

A. S. REC. BY:

REF: 003/ASM18008397/A Zlibez Special Instruction:

SUBVALOR

ASSIGNMENT (Office)

Smart claim

From (Person): Ernest Tay of ASM Date/Time: 08 05 2018

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SFM 9779M Insured: SKT 2151Z

at Workshop m/s United SG Automobile Tel: 6747 11454

of 53 Ubi Ave 1 #01-56

Policy No: \_\_\_\_\_ Claim No: S8M0056E

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 50042018  
(Client's Record)

CA / REV / REP. / REV 24 HRS wpi 09.05.2018

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 08052018 1202pm Person Contacted: Vicky Vehicle IN / (OUT)

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	<u>SFM 9779M - X</u>
	<u>SKT 2151Z - X</u>
	<u>Dismantle Part: 10052018</u>
	<u>After repair: 11052018</u>

REF:

ASM

## ASSIGNMENT

From \_\_\_\_\_ Date: 9/5/18  
 Estimated Cost: \_\_\_\_\_  
 OD  TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SFM 9779M  
 at Workshop n/s United SG  
 of 53 Ubi Ave 1 #01-56  
 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  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SFM9779M Yr Regn: 2010 Sept  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mercedes Benz. cc 1796  
 Colour: Grey. A/C: Insured / Std / NI / NA  
 Sp. Reading: 72555 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDD2073472F046791  
 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 A/Rim or  
 Tyre Size: F: 235/40R18  
 R: 235/40R18  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Continental  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 09/05/18 @ 1245pm  
 Survey held at SG United  
 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  
PRG. TP AXA.

10/5/18 Submit PRS Report

RECEIVED 11 MAY 2018

Date/Time, File Pass to?

: Prell. Report  
 : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + PS \$

1. Photos

1. Others

TOTAL

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

100

100

Report Format:

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

## Service Request Details

### Claim

S8M00G6E

### Reference

None 

### Loss Date

April 30, 2018

### Request Date

May 8, 2018

### Due Date

May 15, 2018

### Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

### Type of Loss

Third Party Vehicle Damage

### Services

Pending verification - Direct Settlement

### Actions

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#### Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

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#### Incident Vehicle Registration #

SFM9779M

#### Make

TPVD MERCEDES-BENZ

Service Address

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56 WEST COAST CRESCENT (WEST, , , 128038

Primary Contact/Insured

---

HU JIE

56 WEST COAST CRESCENT (WEST, BAY CONDO) #05-01, 128038, Singapore

william\_leeyy@hotmail.com

Claim Handler

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TAY Ernest

6568804835

ernest.tay@axa.com.sg

Additional Instructions

Non Reporting

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

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New Message

TYPE



SENT

5/8/18 11:45 AM

FROM

TAY Ernest

SUBJECT

Non Reporting

BODY



## 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	02/05/2018 14:11
Date Of Accident	30/04/2018 19:30
Exact Location Of Accident	BUKIT MANIS ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM9779M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO KEE CHOON THOMAS
NRIC No	S1524839D
Email Address	TOMNEO28@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97843843
Alternative Phone No	OFFICE-97843843

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 CGI (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA186217
Cover Note Number	

### Driver

Name of Driver	NEO KEE CHOON THOMAS
NRIC No	S1524839D
Date Of Birth	28/05/1962
Occupation	INDOOR
Date Of Driving Pass	06/08/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97843843
Fax Number	
Contact Number	OFFICE-97843843
Email Address	TOMNEO28@GMAIL.COM

Address	23 JALAN LIMA MANIS
Postcode	468351
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2419999 - FAX NO: 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180501/2064. STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

#### 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	SKT2151Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

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



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

Sketch Plan #2

SKETCH PLAN

		Vehicle No	
		A - 5M777M	
		B - 8KT252	
		Legend	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180501/2064

1 of 3

Report No. T/20180501/2064

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2018 15:06	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: NEO KEE CHOON THOMAS		Address: 23 JALAN LIMAU MANIS SINGAPORE 468351	
ID Type / ID No.: NRIC NO / S1524839D		Contact No.: Home/Office: Mobile: 97843843	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 28/05/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/04/2018 19:30	Type of Location: Car Park
Location: Along Road 1 BUKIT MANIS ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFM9779M	Car	MERCEDES BENZ	E250 CGI A	Grey	Slightly Damaged	0
SKT2151Z	Car				Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFM9779M	AXA INSURANCE SINGAPORE PTE LTD	GA186217	12/04/2018	11/04/2019

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180501/2064

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No. T/20180501/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO KEE CHOON THOMAS	ID No.	S1524839D
Related Vehicle	SFM9779M (Car)	Contact No.	97843843
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/04/2018 at about 1230hrs, I had parked my vehicle (SFM9779M) in one of the parking lot of the open space carpark located at Bukit Manis Road as I was attending a Golf tournament hosted by LTA at Sentosa Golf Club.

Subsequently, at about 2000hrs, I was alerted by the announcement made by the community members as my car plate number was mentioned. I was then informed by the community members that earlier at about 1930hrs, the car park marshal had informed the community members that she had witness a case of hit and run which involved one vehicle (SKT2151Z) and my vehicle. On the same day at about 2130hrs, I then went back to my vehicle and discovered that my rear left portion of the vehicle had scratches, dents and cracks.

On 01/05/2018 at about 0800hrs while I was at home located at 23 Jalan Limau Manis, I then went to view the footage from my rear in-build camera and discovered that on 30/04/2018 at about 1930hrs one vehicle (SKT2151Z) had reversed and collided onto the rear left portion of my vehicle. The driver (a male) was seen coming out of his vehicle and he had stood in front of my vehicle. Shortly after, he then went back into his vehicle and drove off.

I wish to state that I believed that the driver that had collided onto my vehicle could have be one of the club member or invited guest as only invited guest or club member had access to the open space car park. I had both front and rear in-build camera in my vehicle. The car park marshal (Bajyah Abu Bakar, Tel: 82332322) mentioned that she will be lodging a Police report as a witness to the hit and run.



SINGAPORE  
POLICE FORCE



T/20180501/2064

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No. T/20180501/2064

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: G / Sgt 1 TAN EDMUND NEIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2018 15:06
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE