

INS. CASE OWNER:

CC 4/ASM1800

LKK:

IDAC:

**ASSIGNMENT**

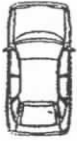
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

Is driver the owner?

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

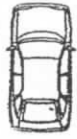
Place of Accident :

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

Insured Liability :

%

Final ? Yes / No



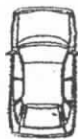
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

19/5/14

SDB1602 X; G2 7632K X

- CTV uploaded in suspect. OI counter claim TP. To liaise w OI before any settlement.

liability unclear.

18-07-18  
V

TO CANCEL FILE. NO SURVEY DONE

**STAGE****DATE / PIC**

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

After call Itr to OI:

**Documentation Check List: Handler Typist**

Notification Itr (if non-pickup)

After call Itr 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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

**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:

**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 : CC4/ASM18007671/ua3		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 26-04-2018		
		Code : ASM		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GZ 7632K	Veh. Inspected	SDB 1602Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M00DI2	Excess (\$)	0.00	
Assign From		Assign Date	26/04/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	06/04/2018	Inspection Date		
Survey held at	PERFORMANCE MOTORS LTD 303 ALEXANDRA ROAD SINGAPORE 159941			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

## 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 10:18
Date Of Accident	06/04/2018 15:45
Exact Location Of Accident	MARINA GARDEN DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB1602Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AW LAY ENG COREEN
NRIC No	S1517036J
Email Address	COREEN@SIXTEEN-O-TWO.COM
Mobile Phone No	(LOCAL) +65-97371602
Alternative Phone No	OFFICE-97371602

### Vehicle Particulars

Manufacturer	BMW
Model	520
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1819169
Cover Note Number	

### Driver

Name of Driver	AW LAY ENG COREEN
NRIC No	S1517036J
Date Of Birth	16/02/1962
Occupation	INDOOR
Date Of Driving Pass	18/09/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97371602
Fax Number	
Contact Number	OFFICE-97371602
Email Address	COREEN@SIXTEEN-O-TWO.COM

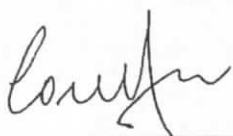
**SKETCH PLAN**

**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:

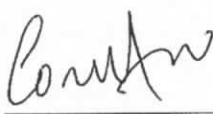
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

7/4/18 (11Am)

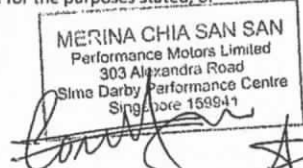


Driver's Signature

(If driver is not the policyholder)

Date & Time:

7/4/18 (11Am)



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07 APR 2018



## Service Request Details

Claim  
S8M00D12

LKK AUTO CONSULTANTS PTE LTD (TP) ▾

Reference  
None 

Loss Date  
April 6, 2018

Request Date  
April 25, 2018

Due Date  
May 3, 2018

Vendor Name  
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss  
Third Party Vehicle Damage

Services  
Pending verification - Direct Settlement

25042018 @ 10:45am  
Carline veh not in

Email to Performance

### Actions

Next Step  
Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #  
SDB1602Z

Make  
TPVD BMW

## Status of Driving Licence

### QUALIFIED DRIVING LICENCE

<b>Qualified Driving Licence No. :</b>	S8130887Z
<b>Status of Qualified Driving Licence :</b>	Valid
<b>Class of Qualified Driving Licence :</b>	3
<b>Expiry Date :</b>	Valid for life unless revoked, suspended or disqualified.

### PROVISIONAL DRIVING LICENCE

You (S8130887Z) are not a valid Provisional Driving Licence Holder.

The above information is accurate as at 15/05/2018 12:01 AM.