (NETT)	✓ 150.00
REMOVE & REFIX REAR LIGHTING SYSTEM (NETT)	✓ 150.00
REMOVE & REFIX REVERSE SENSOR (NETT)	✓ 150.00
TUFF KOTE @ \$60 PER PANEL	X 60.00
TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE (NETT)	✓ 600.00
Total Labour 1:	4,260.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
1610767180	REAR BUMPER - TO BE PAINTED	1	700.00	10.00	630.00
1610767480	RR BUMPER SIDE BRACKET SET	1	60.00	10.00	54.00
9677817580	REAR WING LIGHT RH	1	200.00	10.00	185.40
Total Parts :					869.40

LK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company	Acknowledged by Repairer Officer Signature:
---	--

Tan Jhin 97495449
WP
16/5/18 @ 3pm
Resurvey before paint
Sum e lkhauto.com
5 days

Contact	Labour 1	4,260.00
	Parts	869.40
	Labour 2	0.00
	Excess	0.00
	Total GST @ 7%	359.06
	Grand Total	5,488.46

The above estimates are based on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

5129.46

AUTOFRANCE

(A Division of Vantage Automotive Limited)

Co. Regs. No. S2907220C GST Regs. No. M2-0000551-1

305 Alexandra Road
Vantage Automotive Centre
Singapore 159942Service Booking: 6477 7377
Parts: 6477 7429
Vantage 24-Hour Assist: 6473 8588
Fax: 6477 7300**PEUGEOT****SERVICE TAX INVOICE**

RE-PRINT

REPAIR ORDER NO. bp 114286	Date IN 10/04/2018	Invoice Number	Page No. 1 of 1
	Payment Term 30 Days From Invoice	Invoice Date	
	Customer Service Advisor Wong Guo Xiang	Invoice By Mohamed Shabir Abdul Hamid	

CUSTOMER INFORMATION	INVOICE TO 77
Lim Mae-Lynn(Lin Meiling) 103 Spottiswoode Park Road #09-104 Singapore 680103	Axa Insurance S'pore Pte Ltd No. 8 Shenton Way #27-01 Singapore 068811

REGISTRATION No. SLT7523P	CHASSIS No. VF3LPHNYWHS153323	STOCK No. 210178	REGISTRATION DATE 10/11/2017	MODEL 3081.2 Allure17	MILEAGE 0
-------------------------------------	---	----------------------------	--	---------------------------------	---------------------

CODE	DESCRIPTION	UNITS	DISC %	NETT
	SUNDRIES	1	0.00	30.00
	REPLACE / REPAIR REAR RHS FENDER,REAR BUMPER	1	0.00	900.00
	RESPRAY REAR RHS FENDER,REAR BUMPER	1	0.00	1,200.00
	WIRING CONNECTION & CHECK (NETT)	1	0.00	150.00
	REMOVE & REFIX REAR LIGHTING SYSTEM (NETT)	1	0.00	150.00
	REMOVE & REFIX REVERSE SENSOR (NETT)	1	0.00	150.00
	TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE (NETT)	1	0.00	600.00
Sub-Total :				3,180.00

CODE	DESCRIPTION	UNITS	DISC %	NETT
1610767180	REAR BUMPER - TO BE PAINTED	1	10.00	630.00
Sub-Total :				630.00

Attending CSO : Wong

Should you require further explanation, please reach me at 64777409

Service Packages	0.00	Total Labour/Parts/Service Package Charges	S\$ 3,810.00
Labour Charges	3,180.00	Less Insurance Excess	S\$ 400.00
Parts Charges	630.00	GST @ 7%	S\$ 238.70
Lubricant/Misc	0.00	Invoice Total Amounts	S\$ 3,648.70
		Less Deposit/Voucher	S\$ 0.00
Computer generated invoice. No signature is required.		Amount Payable	S\$ 3,648.70

All amounts are in Singapore Dollars.

Work was carried out subject to the Company's Terms and Conditions of Service.

No complaints will be entertained unless reported within seven (7) days of the date of this invoice.

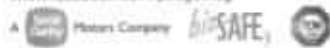
For credit purchases, interest @1% per month will be debited on overdue amounts.

AutoFrance (Co. Reg. No. S2907220C)
A division of Vantage Automotive Limited
305 Alexandra Road, Singapore 159942

Sales
T: (65) 6376 2288 F: (65) 6477 7373

Service/Parts
T: (65) 6477 7377/420 F: (65) 6477 7398

Online
www.peugeot.com.sg
www.facebook.com/peugeotsg



04TH MAY 2018

AXA INSURANCE SINGAPORE PTE LTD

NO 8 SHENTON WAY

#27-01

SINGAPORE 068811

Attention: Motor Claims Department

Dear: Sir /Madam

Re: OD CLAIM for vehicle SLT7523P

We enclose the following documents for you to process the payment to us.

1. A copy of the tax invoice No: 5322268
2. A copy of the Discharge Voucher
3. A copy of the Driving Licence & Identity card
4. A copy of the Certificate of Insurance
5. A copy of the Accident report

We hope you will give prompt attention and forward us the payment as soon as possible.

Please do not hesitate to contact us at 64777364. Thank you.

Sincerely,



Ms. Kavidha Rajan (kavi)

Assistant Executive for Accident & Insurance Claims

Natarajan.k.rajan@simedarby.com.sg

AUTOFRANCE

(A Division of Vantage Automotive Limited)
Co. Regs. No. S2907220C GST Regs. No. M2-0000551-1

305 Alexandra Road
Vantage Automotive Centre
Singapore 159942
Service Booking: 6477 7377
Parts: 6477 7420
Vantage 24-Hour Assist: 6473 8588
Fax: 6477 7300



SERVICE TAX INVOICE

REPAIR ORDER NO. bp 114286	Date IN 10/04/2018 Payment Term 30 Days From Invoice Customer Service Advisor Wong Guo Xiang	Invoice Number 5322268 / WSH Invoice Date 23/04/2018 Invoice By Natarajan Kavidha Rajan	Page No. 1 of 1
--------------------------------------	--	---	------------------------

CUSTOMER INFORMATION	INVOICE TO 77
Lim Mae-Lynn(Lin Meiling) 103 Spottiswoode Park Road #09-104 Singapore 080103	Axa Insurance S'pore Pte Ltd No. 8 Shenton Way #27-01 Singapore 068811

REGISTRATION No.	CHASSIS No.	STOCK No.	REGISTRATION DATE	MODEL	MILEAGE
SLT7523P	VF3LPHNYWHS153323	210178	10/11/2017	3081.2 Allure17	8

CODE	DESCRIPTION	UNITS	DISC %	NETT
	SUNDRIES	1	0.00	30.00
	REPLACE / REPAIR REAR RHS FENDER,REAR BUMPER	1	0.00	900.00
	RESPRAY REAR RHS FENDER,REAR BUMPER	1	0.00	1,200.00
	WIRING CONNECTION & CHECK (NETT)	1	0.00	150.00
	REMOVE & REFIX REAR LIGHTIN G SYSTEM (NETT)	1	0.00	150.00
	REMOVE & REFIX REVERSE SENSOR (NETT)	1	0.00	150.00
	TO CONDUCT ECU COMPUTER DIAGNOSTIC INCLUDING CLEAR FAULT CODE (NETT)	1	0.00	600.00
Sub-Total :				3,180.00

CODE	DESCRIPTION	UNITS	DISC %	NETT
1610767180	REAR BUMPER - TO BE PAINTED	1	10.00	630.00
Sub-Total :				630.00

Attending CSO : Wong
Should you require further explanation, please reach me at 64777409

Service Packages	0.00	Total Labour/Parts/Service Package Charges	S\$ 3,810.00
Labour Charges	3,180.00	Less Insurance Excess	S\$ 400.00
Parts Charges	630.00	GST @ 7%	S\$ 238.70
Lubricant/Misc	0.00	Invoice Total Amounts	S\$ 3,648.70
		Less Deposit/Voucher	S\$ 0.00

Computer generated invoice. No signature is required.	Amount Payable	S\$ 3,648.70
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All amounts are in Singapore Dollars.
Work was carried out subject to the Company's Terms and Conditions of Service.
No complaints will be entertained unless reported within seven (7) days of the date of this invoice.
For credit purchases, interest @1% per month will be debited on overdue amounts.



AutoFrance

A division of Vantage Automotive Limited
BUSINESS REGN. NO. 52907220C

305 Alexandra Road

Singapore 159942

Tel (65) 6376 2288

Fax (65) 6477 7373

Sales

Tel (65) 6376 2288

Fax (65) 6477 7373

Service/Parts

Tel (65) 6477 7377/420

Fax (65) 6477 7398

24-hr Roadside Assistance

Tel (65) 6473 8588

www.peugeot.com.sg

SATISFACTION CUM DISCHARGE VOUCHER

Date: _____

To: _____

MOTOR VEHICLE CLAIM

Vehicle Owner's Name: Lim Mae-Lynn

Vehicle Registration No.: SLT 7523P

Make / Model: Peugeot 308

Motor Policy Number: _____

Date of Accident: 10/3/18

Owner's Excess: \$428.00

Repairs Cost: _____

I/We certify that the repairs to my/our vehicle number SLT 7523P have been completed by AutoFrance, a division of Vantage Automotive Limited, of 305 Alexandra Road, Singapore 159942, to my/our entire satisfaction. Payment of the repair charges that are claimable under the Policy will be deemed and settled by me/us.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Owner/Insured Signature: 

Date: 16/4/18

Job No.: BP 114286

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 19903512M

**Original**Agent Code: **14285**

Policy No. (if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE**No. CN856437**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	LIM MAE-LYNN(LIN MEILING)
MAKE AND DESCRIPTION OF VEHICLE	PEUGEOT 308 1.2 TURBO PURETECH EAT6 ALLURE HATCHBACK17
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2017
ENGINE NO.	10XTA40709575
CHASSIS NO.	VF3LPHNYWHS153323
ENGINE CAPACITY/TONNAGE	1199
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	UNITED OVERSEAS BANK LIMITED
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 30/10/2017 TO: 29/10/2019
EXCESS (S\$)	400
AXA PREMIUM WORKSHOP?	NO



I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).



Issued by **SIME DARBY** ON **30/10/2017 8:09am**
SINGAPORE LIMITED

AXA INSURANCE PTE LTD
Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Member **S7818595C**

LIM ERN MINN
(LIN ENMING)

Birth Date: **04 Jul 1978**
Issue Date: **17 Jan 2004**

001850265C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7818595C**

LIM ERN MINN
(LIN ENMING)
林恩明

Race: **CHINESE**
Date of birth: **04-07-1978**
Country of Birth: **SINGAPORE**

Sex: **M**

S7818595C



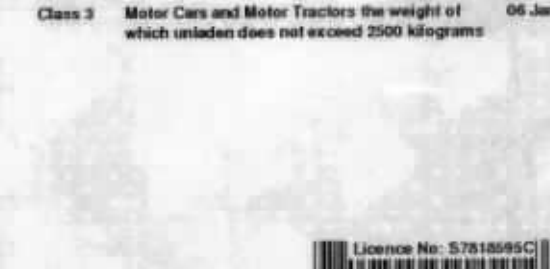

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

06 Jan 1997

NP 428A

Licence No: S7818595C



4407713

S7818595C

22-05-2009

APT BLK 103 SPOTTISWOODE PARK ROAD
#09-104
SINGAPORE 080103




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	12/03/2018 18:43
Date Of Accident	10/03/2018 16:10
Exact Location Of Accident	ECP TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7523P
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	LIM MAE-LYNN
NRIC No	S7636986J
Email Address	MAE-LYNN@INBOX.COM
Mobile Phone No	(LOCAL) +65-94524405
Alternative Phone No	OFFICE-94524405

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308-1.2 5DR ACTIVE PURETECH 1.2 A/T 2W (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN856437
Cover Note Number	

Driver

Name of Driver	LIM ERN MINN
NRIC No	S7636986J
Date Of Birth	04/07/1978
Occupation	INDOOR
Date Of Driving Pass	06/01/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94524405
Fax Number	
Contact Number	OFFICE-94524405
Email Address	ELIM.CONSOLIDATEDHEALTH@GMAIL.COM

Address	BLK 103 SPOTTISWOODE PARK RD # 09 - 104
Postcode	080103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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)	5

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 THE ATTACH STATEMENT & SKETCH PLAN

Attachment(s)

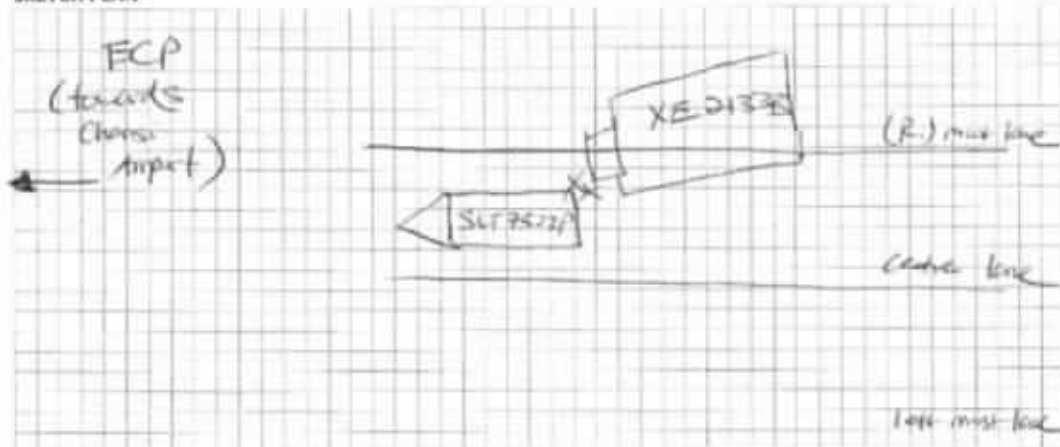
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2133B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Saturday 10 th March 2018 at around 4.10pm, I, driver of vehicle no SLT 7523P, NAK 37818-SASC, was travelling on ECP towards the airport. There was a 'Cherry' float police escort in front of us. I was travelling in the middle lane of ECP. Suddenly, a construction truck (vehicle no XE 2132B) rained into the side/rear of my car. There was 3 rear passengers (father-in-law, mother-in-law & sister-in-law) and 1 front passenger (my wife) at the point/time of accident.
Both vehicles could not stop because traffic was delayed & very heavy due to the police escort of the float.
My wife took a picture of the construction vehicle as he moved over to the left most lane of the ECP (to gather evidence).
No one was injured, all passengers were just slightly shocked.

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:	Reporting Centre Personnel's Signature Name: WONG KAI KUAN NRIC/PIN No: W11656372

Accident 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:

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

Reporting Centre Personnel's Signature
Name: Wong
NRIC/IN No.: W2012252