

ASS. REC. BY:

REF: CS3 / ASM18006766 / GZ4607 Special Instruction:

Surveyor:

small claim
From (Person):

(712)

ASSIGNMENT (Office)

Cynthia Koh

of PSM

Date/Time: 11.04.2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJH 9563Y

Insured:

SKR 5585X

at Workshop in/s

Eclipse Auto

Tel:

of

155 Kaki Bukit Ave 1 Shun Li Ind Park

Policy No:

Claim No:

SSM0007LB

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07042018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time: 12042018 1:10pm

Person Contacted:

Frankie

Vehicle: IN / OUT

Date/Time	Action/Instruction (x) Estimate
	SJH 9563Y - x
	SKR 5585X - x

PRS
Summary

REF:

ASSIGNMENT

(-20/8)

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s **Eclipse**
 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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: **\$13k**
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / FR 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: **STH9563Y** Yr Regn: **28 Aug 2008**
 Type: ☒ M.C. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Honda civic** C.C. **1595**
 Colour: **Grey** A/C: Insured / Std / NI / NA
 Sp. Reading: **245577** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JK/MFD4620.8S202263**
 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 / R Rim or
 Tyre Size: F: **205/55 R16**
 R: **near "**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Laufeng (RT)**
 Front R/Bal. **6** mm Rear R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. _____ D.O.I. **12-04-18**
 Survey held at **W/S** **4pm**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S RT
 The ☒ U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
17/4	Submit PRS report.

RECEIVED 3 APR 2018

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

100
100




Service Request Details

Claim

S8M00DIB

Reference

None 

Loss Date

April 7, 2018

Request Date

April 11, 2018

LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Due Date

April 18, 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 #

SJH9563Y

Make

TPVD HONDA



Service Address

Primary Contact/Insured

LEASE A CAR PTE. LTD.

1 QUEENSWAY, #03-22 QUEENSWAY SHOPPING, CENTRE/QUE, 149053, Singapore

647643484349

Claim Handler

LOH Cynthia

6568804843

cynthia.loh@axa.com.sg

Additional Instructions

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	09/04/2018 14:17
Date Of Accident	07/04/2018 20:55
Exact Location Of Accident	274A PUNGGOL PLACE (S) 821274
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9563Y
Insured/Policyholder	
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Co Reg No	201607941M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63522171

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 VTEC (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 HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000059
Cover Note Number	

Driver

Name of Driver	JEREH NG JUN HUI
NRIC No	S9539606B
Date Of Birth	30/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92286411
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 458 HOUGANG AVE 10 #03-413
Postcode	530458
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRED
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED REPORT.

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	SKR5585X
Vehicle Make/Model/Colour	BMW / WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7931058A
Contact Number	94232829
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 Authorized 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 rescind policy liability.
4. The time and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Accident narrative 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 lodging 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 Ministry 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 my 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/postal 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/are 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 also 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 (a) 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

9/4/18

Driver's Signature

(if driver is not the policyholder)

Date & Time

9/4/18



Reporting Centre Personnel's Signature

Name:

NRIC/PR No.:

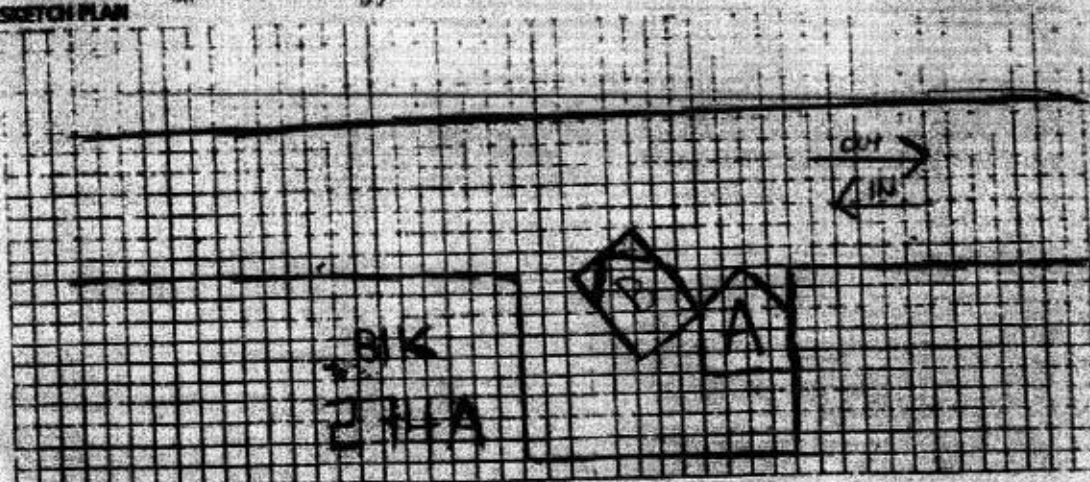
Sketch Plan #2

SKETCH PLAN

Blk 274A Punggol Place (S) 821234

A: S011 15657

B: 8KR 5585X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 4th of April 2018, 8:50pm I parked my car in front of Blk 274A rubbish chute with my engine off waiting for my girlfriend to end work. All of a sudden, a brown car on a normal road started making a 3 point reversing toward my vehicle and I noticed it and I honked at him but he didn't stop and continue reversing. Being my left front door he then moved his car forward and then I came out of my vehicle and he and his friend came out of the car and his friend confronted while he drove back to his car drive to the opposite side of the road way.

DECLARATION

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

Policyholder's Signature

Date & Time: 9/4/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

MNC/VNI No.:

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	7941M

Vehicle Details

Vehicle No.:	SJH9563Y
Vehicle to be Exported:	No
Intended De-registration Date:	13 Apr 2018
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.6L VTI AUTO
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	R16A13006642
Chassis No.:	JHMF46208S202263
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$18,625.00
Original Registration Date:	28 Aug 2008
First Registration Date:	28 Aug 2008
Transfer Count:	2
Actual ARF Paid:	\$18,625.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Aug 2018
PARF Rebate Amount:	\$9,312.00

Intended COE Rebate Details

COE Expiry Date:	27 Aug 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$13,289.00
COE Rebate Amount:	\$492.00
Total Rebate Amount:	\$9,804.00

The information contained herein is correct as at 13 Apr 2018

OK