

ASS. REC. BY:

REF: CS3 / ASM1800817 / N44622 | Special Instruction:

SURVEYOR

$$\text{Ni}_2$$

**ASSIGNMENT (Office)**

small drum

From (Person):

Chun Kuan Chuan

of

ASM

Date/Time: 03052018 236pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGF 255S

Insured:

GSD 11892X

at Workshop m/s

Twin car Automotive

Tel:

6842 0051

of

2 Kaki Bukit Ave 2 # 01-17

Policy No:

Claim No:

88 MOOFLC

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30042078

CA / REV / REP. / REV 24 HRS W/pt

H.O.D. Endorsement:

Date/Time: \_\_\_\_\_

03052018 243pm

Person Contacted:

Hui Xin

Vehicle ~~IN~~ OUT[illegible]

PRS

NA2

REF: ASM (AXA)

AXA TAIWAN

From: Date: 04052018

Estimated Cost:

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

To Inspect Vehicle No: 80F 2555

at Workshop n/s: TWINCAR

of 2 Kaki Bukit Ave 2 #01-17

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Vehicle: SGF 2555 Date: MAR 2006

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: VOLKSWAGEN GTI C.C. 1984

Colour: BLACK A/C: Insured / Std / NI / NA

Sp. Reading: 212903 T/Radio: Insured / Std / NI / NA

Eng/No:

C.No: WVWZZZ1K6U018240

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/40ZR18

R: 225/40ZR18

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: 30/4/18 D.O.I: 4/5/18 @ 12:01PM

Survey held at TWINCAR

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

0/5

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 10 MAY 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

1. 3 + P1. 00

1. 00

1. 00

1. 00

Add Fee: ☐ Site Insp. / \$

☐ Interview / \$

☐ Tech. Insp. / \$

☐ Workshop / \$

Report Format:

Lump Sum / LB 1.0

100
00




## Service Request Details

Claim

S8M00FLC

Reference

None 

Loss Date

April 30, 2018

Request Date

May 3, 2018

Due Date

May 10, 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 #

SGF255S

Make

TPVD

## Primary Contact/Insured

CHEW HOCK SENG CONSTRUCTION PTE LTD  
55 SERANGOON NORTH AVE 4, #08-08 S9, 555859, Singapore  
63923788

## Claim Handler

CHAN Kian Chuan  
6568804269  
kianchuan.chan@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

MSME18056532 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 30/04/2018 15:44  
 SUBMITTED BY: Chia Pei Ying

## 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	30/04/2018 15:44
Date Of Accident	30/04/2018 10:00
Exact Location Of Accident	X-JUNCTION OF LOYANG LANE AND LOYANG WAY
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SGF255S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOOI AH CHYE
NRIC No	S2585681C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92726567
Alternative Phone No	OFFICE-92726567

**Vehicle Particulars**

Manufacturer	VOLKSWAGEN
Model	GOLF

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA065546
Cover Note Number	

**Driver**

Name of Driver	HOOI KIN WAI
NRIC No	S8511522G
Date Of Birth	27/04/1985
Occupation	INDOOR
Date Of Driving Pass	15/01/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92732729
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 172 BEDOK SOUTH ROAD #03-427  
 Postcode 460172  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 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? 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? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

I WAS TRAVELLING ALONG LOYANG LANE TOWARDS THE JUNCTION OF LOYANG LANE/LOYANG WAY. I WAS ON THE LEFT LANE (LEFT TURN/STRAIGHT/RIGHT TURN ) LANE. WHEN AT THE JUNCTION, I WAS MAKING A RIGHT TURN TOWARDS MY OFFICE (SITA). SUDDENLY, I FELT AN IMPACT FROM THE RIGHT SIDE OF MY VEHICLE WHILE I WAS MAKING A RIGHT TURN. I ALIGHTED FROM MY VEHICLE AND REALISED IT WAS A VEHICLE BEARING (GBD4892X) THAT WAS TRYING TO GO STRAIGHT WHILE I WAS ON A (RIGHT TURN ONLY LANE) AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE.

**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 GBD4892X  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 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 Pg. 1


SKETCH PLANIMPORTANT 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:

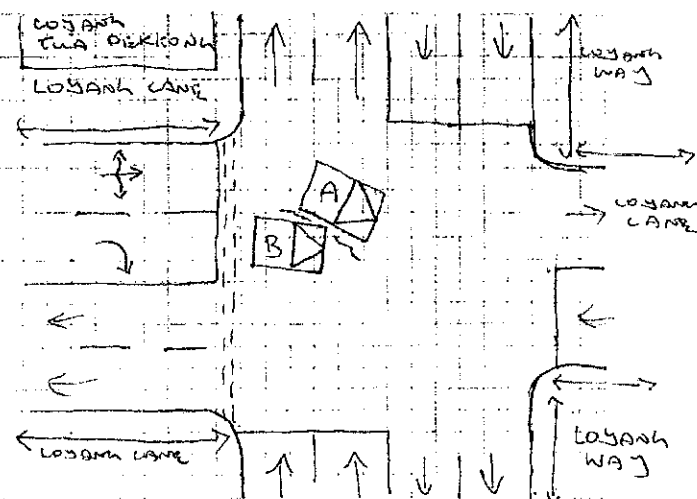
\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

## SKETCH PLAN

VEHICLE A - SCF 2553

VEHICLE B - GBD 4892X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG LOYANH LANE TOWARDS THE JUNCTION OF LOYANH LANE / LOYANH WAY. I WAS ON THE LEFT LANE (LEFT TURN / STRAIGHT / RIGHT TURN) LANE.

WHEN AT THE JUNCTION I WAS MAKING A RIGHT TURN TOWARDS MY OFFICE (SITA). SUDDENLY I FELT A IMPACT FROM THE RIGHT SIDE OF MY VEHICLE WHILE I WAS MAKING A RIGHT TURN.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (GBD 4892 X) THAT WAS TRYING TO GO STRAIGHT WHILE HE WAS ON A (RIGHT TURN ONLY LANE) AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE.

VEHICLE A - SCF 2553

VEHICLE B - GBD 4892X

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



[> Back to OneMotoring](#)

## Enquire Transfer Fee

### Vehicle Details

Vehicle No.: SGF255S  
 Vehicle Type: P10 - Passenger Motor Car  
 Vehicle Attachment 1: With Sun Roof  
 Vehicle Scheme: Normal  
 Vehicle Make: VOLKSWAGEN  
 Vehicle Model: GOLF GTI  
 Chassis No.: WVVZZZ1KZ6U018240  
 Propellant: Petrol  
 Engine No.: AXX059038  
 Engine Capacity: 1984 cc  
 Maximum Power Output: 147.0 kW ( 197 bhp)  
 Maximum Laden Weight: 1920 kg  
 Unladen Weight: 1391 kg  
 Year Of Manufacture: 2005  
 Original Registration Date: 29 Mar 2006  
 Lifespan Expiry Date: -  
 COE Category: B - Car (1601cc & above)  
 PQP Paid: \$50,932.00  
 COE Expiry Date: 28 Mar 2026  
 Road Tax Expiry Date: 28 Sep 2018  
 Inspection Due Date: 28 Mar 2019  
 Intended Transfer Date: 17 May 2018  
 CO2 Emission: -  
 CO Emission: -  
 HC Emission: -  
 NOx Emission: -  
 PM Emission: -

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

### Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
<b>Total Amount Payable:</b>			<b>25.00</b>

You may print this page for reference.

OK

Print