

22/03/2001

ASS. REC. BY

REF: CS/ASM18006666/Rlv d3er

Special Instruction:

Surveyor: ResulASSIGNMENT (Office)From (Person): Yvonne Ang

of

ASM

Date/Time:

10/04/2018

Estimated Cost:

Bill to:

☒ OD/TP/WS/TP RES / OD RES / EVA / INV / MV7 CS

To Inspect Vehicle No:

PC1085T

Insured:

at Workshop m/s

MSM Logistics

Tel:

9107 4212

of

160 Sin Ming Drive # 03-08

Policy No:

Claim No:

S8M00 BVG

Sum Insured:

Excess:

TBA 1500

Make of Veh:

D.O.A

23/03/2018

(Client's Record)

CA ☒ REV / REP. / REV 24 HRSInsp: 74, Sungai Kadut st. 1

H.O.D. Endorsement:

Date/Time:

9:52am 01/4/18

Person Contacted:

JoanneVehicle ☒ IN/OUT

Date/Time

Action/Instruction

☒ Estimate Pls explore lump sum repair.Pls obtain Dt. Authorize letter from Insured consent driver to file OD claimPC1085T - NA/INC18062812/13Don: 12/2/1812/4/18Revert by SMART claim13/4/18@340pm Offer Joanne: LS not exceeding \$20k.17/4/18@933am Informed Yvonne est LS \$17,60017/4/18@124pm Yvonne said ex \$1500 (TBC)

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **PC 1085T**
 at Workshop m/s **MSMS LOGISTIC**
 of **74, SUNWAY KANUN ST 1**
 Insured: **ASM**
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: **TBA**
 (Client's Record)
 Make of Veh: _____

obtain DL, authorize letter from insured
 (Policy Condition) *consent driver*

Remark: The veh had commenced its
75K repair at the time of inspection.
opt explore lump sum repair

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: **PC 1085T** Yr Regn: **2011 / DEC**
 Type: M.Car / M.Cycle / **Bus** / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **KING LONG XMQ 6117K** C.C. **6693**
 Colour: **MULTI** A/C: Insured / Std / NI / NA
 Sp. Reading: **-** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **LA6R1F5H6BB103088**
 Gen. Cond: Good / **Fair** / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: **Nil** / S/Rim / STD A/Rim or
 Tyre Size: F: **11R 22-5**
 R: **-**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **DOUBLE COIN**

Front	Rear
R/Bal. 8 mm	R/Bal. 8/8 mm
L/Bal. 8 mm	L/Bal. 8/8 mm
D.O.A. 23/03/18	D.O.I. 11/04/18

Survey held at **MSM LOGISTIC**

Des. 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
17/4/18	@ 127pm Joanne request LS \$17,800
19/4/18	Rece authorize repair ex \$1500
19/4/18	Informed Joanne c/A on LS not exceeding \$17,800 ex \$1500 by email
23/7/18	Resul said offer LS \$16000
27/7/18	LS \$16,500 confirmed by email (Recd 13,875,459)

Joanne
 19/7/2018

RECEIVED 30 JUL 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 30/7 - typist

Days Of Repair: **9**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

☐ S + RS ☐ SI

☐ Photos

☐ Others

TOTAL

Report Format: **SMART claim**

Lump Sum / I.B.I: (\$ **16,500**)

300

300

ASS. REC. BY

REF: CS/ASM18006666/Rlvd3er

Special Instruction

Surveyor

Resul

ASSIGNMENT (Office)

From (Person):

Yvonne Ang

of

ASM

Date/Time:

10/04/2018

Estimated Cost:

Bill to:



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

To Inspect Vehicle No:

PC1085T

Insured:

at Workshop m/s

MSM Logistics

Tel:

9107 4212

of

160 Sin Ming Drive # 03-08

Policy No:

Claim No:

S8M00 BVG

Sum Insured:

Excess:

TBA 1500

Make of Veh:

D.O.A

23/03/2018

(Client's Record)

Insp: 74, Sungai Kadut st. 1

CA / REV

/ REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:52am 01/4/18

Person Contacted:

Joanne

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction



Estimate

Pls explore lump sum repair.

Pls obtain Dt. Authorize letter from Insured consent driver to file OD claim

PC1085T - NA/INC18002812/13

DOT: 12/2/18

12/4/18

Revert by SMART claim

13/4/18

@340pm Offer Joanne: LS not exceeding \$20k.

17/4/18

@933am Informed Yvonne est LS \$17,600

17/4/18

@124pm Yvonne said ex \$1500 (TBC)

Signature: *[Signature]*

REF:

5473K

COE XPIRY: 2021/DEC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: PC 1085T
 at Workshop m/s: MSMS LOGISTIC
 of: 74, SURUH KANUT ST 1
 Insured: ASM
 Policy No.: _____
 Claims No.: _____
 Sum Insured: _____ Excess: TBA
 (Client's Record)
 Make of Veh: _____

obtain DL, authorise letter from insured
 (Policy Condition) consent driver

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

Bal. or Market Value: 75K apt explore lump sum repair
 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC 1085T Yr Regn: 2011 / DEC
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: KING LONG XMQ 6117K C.C. 6693
 Colour: MULTI A/C: Insured / Std / NI / NA
 Sp. Reading: - T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: LA6R1FSH6BB103088
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 11R 22-5
 R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DOUBLE COIN

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>8/8</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>8/8</u> mm
D.O.A. <u>23/03/18</u>	D.O.I. <u>11/04/18</u>

Survey held at MSM LOGISTIC

Des. 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
17/4/18	@ 127pm Joanne request LS \$17,800
19/4/18	Recd authorize repair ex \$1500
19/4/18	Informed Joanne clA on LS not exceeding \$17,800 ex \$1500 by email
23/7/18	Resul said offer LS \$16000
27/7/18	LS \$16,500 confirmed by email (Recd 13,875,459)

[Signature]
 19/7/2018

RECEIVED 30 JUL 2018

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1) ☐ : Final Report

Date/Time, File Return to?

2) 30/7 - typist

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Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: SMART claim

Lump Sum / I.B.I: (\$ 16,500)

300

300



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/ASM18006666/R1vd3		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 11-04-2018		
		Code : ASM		
1. Policy Particulars :- OWN DAMAGE				
Insured Veh.	Veh. Inspected		PC 1085T	
Policy No.	Coverage (\$)		0.00	
Claim No. S8M00BVG	Excess (\$)		0.00	
Assign From SMARTCLAIM (YVONNE ANG)	Assign Date		10/04/2018	
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 23/03/2018	Inspection Date		11/04/2018	
Survey held at 74 SUNGAI KADUT STREET 1				
Repairer MSM LOGISTICS PTE LTD				
5a. Remarks				
A)THE MARKET VALUE IS S\$------(EST. AVERAGE)				
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.				




Service Request Details

Claim

S8M00BVG

Reference

None 

Loss Date

March 23, 2018

Request Date

April 10, 2018

Due Date

April 17, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

LKK AUTO CONSULTANTS PTE LTD (OD) ▼

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

PC1085T

Make

KING LONG XMQ6117K

SIN MING AUTO CITY, , , 575722

Primary Contact/Insured

MS HOLIDAYS 2000

100 JALAN SULTAN, #02-16 SULTAN PLAZA, 199001, Singapore

64481700

CHEW8@YMAIL.COM

Claim Handler

ANG Yvonne

6568804461

yvonne.ang@axa.com.sg

Additional Instructions

EXCESS: TO BE ADVISE DL / AUTHORIZE LETTER

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE



SENT

4/10/18 6:40 PM

FROM

ANG Yvonne

SUBJECT

LUMP SUM

BODY

Please explore lump sum repair



TYPE



SENT

4/10/18 6:39 PM

FROM

ANG Yvonne

BODY

Please obtained DL, Authorize letter from insured ...



Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 19 April 2018 5:34 PM
To: 'msmts@singnet.com.sg'; SUR; Rasul (LKKAUTO)
Subject: RE: Accident Report (GIA) for vehicle PC 1085 T

Dear Joanne,

As instructed by our client, please proceed to repair the insured vehicle **PC 1085T on Lump Sum not exceeding \$17,800** whichever is lower based on surveyor's marking. **(Excess \$1500/-)**.

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,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: msmts@singnet.com.sg [mailto:msmts@singnet.com.sg]
Sent: Thursday, 19 April 2018 10:35 AM
To: SUR <sur@lkkauto.com>; Rasul (LKKAUTO) <Rasul@lkkauto.com>
Subject: Fwd: Accident Report (GIA) for vehicle PC 1085 T



Authorized

Type

🔗 Question

Message

Please proceed to authorize repair Lump Sum \$17,800/-. Excess \$1500

Reply



SERVICE REQUESTS

MESSAGES

CLAIMS



Re:LUMP SUM AMOUNT

Type

🔔 Question

Message

Approved, but please pend for addendum on driving experience first

[Reply](#)



EXCESS

Type

🔗 Question

Message

Excess \$1500, will KIV for addendum of insured driving experience Please follow up with workshop. Thanks

Reply



Re:AUTHORIZE LETTER UPLOADED

Type

🔗 Question

Message

The authorize letter we need is the one insured authorize the driver to file own damage claim, Also please reduce cost of repair further to \$20K. Thank you

Reply



IA SUBMITTED FOR PC 1085T

Type

🔗 Question

Message

Dear Yvonne, Please be informed that IA submitted. We have Not Authorize repair. Pending authorize letter from insured. Vehicle repair on Lump Sum basis. Repairer's Estimate (Gross) :S\$28,250.00 Revised Estimate Amount :S\$13,260.00 "Check" Items Amount :S\$8,800.00 Total :S\$22,060.00 Market Value :S\$75,000.00 COE/PARF Rebate :S\$14,612.00 Nett Value :S\$60,388.00 Thanks Veron Chen

Reply



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: S8M00BVG

Our ref: CS/ASM18006666/R1vd3

Date : 12/4/2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. PC 1085T

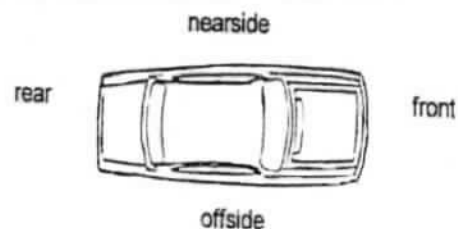
We thank you for your instruction on 10/4/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 11/4/2018 at the premises of M/s MSM LOGISTICS PTE LTD and have the following to report:-

Repairer's Estimate (Gross)	:S\$28,250.00
Revised Estimate Amount	:S\$13,260.00
"Check" Items Amount	:S\$8,800.00
Total	:S\$22,060.00
Market Value	:S\$75,000.00
COE/PARF Rebate	:S\$14,612.00
Nett Value	:S\$60,388.00

Description of Damage:

The vehicle sustained damages at the front portion



Survey date and time: 11/4/2018 at 5.20PM

We have Not authorise repair.

No of days: 9 days

Yours faithfully,

MOHAMMED RASUL
Automotive Assessor

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	5473X
Vehicle Details	
Vehicle No.:	PC1085T
Vehicle to be Exported:	No
Intended De-registration Date:	12 Apr 2018
Vehicle Make:	KING LONG
Vehicle Model:	XMQ6117K
Primary Colour:	Multi-Colour
Manufacturing Year:	2011
Engine No.:	ISBE428521985875
Chassis No.:	LA6R1FSH6BB103088
Maximum Power Output:	-
Open Market Value:	\$102,565.00
Original Registration Date:	02 Dec 2011
First Registration Date:	02 Dec 2011
Transfer Count:	1
Actual ARF Paid:	\$5,129.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Dec 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,189.00
COE Rebate Amount:	\$14,612.00
Total Rebate Amount:	\$14,612.00

The information contained herein is correct as at 12 Apr 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	26/03/2018 10:47
Date Of Accident	23/03/2018 07:35
Exact Location Of Accident	ALONG JLN BUROH TOWARDS PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1085T
Insured/Policyholder	
Name Of Registered Owner	MS HOLIDAYS 2000
Co Reg No	52915473X
Email Address	MSMTS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91074212
Alternative Phone No	OFFICE-62977721

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6117K
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN868154
Cover Note Number	

Driver

Name of Driver	CHEN GUOTONG
Passport No/FIN	G8062881T
Date Of Birth	04/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91133443
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	100 JALAN SULTAN #02-16 SULTAN PLAZA
Postcode	199001
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	14

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

AS PER 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	XD9583U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: Jevelin
NRIC/FIN No.:

Accident Photo



Accident Photo



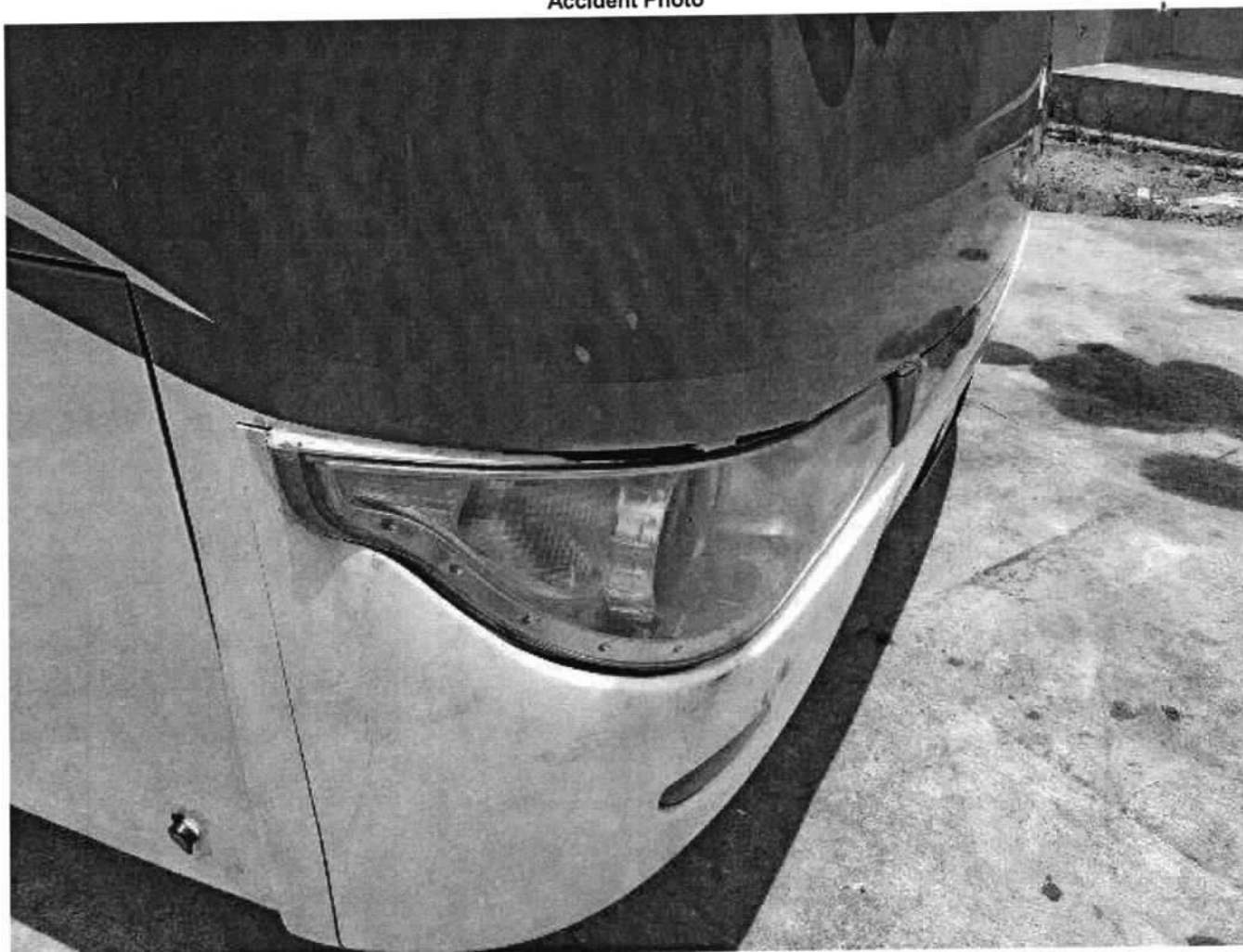
Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: 5665500206 / 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 : MHH 118040304 Vehicle Registration No: PC 1085 T
 Name (as shown in NRIC) : Chen Guo Tong NRIC/FIN/Passport No : G8062881 T
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 91133443
 Email Address : _____
 Date of Accident : 23/03/2018 Time of Accident : 07:35
 Place of Accident : Along Jln Buroh Towards Pioneer road
 Insurance Company: _____

(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:

To change to Own Damage Claim.

Chen Guo Tong
 Policyholder / Driver's Signature
 Date: _____

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / 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 : MHH118040301-01 Vehicle Registration No: PC 1085 T
Name (as shown in NRIC) : Chen Guo Tong NRIC/FIN/Passport No : G8062881 T
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91133443
Email Address : _____
Date of Accident : 23/03/2018 Time of Accident : 07:35
Place of Accident : Along Jln Buroh Towards Pioneer road
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:

Date of Driving Pass should be 18/May/2015

Chen Guo Tong
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: Joelleen
NRIC/FIN No.:
Date:

L7798397

S PASS
Employment of Foreign Manpower Act (Chapter 91A)

GOLDEN LINE EXPRESS PTE LTD

CHEN GUOTONG
DRIVER, BUS
0 577 12104

Date of Application: 17-02-2017
Date of Issue: 31-03-2017
Date of Expiry: 31-03-2019

S Pass No. 0 577 12104

Section: SERVICE

VISIT PASS
Immigration Regulations

Name: CHEN GUOTONG

Date of Birth: 04-10-1981 M Nationality: CHINESE
PIN: GR052881T Date of Issue: 31-03-2017 Date of Expiry: 31-03-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8062881T**
Name: **CHEN GUOTONG**

Birth Date: 04 Oct 1981
Issue Date: 25 Feb 2014
Valid Till: 15 Mar 2019

002278370A

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	16 Mar 2017
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Mar 2017

CHEN GUOTONG S / No. 9000174400

NIP 429A

Licence No: G8062881T

Land Transport Authority

VOCATIONAL LICENCE
Licence No: G8062881T
Name: CHEN GUOTONG

Card Issue Date: 24/08/2017

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	24/08/2017

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	26/03/2018 10:47
Date Of Accident	23/03/2018 07:35
Exact Location Of Accident	ALONG JLN BUROH TOWARDS PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1085T
Insured/Policyholder	
Name Of Registered Owner	MS HOLIDAYS 2000
Co Reg No	52915473X
Email Address	MSMTS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91074212
Alternative Phone No	OFFICE-62977721

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6117K
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN868154
Cover Note Number	

Driver

Name of Driver	CHEN GUOTONG
Passport No/FIN	G8062881T
Date Of Birth	04/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91133443
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	100 JALAN SULTAN #02-16 SULTAN PLAZA
Postcode	199001
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	14

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

AS PER 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	XD9583U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: *Levlen*
NRIC/FIN No.:



MSM Logistics Pte Ltd

SIN MING AUTO CITY

160 SIN MING DRIVE #03-08 SINGAPORE 575722

Email: msmts@singnet.com.sg

GST No 200911646H

Tel: +65 9107 4212

MSM Auto City

the Repa

- To resurvey/Estimate/Repair/Assessing
- To display damaged parts/Assess/Resurvey
- Parts replacement/Estimate/Assessing
- To resurvey/Estimate/Repair/Assessing/Without Prejudice basis
- To display damaged parts/Assess/Resurvey
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Ref : MSM/AC1804-01

Date : 10.03.2018

AXA Insurance Pte Ltd

8 Shenton Way

#24-01 AXA Tower

Singapore 068811

Attn : Motor Claim Dept

Dear Sir/Ma'am,

OWN DAMAGE CLAIM

Traffic Accident on 23/03/201/ involving PC1085T & XD9583U at Along Jalan Buroh Towards Pioneer Road

Cover Note No : CN868154

RE : Quotation for Repair Vehicle No. PC1085T

S/N	Qty	Particular	Unit Rate	Amount S\$
1	1	Front Windscreen	3,500.00	3,500.00
2	8	Sealant	40.00	320.00
3	1	Front Dashboard Panel Assy	2,200.00	2,200.00
4	1	Front Floor Plywood	1,000.00	1,000.00
5	1	Front floor Board Vinyl	600.00	600.00
6	1	Clutch Pedal	310.00	310.00
7	1	Clutch Pipe	150.00	150.00
8	1	Front Dashboard Structural	1,800.00	1,800.00
9	2	Wiper Blades	75.00	150.00
10	2	Wiper Arm	140.00	280.00
11	1	Wiper Linkage	360.00	360.00
12	1	Wiper Motor	410.00	410.00
13	1	Front Body Panel	2,200.00	2,200.00
14	1	Front Panel Structural	1,000.00	1,000.00
15	1	Front King Long Logo	280.00	280.00
16	1	Front Bumper	2,400.00	2,400.00
17	1	Front Bumper Structural	1,400.00	1,400.00
18	2	Front Light	960.00	1,920.00
19	2	Spot Light	280.00	560.00
20	1	ERP Bracket	150.00	150.00
21	1	Wiring Cover	260.00	260.00
22		Towing Fee	200.00	200.00
23		Labour Charges		5,000.00
24		Spray Painting		1,800.00
		Lump Sum		5,000.00
		Lump Sum		1,800.00

Note : This estimate is based on visible damage only. Should any hidden parts and/or labour charges required during works in progress, insurer and/or their surveyor will be notified accordingly.

Total S\$: 28,250.00
 GST 7% S\$: 1,977.50
 Amount S\$: 30,227.50

Thank you.

Yours faithfully

[Signature]



email - 10/4/18

17204
 3400
 20604
 20%
 16483.20
 9 days 4/5-16,500

WARRANT TO ACT

12 April 2018

Ms Holidays 2000

100 Jln Sultan #02-16

Sultan Plaza

Singapore 199001

MSM Logistics Pte Ltd
160 Sinming Drive
#03-08 Sinming Auto City
Singapore 575722

Dear Sir,

RE Pc 1085T

I further authorise you to receive payment on my behalf and/or direct the pafer to make the cheque in favour of M/s MSM Logistics Pte Ltd.

Thank you

Yours faithfully,



Chen Guo Tony



M.S HOLIDAYS 2000

100 Jalan Sultan #02-16 Sultan Plaza Singapore 199001
Tel: (65) 6297 7720 Fax: (65) 6297 1618
Email: msholidays@singnet.com.sg

16 April 2018

The Officer-in-Charge
AXA Insurance Pte Ltd
Singapore.

Dear Sirs

AUTHORISED DRIVER AT TIME OF ACCIDENT : CHEN GUOTONG
BUS POLICY NO. GA315668
VEHICLE NO. PC1085T
DATE OF ACCIDENT : 23/03/2018

This is to confirm that the Driver, Mr Chen GuoTong (FIN No. G8062881T) is authorised by the Company to drive the above Vehicle No. PC1085T, at time of accident.

Yours faithfully

Teo Liang Swang
Managing Director



X

MSM Logistics Pte Ltd

SIN MING AUTO CITY
160 SIN MING DRIVE #03-08 SINGAPORE 575722
Email: msmts@singnet.com.sg
GST No 200911646H
Tel: +65 9107 4212

INVOICE

BILL TO

AXA INSURANCE PTE LTD
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Invoice No. : MSM/AC-180501
Date : 18.05.18
Tel :
Fax :

<u>Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>
	<u>TRAFFIC ACCIDENT ON 23/03/2018 INVOLVING PC1085T & XD9583U AT</u> <u>ALONG JALAN BUROH TOWARDS PIONNER ROAD</u> <u>COVER NOTE NO. CN868154</u>			
1.	Total repair cost inclusive of spare parts and labour charges		\$	17,800.00
2.	Less Excess		\$	(1,500.00)
SUB TOTAL			SGD \$	16,300.00
7 % GST			SGD \$	1,141.00
TOTAL AMOUNT			SGD \$	17,441.00

CHEQUE SHOULD BE MADE PAYABLE TO :-
MSM LOGISTICS PTE LTD
DBS 006-901797-0

Authorized Signature





MSM Logistics Pte Ltd

SIN MING AUTO CITY
160 SIN MING DRIVE #03-08 SINGAPORE 575722
Email: msmts@singnet.com.sg
GST No 200911646H
Tel: +65 9107 4212

INVOICE

BILL TO

AXA INSURANCE PTE LTD
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Invoice No. : MSM/AC-180501
Date : 18.05.18
Tel :
Fax :

<u>Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>
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TRAFFIC ACCIDENT ON 23/03/2018 INVOLVING PC1085T & XD9583U AT
ALONG JALAN BUROH TOWARDS PIONNER ROAD
COVER NOTE NO. CN868154

- | | | | | |
|----|---------------------------------------------------------------|--|----|------------|
| 1. | Total repair cost inclusive of spare parts and labour charges | | \$ | 16,500.00 |
| 2. | Less Excess | | \$ | (1,500.00) |

SUB TOTAL	SGD \$	15,000.00
7 % GST	SGD \$	1,050.00
TOTAL AMOUNT	SGD \$	16,050.00

CHEQUE SHOULD BE MADE PAYABLE TO :-
MSM LOGISTICS PTE LTD
DBS 006-901797-0




Authorized Signature

DISCHARGE VOUCHER

The undersigned hereby confirm that I / We have personally examined the following vehicle register no. **PC1085T** and acknowledge that I / We accept delivery of the said vehicle in satisfactory condition.

Date / Time : 05 / 05 / 18 14:00 Hrs.


Authorized Signature

Name : Philip L S TEO

NIRC No.: 80124346 / B

Contact No. 96772980

Date : 05 / 05 / 18



Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 27 July 2018 10:41 AM
To: 'khian hen Chen'
Subject: RE: PC 1085T-DOA:23/3/2018 (AXA OD)

Dear Sir,

Please forward us invoice.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: khian hen Chen <khianhen@gmail.com>
Sent: Friday, 27 July 2018 10:10 AM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: Re: PC 1085T-DOA:23/3/2018 (AXA OD)

pc1085t lump sum 16,500 before \$1500 excess and gst, please proceed

On Fri, Jul 27, 2018 at 10:04 AM, Veron Chen (LKKAuto) <veronchen@lkkauto.com> wrote:

Dear Sir,

Offer Lump Sum \$16,500 before excess \$1500 @ 9 working days.

Kindly confirm.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: khian hen Chen <khianhen@gmail.com>

Sent: Wednesday, 25 July 2018 2:47 PM

To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>

Subject: Re: PC 1085T-DOA:23/3/2018 (AXA OD)

pc1085t, we try to asking for \$17,000 before excess \$1500....it that possible to make its??tk

On Wed, Jul 25, 2018 at 2:31 PM, Veron Chen (LKKAUTO) <veronchen@lkkauto.com> wrote:

Dear Sir,

Re-offer Lump Sum \$16,000 before excess \$1500 @ 9 working days.

Kindly confirmed.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: khian hen Chen <khianhen@gmail.com>

Sent: Friday, 20 July 2018 6:11 PM

To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>

Subject: Re: PC 1085T-DOA:23/3/2018 (AXA OD)

lump sum \$13,650 for pc1085t is really really low for us

On Fri, Jul 20, 2018 at 3:07 PM, Veron Chen (LKKAuto) <veronchen@lkkauto.com> wrote:

Dear Sir,

Please refer below

Parts \$15,330 (less 10%) = \$13,797

Labour \$3300

Total = \$17,097

Lump Sum \$17,097 (less 20%) = \$13,677.60

Kindly confirmed Lump Sum \$13,650 @ 9 working days.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: khian hen Chen [mailto:khianhen@gmail.com]

Sent: Wednesday, 18 July 2018 10:05 AM

To: SUR <sur@lkkauto.com>

Subject:

how the claim process for PC1085T?