

INS. CASE OWNER:

Jus Tan

CS3, Acm1800 5022, AG3sr

LKK:

IDAC:

35263

Surveyor:

ADRIAN

DOI:

16/3/18

Date / Time:

16/3/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

XE 3314P

Claim No.:

S8 MSD AUG

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

14/3/2018

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

GB6 1721K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Hua Meng



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GB6 1721K, X; XE 3314P, X

PPT only.

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 / GIA:

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:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

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

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY 28/3/18

PPT
report

ASS. REC. BY: Adrian Ling

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: GBG172LK Yr Regn: 2017, Jne

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

Truck / Trailer or

Make: Toyota Hiace C.C. 2982Colour: White A/C: Insured / Std / NI / NASp. Reading: 2712 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH T02P300224553Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 195R15CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

Survey held at Hua MengDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TPAXA.

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:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Report Format : _____

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

MSME18035597 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 15/03/2018 13:46
SUBMITTED BY: Chia Pei Ying

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	15/03/2018 13:46
Date Of Accident	14/03/2018 17:45
Exact Location Of Accident	FILTER LANE OF TAMPINES LINK TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1721K
Insured/Policyholder	
Name Of Registered Owner	LIM SIEW PING
NRIC No	S0092892E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91893783
Alternative Phone No	OFFICE-91893783

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1943607
Cover Note Number	

Driver

Name of Driver	KAW YOKE CHIANG
NRIC No	S0092269B
Date Of Birth	21/01/1952
Occupation	INDOOR
Date Of Driving Pass	02/04/1975
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91893783
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 449 TAMPINES ST 42 #10-88
Postcode	1852
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LIM SIEW PING
	GENDER: : FEMALE

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

I WAS TRAVELLING STRAIGHT ALONG FILTER LANE OF TAMPINES LINK TOWARDS TAMPINES AVE 10 ON 14/03/2018 AT 1745HRS. I WAS STATIONARY TO GIVE WAY TO VEHICLES ALONG THE MAIN ROAD. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY BEHIND. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

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	XE3314P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 LIM SIEW PING

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBG1721K

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KAN YOKE CHIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBG1721K

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode


Sketch Plan Pg. 1


SKETCH PLANIMPORTANT 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.

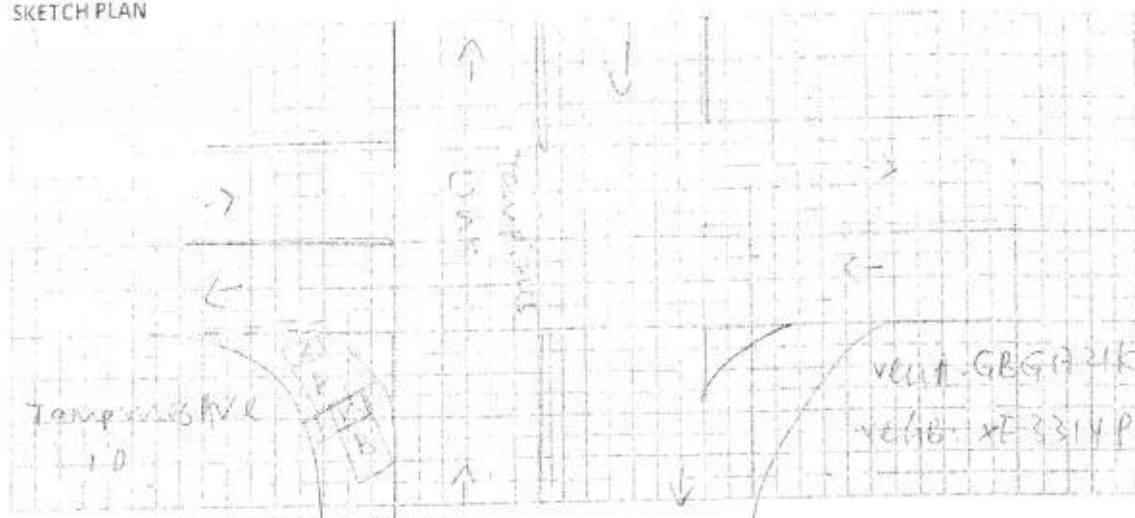

Policyholder's Signature
Date & Time:


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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along at filter lane of Tampines Link towards Tampines Ave 10 on 14.03.2018 @ 1345 hrs. I was stationary for give way to vehicles along the main road - Suddenly, I heard a bang sound and felt an impact from my behind. vehicle B was collided onto rear portion of my vehicle.

DECLARATION

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

SP
Policyholder's Signature
Date & Time:

10
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

◀ Service Request Details

Claim

S8M00AUQ

Reference

None 

Loss Date

March 14, 2018

Adrian

Request Date

March 16, 2018

Due Date

March 16, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

[Complete Work](#)[More ▾](#)

Vehicle Information

Incident Vehicle Registration #

GBG1721K

Make

TPVD TOYOTA

Service Address

...

Primary Contact/Insured

SOON HUA BEE PTE LTD

BLK 201E TAMPINES STREET 23, #04-100, 527201, Singapore

63380083

Claim Handler

TAN Jas

6568804844

jas.tan@axa.com.sg

Additional Instructions

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

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD		Ref: CS3/ASM18005022/Aa3s2	
8 SHENTON WAY #24-01		Date: 04-04-2018	
AXA TOWERSINGAPORE 068811			
ATTN: JAS TAN		Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	XE 3314P	Veh. Inspected	GBG 1721K
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00AUQ	Excess (\$)	0.00
Assign From	JAS TAN	Assign Date	16/03/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTFHT02P300224553	Colour	WHITE
Odometer	2712 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
L/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
R/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm
L/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	14/03/2018	Inspect Date / Time	16/03/2018 (10:46 AM)
Survey held at	HUA MENG SPRAY PAINTING WKSP 1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Report Ref No. CS3/ASM18005022/Aa3s2

Inspected By

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

<< **Service Request Details**

Claim	S8M00AUQ
Reference	CS3/ASM18005022/Ab3ss Date 
Request Date	March 14, 2018
Due Date	March 16, 2018
Vendor Name	March 16, 2019
Type of Loss	LKK AUTO CONSULTANTS PTE Loss LTD (TP)
Services	Third Party Vehicle Damage

Actions

Next Step

Finish the work

Complete Work

More

Vehicle Information			
Incident Vehicle	GBG1721K	Registration #	TPVD TOYOTA
Make	HIACE	Model	Primary Contact/Insured
SOON HUA BEE PTE LTD BLK 201E TAMPINES STREET 23, #04-100, 527201, Singapore 63380083			

<<

Service Request Details

Claim	S8M00AUQ	Vehicle Information	
Reference		Incident Vehicle	GBG1721K
CS3/ASM18005022/Ab3ss Date		Registration #	Service Address
March 14, 2018		Model	TPVD TOYOTA
March 16, 2018		Model	HIACE
March 16, 2019		Primary Contact/Insured	
LKK AUTO CONSULTANTS PTE Loss LTD (TP)		SOON HUA BEE PTE LTD BLK 201E TAMPINES STREET 23, #04-100, 527201, Singapore 63380083	
Third Party Vehicle Damage		Claim Handler	

SERVICE REQUESTS

MESSAGES

CLAIMS

<< Assessment Details

General & Workshop Details

Vehicle & Driver Details

Vehicle Condition

Taxes & Ratio

Parts & Labour

Miscellaneous

General Details

Workshop Details

Summary

Involving

TPVD TOYOTA HIACE
(GBG1721K)

Total Rebate
Amount

Date of Loss

March 14, 2018

Nett Loss
Amount

Time of Loss

18.10

Loss Description

XE3314P (INSD) HIT IN THE
REAR OF GBG1721K (TP)

Comment

\$0.00

Assigned
Workshop

LKK AUTO CONSULTANTS PTE
LTD (TP)

Target Date of
Completion *

mm/dd/yyyy

of work
completion *

SERVICE REQUESTS MESSAGES CLAIMS

<< Assessment Details

General & Workshop Details Vehicle & Driver Details Vehicle Condition Taxes & Ratio Parts & Labour Miscellaneous

Summary Vehicle & Driver Details

Vehicle Registration#	GBG1721K	Purchase Date	<input type="text" value="mm/dd/yyyy"/>
Registration State		Registration Date *	<input type="text" value="mm/dd/yyyy"/>

<input type="text"/>	Mileage	Age of Vehicle
<input type="text"/>		0

CATEGORY	POLICY INFORMATION	ASSESSMENT INFORMATION
Manufacturing Year		<input type="text"/>
Make	TPVD TOYOTA	<input type="text"/>

CATEGORY	FNOL INFORMATION	POST SURVEY INFORMATION
Driver Name	KAW YOKE CHIANG	
Date of Birth	January 21, 1952	mm/dd/yyyy
Age	66	
Occupation	Unknown	
Education Qualification	Other	Primary ▼
Driving Experience	0	
Driver License #		
License Type		1 ▼
License Issue Date		mm/dd/yyyy

SERVICE REQUESTS

MESSAGES

CLAIMS

<< Assessment Details

General & Workshop Details

Vehicle & Driver Details

Vehicle Condition

Taxes & Ratio

Parts & Labour

Miscellaneous

Summary

Spare wheel

Rear Tyre Size

Rear left side

Rear right side