

195210

INS. CASE OWNER

CC 4 / AXA1801

LKK:

IDAC:

Surveyor:

Bryan

DOI:

ASSIGNMENT

4/5/18

Date / Time:

23/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES) (NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

GOVINDARAJAN SURESH BABU

(V/L) YES / NO

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

88000700 / 46773

P164748

1502H

SLIMF PARK DR

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

Insured Liability: % Final ? Yes / No

SH 64184

INSRS:
WSP:
Tel:
Liability:
RMKS:

Chunni

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

DATE / PIC

18/9/18

TH

22/9/19

11/10/19

21/10/19

SH 64184 - as / insrs 018484 / H/gm/hw 07/10/18
WC 9125B - x

Smart claim - virtual

seeic mandate via SMART

File -> SUCI to send PS form

File pass to LSP to close.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	
Documentation Check List: Handler Typist	
Notification ltr (if non-pickup)	
After call ltr to OI: Virtual	
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:
Repair Cost:	SS	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	SS	
Loss of Rental (LOR):	SS	(20 days) x \$119.28
Loss of Use (LOU):	SS	(5 days) x \$
Loss of Income (LOI):	SS	(50 x 20 days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>		[Tick only one]
GIA/LTA Search	SS	2.00
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost	SS	
Total:	SS	25857.60 Global Sum SS: 25800.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS	Name 1: Chunni Motor work Pte Ltd
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

ASS. REC. BY:

REF:

CS/ASM18008319/D4b

Special instruction:

SURVEYOR

ASSIGNMENT (Office)

Smart claim

From (Person):

Jus Tan

of

ASM

Date/Time: 03052018 4:00pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 6418Y

Insured:

WC 9125B

at Workshop m/s

Soon Hock

Tel:

65425119

of

Blk 10 AMK Ind Park 2A #01-05

Policy No:

Claim No:

98M00FWPD

Sum Insured:

Excess:

Make of Veh:

D.O.A.

01-052018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

03052018 4:54pm

Person Contacted:

Jym.

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

'Virtual'

SH 6418Y - AS/INC 13018435/Hlgm3u2

DA: 021013

WC 9125B - x

REF:

ASSIGNMENT

CUE NOV 2023

From: _____ Date: _____

Estimated Cost: _____

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

To/Inspect Vehicle No: _____

at Workshop no/s: _____

at: _____

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.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 16 days: Res: Yes or NoLump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Yeh No: SH 6418 Y Yr Regn: Nov 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry ☒ Prime Mover /

Truck / Trailer or

Make: Hyundai I40 S/N: 1685

Colour: Blue A/C: _____ Insured / Std / NI / NA

Sp Reading: 360921 T/Ake: Insured / Std / NI / NA

Eng/No: D4FDFU561965

C/No: KMHLB41UMGU080435

Gen. Cond: 6 / Good / Fair / Poor / Burnt

Steering: 6 / Jammed / Leaked / Burnt or

Brake: 6 / Jammed / Leaked / Burnt or

Modi: 6 / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: — 11 —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Campeon

Front: _____ Rear: _____

R/Bal: S mm R/Bal: S mm

L/Bal: S mm L/Bal: S mm

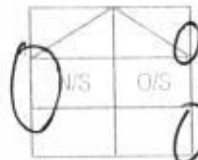
D.O.A: 01/05/2018 D.O.I: 04/05/2018

Survey held at: Chunni AMIC

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

N/S Front y N/S body y N/S Rev

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



Date / Time: _____ Action / Instruction: _____

AXA WC9125B

U/S # 21W Cred # 17874M/ 467

16 + 3 Sun + 1 PPS = 20 day

Date/Time File Pass to?

☐

Preli. Report

11

☐

Final Report

Date/Time File Return to?

5

Add Fee:

☐

Site Insp: US

☐

Intro: US

☐

Tech: US

☐

Work: US

Report Format:

Lump Sum / L.B.F. US

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Fuel:

Tools:

Other:

Total:

Grand Total:



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/ASM17021054/Upb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 03-11-2017



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	XD 7698K	Veh. Inspected	XD 9769B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/11/2017

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	31/10/2017	Inspection Date	07/11/2017
Survey held at	VFIX AUTO SERVICE PTE LTD 60 KAKI BUKIT AVE 6, ARK@KB, 417892 KAKI BUKIT SINGAPORE 417892		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



Auto
Consultants
Pte Ltd

Company Registration No: 199607198R

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

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 24/05/2018

Survey Details:

Date of loss	1-May-18
Date of appointment	23-May-18
Date of survey	4-May-18
Location of survey	CHUNNI MOTOR WORK PTE LTD

Vehicle Details:

Claim Type:	Third party
Vehicle number	SH 6418Y
Make and Model	HYUNDAI I40
Date of registration	12/11/2015
Excess	
Market Value	\$0
Part Rebate	\$0
Nett Loss	\$0

Repair details:

Initial Estimate	\$ 38,874.04
------------------	--------------

Proposed/Revised repair cost:

Parts	\$ 24,194.84
Check items (estimate)	\$ -
Labour	\$ 3,150.00
Total	\$ 27,344.84
Lump Sum(if applicable)	\$ -

Number of days for repair	14
---------------------------	----



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Remarks:

We have not authorized repairs.

Mandate:

Liability(TP)		%
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total		

CHUNNI MOTOR WORK PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SH 6418Y

DATE : 2.05.2018

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039 AXA

708wvlll hysc LKK1

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bonnet <i>gnc</i>			\$ 1,526.00	✓
	Front Bumper Cover <i>cut</i>			\$ 1,052.20	✓
	Headlamp Support Panel Assy <i>broken</i>			\$ 1,067.50	✓
	Headlamp (LH) <i>cut</i>			\$ 1,388.00	✓
	Front Fender (LH) <i>gnc</i>			\$ 619.00	✓
	Front Fender Apron Panel (LH) <i>broken</i>			\$ 1,575.50	✓
	Front Fender Shield (LH) <i>damaged</i>			\$ 169.80	✓
	Front Door (LH) <i>gnc</i>			\$ 1,403.00	✓
	Front Door Rubber <i>damaged</i>			\$ 290.50	✓
	Front Door Glass (LH) <i>scratched</i>			\$ 379.55	✓
	Front Door Gear / Regulator (LH) <i>broken</i>			\$ 785.50	✓
	Front Door Hinge Upper (LH) <i>cut</i>			\$ 53.40	✓
	Front Door Hinge Lower (LH) <i>cut</i>			\$ 53.40	✓
	Front Door Check (LH) <i>cut</i>			\$ 110.15	✓
	Front Door Inner Lock (LH) <i>dam</i>			\$ 348.95	✓
	Front Door Key Lock Set (LH) <i>dam</i>			\$ 186.50	✓
	Front Door Outer Handle (LH) <i>broken</i>			\$ 38.75	✓
	Front Door Outer Moulding (LH) <i>gnc</i>			\$ 63.70	✓
	Front Door Mirror (LH) <i>broken</i>			\$ 980.50	✓
	Front Door Power Motor <i>broken</i>			\$ 950.90	✓
	Door Centre Pillar Outer (LH) <i>gnc</i>			\$ 1,786.20	✓
	Frt Safety Belt (Assy) (LH) <i>HN</i>			\$ 572.65	X
	Frt Safety Belt Buckle <i>HN</i>			\$ 86.05	X
	Front Windscreen Moulding <i>gnc</i>			\$ 60.00	✓
	Front Windscreen Pillar Outer (LH) <i>gnc</i>			\$ 1,843.10	✓
	Front Wheel Rim (LH/RH) <i>broken</i>		\$ 351.90	\$ 703.80	✓ X
	Front Wheel Hub Cap (LH/RH) <i>cut</i>		\$ 150.70	\$ 301.40	✓
	Front Wheel Bearing <i>H/S Dam o/s HN</i>		\$ 258.50	\$ 517.00	✓
	Front Shock Absorber (Assy) (LH/RH) <i>broken</i>		\$ 342.20	\$ 684.40	✓
	Front Shock Absorber Mounting (LH/RH) <i>HN</i>		\$ 75.10	\$ 150.20	✓ X
	Knuckle Arm (LH) <i>broken</i>			\$ 582.95	✓
	Dashboard Complete <i>broken</i>			\$ 2,688.00	✓
	ABS Sensor <i>HN</i>		\$ 261.50	\$ 523.00	X
	Wiring-Engine <i>HN</i>			\$ 3,326.00	X
			21247.35		
			16997.88		
				\$ 26,867.55	
				\$ 5,373.51	
				\$ 21,494.04	
	Front Fender Advertisement Logo (LH) <i>cut</i>			\$ 100.00	Nett ✓
	Front Door Comfort Logo (LH) <i>cut</i>			\$ 75.00	Nett ✓
	Front Door Advertisement Logo (LH) <i>cut</i>			\$ 100.00	Nett ✓
	Front Windscreen Sealant <i>HN</i>		321.00	\$ 46.00	Nett ✓
				\$ 321.00	

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

SH 6418X

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Fender With Housing (LH) <i>h</i>			\$ 4,736.80	X
	Rear Fender Inner Lining (LH) <i>h</i>			\$ 164.40	X
	Rear Windscreen Moulding <i>h</i>			\$ 60.00	X
	Rear Door Black Plastic Cover <i>h</i>			\$ 225.00	X
	Rear Door (LH) <i>h</i>			\$ 1,351.10	✓
	Rear Door Rubber (LH) <i>h</i>			\$ 280.50	✓
	Rear Door Glass (LH) <i>h</i>			\$ 252.10	X
	Rear Door Outer Moulding (LH) <i>h</i>			\$ 212.15	✓
	Rear Door Outer Handle (LH) <i>h</i>			\$ 41.40	✓
	Rear Door Gear/Regulator (LH) <i>h</i> broken			\$ 785.50	✓
	Rear Door Power Motor (LH) <i>h</i> Dam			\$ 950.90	✓
	Rear Door Hinge Upper (LH) <i>h</i>			\$ 53.40	✓
	Rear Door Hinge Lower (LH) <i>h</i>			\$ 53.40	✓
	Rear Door Check (LH) <i>h</i>			\$ 66.50	✓
	Rear Door Trim Board (LH) <i>h</i> mounting <i>h</i>			\$ 892.55	✓
	Rear Tyre Rim (LH/RH) <i>h</i>		\$ 351.90	\$ 703.80	X
	Rear Wheel Hup-Cap (LH/RH) <i>h</i> / <i>h</i>		\$ 150.70	\$ 301.40	✓
	Rear Wheelbearing IN & Hub <i>h</i> Dam o/s	N/S <i>h</i>	\$ 401.40	\$ 802.80	✓
	Rear Trailing Arm (RH) <i>h</i> <i>h</i>			\$ 120.00	✓
	Rear Assist (RH) <i>h</i> <i>h</i>			\$ 120.00	✓
	Rear Shock Absorber (RH) <i>h</i> <i>h</i>			\$ 342.20	✓
	Rear Shock Absorber Mounting (RH) <i>h</i>			\$ 57.70	X
	Rear Crossmember <i>h</i>			\$ 1,190.00	X
	Stabilizer Bar <i>h</i> <i>h</i>			\$ 204.60	✓
	Stabilizer Link <i>h</i> <i>h</i>			\$ 68.15	✓
	Rear Upper Arm (RH) <i>h</i> <i>h</i>			\$ 335.75	✓
	Rear Lower Arm (RH) <i>h</i> <i>h</i>			\$ 204.35	✓
	Rear Knuckle Arm (RH) <i>h</i> <i>h</i>			\$ 574.80	✓
			7360.05		
			5888.04		
	SUB TOTAL			\$ 15,151.25	
	LESS 20%			\$ 3,030.25	
	DISCOUNTED TOTAL			\$ 12,121.00	
	Rear Bumper Advertisement Logo <i>h</i>			\$ 50.00	Nett X
	Rear Fender Advertisement Logo (LH/RH) <i>h</i> <i>h</i> <i>h</i>		\$ 100.00	\$ 200.00	Nett ✓
	Rear Windscreen Sealant <i>h</i>			\$ 46.00	Nett X
	Rear Door Advertisement Logo (LH) <i>h</i>			\$ 100.00	Nett ✓
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>h</i>			\$ 80.00	Nett ✓
	Rear Tyre (LH/RH) <i>h</i> <i>h</i>		\$ 216.00	\$ 432.00	Nett X
			2801-	\$ 908.00	

SH 6418Y

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			S 1,600.00 1400/-
	Spray Painting Charge			S 1,200.00 1000/-
	Wiring Charge			S 50.00 30/-
	Tuff Kote			S 100.00 60/-
	Towing Charge			S 50.00 40/-
	Remove/Refix Cushion & Upholstery Rear			S 80.00 60/-
	Remove/Refix Rear Windscreen Glass			S 100.00 40/-
	Remove/Refix Undercarriage (FRT)			S 200.00 80/-
	Remove/Refix Undercarriage (RR)			S 180.00 150/-
	Four Wheel Alignment			S 100.00 60/-
	Remove/Refix Dashboard			S 180.00 150/-
	Remove/Refix Front Windscreen Glass			S 100.00 80/-
	Remove/Refix Cushion & Upholstery Front			S 90.00 60/-
			3150/-	
	TOTAL LABOUR			S 4,030.00
	ESTIMATE TOTAL			S 38,874.04
				26636.92
				4521000/-
	04/05/2018 e 1500m			
	Not done			
	2/sum 16 dys			
	Ryan			
	LKK Auto			
	8			
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p>			
	<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>			

Pending
insurance
company
approval.

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SH 6418 Y

Technician:

Mileage: 360926

Time Printed 4.5.18 4:07 PM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
-0°53'		-3°00' 3°00'
3°40'		-0°19' 5°41'
22°16'		-1°30' 1°30'
15°07'		
14°14'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
0°42'		-3°00' 3°00'
3°41'		-0°19' 5°41'
-22°29'		-1°30' 1°30'
13°18'		
14°01'		

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
-1°36'		-3°00' 3°00'
-0°01'		-3°00' 3°00'
1°49'		-3°00' 3°00'
-0°12'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
0°42'		-3°30' 2°30'
0°04'		-1°30' 1°30'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
11°40'		-3°30' 2°30'
23°06'		-1°30' 1°30'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
-10°58'		-3°00' 3°00'
23°10'		-3°00' 3°00'
-11°31'		-3°00' 3°00'

MCD618057569 / ComfortDelGro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 03/05/2018 09:47
 SUBMITTED BY: Janet Lim Sian Gek

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 03/05/2018 10:01

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	03/05/2018 09:47
Date Of Accident	01/05/2018 03:15
Exact Location Of Accident	SCIENCE PARK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6418Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	ONG WEE KOON
NRIC No	S8431705E
Date Of Birth	27/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	ONG_WEE_KOON@YAHOO.COM.SG

Address BLK 520 WEST COAST ROAD
#08-651
Postcode 120520
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
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 Condillons 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? YES
Was any injured conveyed to hospital by ambulance? YES
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) 3
Passenger 1

NAME: : -
GENDER: : MALE

Passenger 2

NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180501/2028 * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: -

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WC9125B

Vehicle Make/Model/Colour TRUCK

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver	GOVINDARAJAN SURESHBABU
NRIC/Passport Number	G7411445N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	ROAD KERB
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG WEE KOON
Approximate Age	
Injuries Sustain	ABRASIONS ON BOTH HANDS, NECK, LEFT BACK
Injured person in which vehicle?	SH6418Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN(PAX-1)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	SH6418Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN(PAX-2)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SH6418Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time: 02 MAY 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02 MAY 2018

@ 15:50h

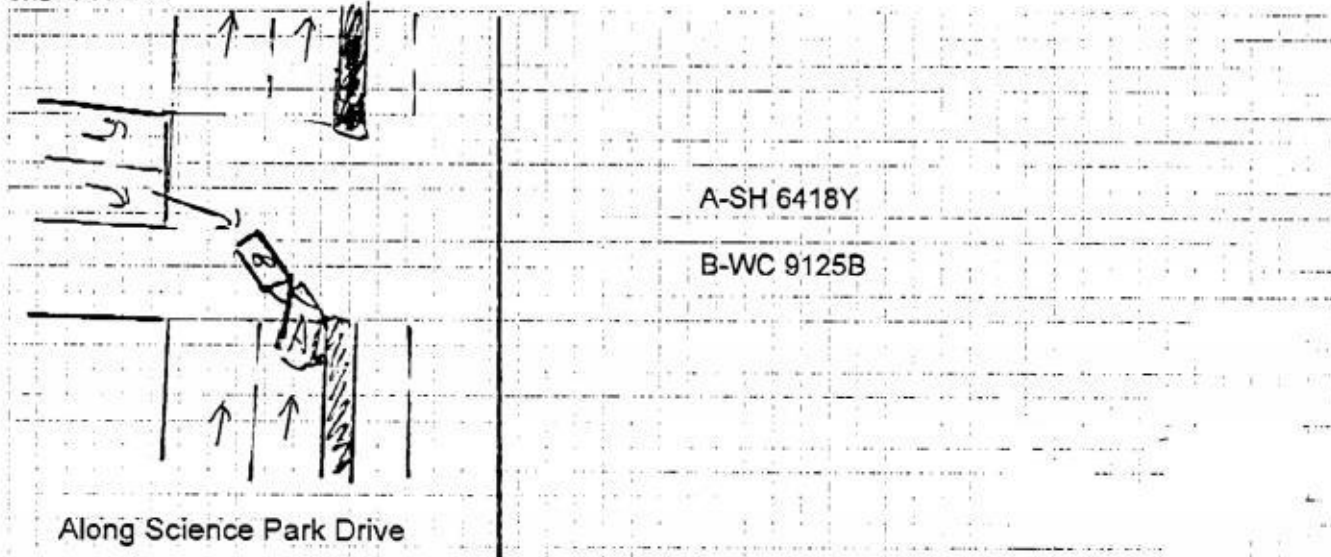
Reporting Centre Personnel's Signature

Name:

LISA DIONG

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No:T/20180501/2028

The impact had caused my taxi (A) went up the road kerb, frt RH and rear RH tyre was burst.

No damage of the road kerb.

I had 7 days mc given by doctor.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature _____

Date & Time: 02 MAY 2010

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02 MAY 2018

Reporting Centre Personnel's Signature

Name: **LISA DIONG**

NRIC/FIN No.:

**SINGAPORE
POLICE FORCE**

T/20180501/2028

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 3

Report No. T/20180501/2028

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 TAN WEE KIONG, SHAUN 

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

01/05/2018 09:49

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65472078

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 37





**SINGAPORE
POLICE FORCE**



T/20180501/2028

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3

Report No. T/20180501/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2018 09:49		Vide Report No.: D/20180501/0037		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: ONG WEE KOON			Address: APT BLK 520 WEST COAST ROAD #08-651 SINGAPORE 120520		
ID Type / ID No.: NRIC NO / S8431705E			Contact No.: Home/Office: Mobile: 96908651		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 27/10/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2018 03:15	Type of Location: Straight Road
Location: Along Road 1 SCIENCE PARK DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SH6418Y	Car				Seriously Damaged	2
WC9125B	CEMENT TRUCK				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180501/2028

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3

Report No. T/20180501/2028

CONTINUATION OF REPORT

Driver			
Name	ONG WEE KOON		ID No. S8431705E
Related Vehicle	SH6418Y (Car)		Contact No. 96908651
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	GOVINDARAJAN SURESHBABU		ID No. G7411445N
Related Vehicle	WC9125B (CEMENT TRUCK)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/01/2018 at about 0315hrs, I was driving in my taxi (SH6418Y) along Science Park Drive towards Normanton Park on the right lane. All of a sudden, a cement truck (WC9125B) exited from a minor road on my left. I horned at the vehicle, however the driver did not respond. I swerved to the right to avoid collision however, the truck still collided onto the left side of my vehicle.

I sustained abrasions to both sides of my hands and my neck and left side of my back. Both of my passengers seated at the back of my vehicle were conveyed to the nearest hospital. I am unsure if the cement truck driver is injured. My vehicle sustained a severe dent and major damages to the left side of my vehicle while the front left corner of the cement truck suffered major damages.

Police arrived subsequently and obtained my in-car camera footage.



Service Request Details

Claim

S8M00FUP

Reference

None

Loss Date

May 1, 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

Pre-Repair Survey

6/3/2018 @ 4:54pm
Virtual
~~James~~
Soon Hack veh in
Bryan

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SH6418Y

Make

Model

Primary Contact/Insured

INFINITE LOGISTIC & TRADING PTE LTD
3 KAKI BUKIT CRESCENT, #05-01A, 416237, Singapore
63380083
rbyu.infinite@gmail.com

Claim Handler

TAN Jas
6568804844
jas.tan@axa.com.sg

Additional Instructions

VIRTUAL ACC file transferred from S8M00FWD to S8M00FUP please do not finalise repair

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

Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #14-00 Singapore 048580
 Tel: (65) 6224 0010 Fax: (65) 6224 0010
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S666500200 / GST Reg. No. M00057735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorized Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MSME18057409 Vehicle Registration No: WC 9125B
 Name (as shown in NRIC): INFINITE LOGISTICS & TRADING PTE LTD NRIC/FIN/Passport No: 201311759M
 (* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address: _____ Singapore
 Contact (Tel): _____ Mobile No.: _____
 Email Address: DEM.INFINITE@Email.com
 Date of Accident: 01/05/2018 Time of Accident: 0345HRS
 Place of Accident: SCIENCE PARK DRIVE
 Insurance Company: AXA

(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:

CHANGE INURED VEHICLE NUMBER TO WC9125B. INSTEAD OF WC9115E
 POLICY NUMBER - USX/P1647148

* B. Suresh
 Policyholder / Driver's Signature
 Date: _____



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