

ASS. REC. BY:

REF: 033 / ASM18006297 / mlbml Special Instruction:

Survivor

ASSIGNMENT (Office)

From (Person):

Stacey Ng

of

ASm

Date/Time: 03042018 12:15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

9JN 7161T

Insured:

YN 7991Z

at Workshop m/s

Koi Mutur

Tel:

of

176 Sin Ming Drive #04-12

Policy No:

Claim No:

58m00c9N

Sum Insured:

Excess:

Make of Veh:

D.O.A. 28032018

(Client's Record)

CA / REV / REP. / REV 24 HRS WFO

05-04 1078

H.O.D. Endorsement:

Date/Time:

01 042018

Person Contacted:

Selina

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SJV T1617 - 776-712615003-111 / 11ub3
	776-712615003-111
	Disassemble: 6/14/2018
	After repair: 19/4/2018

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: _____

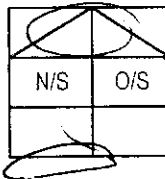
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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: 28U716T Yr Regn: DEC 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: HYN AVANTE C.C. 1591
 Colour: Green A/C Insured / Std / NI / NA
 Sp. Reading: 114008 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMA12UAI BMA4932112
 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: 215/45/17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 28/3/2018 D.O.I. 31/4/2018
 Survey held at _____
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time _____ Action / Instruction _____

No ~~for~~ upon survey

RECEIVED 11 MAY 2018

Date/Time. File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____

F... S + Rs... SI

... ..

... ..

... ..

Report Format: PR

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

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech Insp (\$ _____)

☐

Welding (\$ _____)

100




Service Request Details

Claim

S8M00C9N

Reference

None 

Loss Date

March 28, 2018

Request Date

April 3, 2018

Due Date

April 10, 2018

LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SJU7161T

Make

TPVD HYUNDAI

Service Address

...

Primary Contact/Insured

SIN ENG CLEANING SERVICES PTE LTD
390 MANDAI ROAD, 729759, Singapore
64841652
SYNERGYASSURANCE02@GMAIL.COM

Claim Handler

NG Stacey
6568804351
stacey.ng@axa.com.sg

Additional Instructions

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

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 7922D

Vehicle Details

Vehicle No.: SJU7161T
Vehicle to be Exported: No
Intended De-registration Date: 08 May 2018
Vehicle Make: HYUNDAI
Vehicle Model: AVANTE 1.6 AT ABS D/AB 2WD 4DR
Primary Colour: Silver
Manufacturing Year: 2009
Engine No.: G4FC9U774801
Chassis No.: KMH DU41BMAU932112
Maximum Power Output: 89.7 kW (120 bhp)
Open Market Value: \$11,800.00
Original Registration Date: 23 Dec 2009
First Registration Date: 23 Dec 2009
Transfer Count: 0
Actual ARF Paid: \$0.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 22 Dec 2019
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Rebate Amount: \$0.00
Total Rebate Amount: \$0.00

Message

Transfer of ownership or de-registration is not allowed for this vehicle.

The information contained herein is correct as at 08 May 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	29/03/2018 16:18
Date Of Accident	28/03/2018 06:45
Exact Location Of Accident	SLIP ROAD FROM TPE TOWARDS CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7161T
Insured/Policyholder	
Name Of Registered Owner	LIM POH ENG
NRIC No	S1597922D
Email Address	WILLELIZ2013@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98155396
Alternative Phone No	OTHERS-98155396
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100179803
Cover Note Number	

Driver

Name of Driver	LIM POH ENG
NRIC No	S1597922D
Date Of Birth	10/02/1963
Occupation	INDOOR
Date Of Driving Pass	08/11/1995
Driving Experience	22 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98155396
Fax Number	
Contact Number	OTHERS-98155396
Email Address	WILLELIZ2013@GMAIL.COM

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 CHAIN COLLISION
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] KIM KEAT NPP
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20180328/2147

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 YN7991Z
Vehicle Make/Model/Colour LORRY
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP7879J

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)

DETAILS OF INJURED PERSON 1

Name

LIM POH ENG

Approximate Age

55

Injuries Sustain

LEG

Injured person in which vehicle

JU7161T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 290B COMPASSVALE CRESCENT #02-38

Postcode

542290

