

INS. CASE OWNER:

78 | C83- / ASM1800 6455 /

LKK:

IDAC:

38711

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

6/4/2018

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

%

Final ? Yes / No

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

SKX 280 B

S6J 8638 Y

SJU 4153 L



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

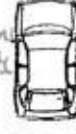
WSP:

Tel:

Liability:

RMKS:

Vehicle claim specialist



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

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

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)

LOU only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

To:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Page 1:

S\$

Name 1:

Page 2: (Strike if N.A.)

S\$

Name 2:

Page 3: (Strike if N.A.)

S\$

Name 3:

RECEIVED 22 MAY 2018

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

PPI \$100

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	04/04/2018 13:38
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	BUKIT BATOK ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4153L
Insured/Policyholder	
Name Of Registered Owner	JEFF TAN CHEE WEE
NRIC No	S8703308B
Email Address	JEFFTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96255411
Alternative Phone No	OFFICE-96255411

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01004995
Cover Note Number	

Driver

Name of Driver	JEFF TAN CHEE WEE
NRIC No	S8703308B
Date Of Birth	01/02/1987
Occupation	INDOOR
Date Of Driving Pass	10/11/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96255411
Fax Number	
Contact Number	OFFICE-96255411
EMail Address	JEFFTAN@GMAIL.COM

Address	BLK 810B CHOA CHU KANG AVE 7 #17-519
Postcode	682810
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO. T/20180404/2023.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ8638Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKX280B

Vehicle Make/Model/Colour

Details Of Properties

VEH C

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)

2

DETAILS OF INJURED PERSON 1

Name

JEFF TAN CHEE WEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJU4153L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180404/2023.

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: _____
NRIC/FIN No.: _____

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180404/2023

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4
Report No. T/20180404/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2018 11:02		Vide Report No.:		Station Diary No.: 75	
Informant's Particulars					
Name of Informant: JEFF TAN CHEE WEE			Address: APT BLK 810B CHOA CHU KANG AVENUE 7 #17-519 SINGAPORE 682810		
ID Type / ID No.: NRIC NO / S8703308B			Contact No.: Home/Office: Mobile: 96255411		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 01/02/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SOLUTIONS CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2018 08:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD				
Heading towards Jurong Town Hall Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ8638Y	Car	MITSUBISHI		Black	Seriously Damaged	0
SJU4153L	Car	HONDA	ACCORD 2.0 A	Grey	Seriously Damaged	0
SKX280B	Car	TOYOTA		Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180404/2023

2 of 4

Report No. T/20180404/2023

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJU4153L	TENET SOMPO INSURANCE PTE. LTD.	D17MTPV0100499 5	11/04/2017	10/04/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG XIN MEI		ID No.	S9048636E
Related Vehicle	SGJ8638Y (Car)		Contact No.	98248023
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	JEFF TAN CHEE WEE		ID No.	S8703308B
Related Vehicle	SJU4153L (Car)		Contact No.	96255411
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/04/2018		Date Discharge	NIL
No. of Days granted Medical Leave	06		Degree of Injury	Slight
Driver				
Name	TAN QIFAN		ID No.	S9647145I
Related Vehicle	SKX280B (Car)		Contact No.	83822172
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180404/2023

3 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180404/2023

CONTINUATION OF REPORT

Brief Details.

On 04/04/2018 at about 0820hrs, I was traveling in my vehicle (SJU4153L) along Bukit Batok Road when I was involved in a chain collision. I was heading towards Jurong Town Hall when the I had crossed the junction. The traffic was heavy at that point of time and I had stopped my vehicle after the traffic light junction. After coming to a complete stop, I felt an impact from behind. I then alighted from my vehicle and discovered that I was involved in a chain collision with 2 other vehicles and I was the first. I made a check at my vehicle and discovered that the rear of my vehicle was badly dented. We then exchanged our particulars and left. The vehicle that collided into me was SGJ8638Y.

After which, I felt pain at the left side of my neck and my back together with some bruises on my knees. As such, I went to see a doctor and was given 6 days of MC due to the accident. I wish to state that my vehicle has an in-car camera at the front and rear and had captured the whole incident.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180404/2023

4 of 4

Report No. T/20180404/2023

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 NEO ZUO QUAN

Signature Of Interpreter:


Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

 SINGAPORE
Authentication Stamp
NP168

SN 168

SIGNATURE

Signature Of Informant:

Date/Time:

04/04/2018 11:02

Classification Of Case:

Typical -
please
scan

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3308B
Vehicle Details	
Vehicle No.:	SJU4153L
Vehicle to be Exported:	No
Intended De-registration Date:	11 Apr 2018
Vehicle Make:	HONDA
Vehicle Model:	ACCORD 2.0 A
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	K20A6041095
Chassis No.:	CL73200864
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$23,788.00
Original Registration Date:	31 Mar 2006
First Registration Date:	31 Mar 2006
Transfer Count:	5
Actual ARF Paid:	\$26,167.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Mar 2021
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$25,466.00
COE Rebate Amount:	\$15,115.00
Total Rebate Amount:	\$15,115.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 11 Apr 2018

OK




Service Request Details

Claim

S8M00CVP

Reference

None 

Loss Date

April 4, 2018

Request Date

April 6, 2018

Due Date

April 13, 2018

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 #

SJU4153L

Make

TPVD HONDA

Service Address

...

Primary Contact/Insured

NG KAI SENG

206 CHOA CHU KANG CENTRAL, #06-20, 680206, Singapore

97343477

XIN-DISASTER@HOTMAIL.COM

Claim Handler

TAY Ernest

6568804835

ernest.tay@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/ASM18006455/Ga3s2		
8 SHENTON WAY #24-01		Date: 28-05-2018		
AXA TOWERSINGAPORE 068811				
ATTN: ERNEST TAY				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGJ 8638Y	Veh. Inspected	SJU 4153L	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M00CVP	Excess (\$)	0.00	
Assign From		Assign Date	06/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA ACCORD	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	CL73200864	Colour	BLACK	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/45R17	BRIDGESTONE	6 mm	
L/H Front Tyre	215/45R17	BRIDGESTONE	6 mm	
R/H Rear Tyre	215/45R17	BRIDGESTONE	6 mm	
L/H Rear Tyre	215/45R17	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	04/04/2018	Inspect Date / Time	10/04/2018 (12:00 PM)	
Survey held at	ECLIPSE AUTO PTE LTD 155 KAKI BUKIT AVENUE 1 #01-00 SHUN LI INDUSTRIAL PARK SINGAPORE 416012			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.				

Report Ref No. CS3/ASM18006455/Ga3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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