

ASS. REC. BY:

REF:

C93 / ASM18009002 / G246

Special Instruction:

Surveyor:

G13

ASSIGNMENT (Office)

Smart claim

From (Person):

Stacey Ng

of

ASM

Date/Time:

30/04/2018 4:17pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 2528Z

Insured:

SFL 9659G

at Workshop m/s

Kum Chiew

Tel:

of

160 Sin Ming Drive #05-08

Policy No:

Claim No:

S8 M00FL2

Sum Insured:

Excess:

Make of Veh:

D.O.A.

29/04/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

02/05/2018 11:21am

Person Contacted:

mdm Lim

Vehicle IN / OUT

Date/Time	Action/Instruction (x) Estimate
	SLV 2528Z - X
	SFL 9659G - RA / INC10018172 / Wlr
	QA: 12092010
10/5/18	After Repair

REF: ASM

Smart claim

# 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.

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLV 2528Z Yr Regn: 2017 / Dec 26  
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mercedes Benz A180 SE (A) cc 1595  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp. Reading: 5858 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDD1760422J695459  
 Gen. Cond: ☒ Good / Fair / Poor / Burnt  
 Steering: ☒ In order / Jammed / Leaked / Burnt or  
 Brake: ☒ In order / Jammed / Leaked / Burnt or  
 Modi: ☒ N / S/Rim / STD A/Rim or  
 Tyre Size: F: 205 / 55 R 16  
 R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	27042018	D.O.I.	03052018 @ 4:41pm

Survey held at Kum Chiew

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
18/1/18	Submit PR Report

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair:

Resurvey No. of Trip:

Report Format :

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL



## Service Request Details

Claim

S8M00FL2

Reference

None

Loss Date

April 29, 2018

Request Date

April 30, 2018

Due Date

May 8, 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 WorkAccept Work

### Vehicle Information

Incident Vehicle Registration #

SLV2528Z

Make

TPVD

02/05/2018 @ 11:21am  
mkm lim veh in.  
nut

Service Address

---

...

Primary Contact/Insured

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ONG KUE HUAN

219 TAMPINES STREET 24, #07-40, 520219, Singapore

97889659

Claim Handler

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NG Stacey

6568804351

stacey.ng@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 G/A 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	30/04/2018 14:56
Date Of Accident	29/04/2018 14:35
Exact Location Of Accident	UPPER THOMSON ROAD EAST TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2528Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAW CHOR WAH
NRIC No	S1700480H
Email Address	ANDY@NICHEINTERIOR.COM
Mobile Phone No	(LOCAL) +65-96375798
Alternative Phone No	OTHERS-96375798

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/17/VP00/101120

Cover Note Number

### Driver

Name of Driver	LAW CHOR WAH
NRIC No	S1700480H
Date Of Birth	21/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	15/02/1989
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96375798
Fax Number	
Contact Number	OTHERS-96375798
Email Address	ANDY@NICHEINTERIOR.COM

Address BLK 217 PASIR RIS STREET 21  
#06-150  
Postcode 510217  
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 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) 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

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFL9659G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ONG KUE HUAN  
NRIC/Passport Number S0787879F  
Contact Number 97889659  
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: 20 APR 2010

14:56 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

Poh Kwee Choo

NRIC/FIN No.:

S6840583A

## SKETCH PLAN

A) SLV 2528 Z

B) SFL 9659 G

UPPER CHANGI ROAD EAST TOWARDS CITY



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the above date & time, I (SLV 2528 Z) stopped my vehicle at upper Changi Road East toward city waiting for traffic light to turn green.

When all the sudden, vehicle B (SFL 9659 G) came from behind and hit onto rear portion of my car.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 14/5/13

14/5/13

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

Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: 40583A



**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  
8 SHENTON WAY #24-01  
AXA TOWERS SINGAPORE 068811  
ATTN: STACEY NG

Ref: CS3/ASM18008002/Gz4bs2

Date: 19-07-2018



Code: ASM

**1. Policy Particulars :- (THIRD PARTY CLAIM)**

Insured Veh.	SFL 9659G	Veh. Inspected	SLV 2528Z
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00FL2	Excess (\$)	0.00
Assign From	SMART CLAIM (STACEY NG)	Assign Date	30/04/2018

**2. Vehicle Particulars & Condition**

Make & Model	MERCEDES BENZ A180 SE (A)	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	WDD1760422J695459	Colour	BLACK
Odometer	5858 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	205/55R16	MICHELIN	6 mm
L/H Front Tyre	205/55R16	MICHELIN	6 mm
R/H Rear Tyre	205/55R16	MICHELIN	6 mm
L/H Rear Tyre	205/55R16	MICHELIN	6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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**5. General Information**

Accident Date	29/04/2018	Inspect Date / Time	03/05/2018 ( 04:41 PM )
Survey held at	KUM CHEW MOTOR WORKSHOP 160 SIN MING DRIVE #05-08 SIN MING AUTOCITY SINGAPORE 575722		

**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.
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Report Ref No. CS3/ASM18008002/Gz4bs2

**Inspected By**

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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