

22/03/2002

ASS. REC. BY:

REF:

CS3/ASM18010066 / Dztbent

Special Instruction:

Survivor:  
Smart claim

Bryan

ASSIGNMENT (Office)

From (Person):

Ernest Tay

of

ASM

Date/Time:

04062018 1030am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKJ 86U

Insured:

Sfx 4088Z

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Wbi Ave 1 #01-24

Policy No:

Claim No:

S8MODIUI

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26052018

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

05.062018

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Daren

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SKJ 86U - X

SFX 4088Z - X

Dismantle: 6/6/18

REF:

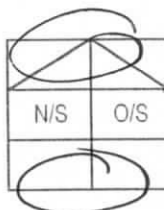
REF:

# 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.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 7 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SKJ 86 U Yr Regn: Nov / 16  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Audi A4 C.C. 1395  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp.Reading: 20436 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WAUZZZ F43 HA 006260  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Insider / Jammed / Leaked / Burnt or  
 Brake: Insider / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 245 / 40 ZR 17  
 R: — — —

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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>26052018</u>		D.O.I. <u>05062018 @ 2pm</u>
Survey held at <u>Teamwork</u>		<u>Page 451</u>

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

Front & Rear

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

Date / Time	Action / Instruction
	<u>AXA 72.8 No GIA approval.</u>
	<u>SFX 4088 Z</u>

No AXA repair photo taken.

RECEIVED 20 JUL 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech. Invs (\$ )

☐ : Weekend (\$ )

Survey Fee: 100

Transportation: \$ + RS. \$

Photos

Others

TOTAL

100

Report Format : PR3

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




## Service Request Details

Claim

S8M00IU1

Reference

None 

Loss Date

May 26, 2018

Request Date

June 4, 2018

Due Date

June 4, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Finish the work

Complete Work

More ▼

### Vehicle Information

Incident Vehicle Registration #

SKJ86U

Make

TPVD AUDI

Service Address

...

Primary Contact/Insured

CHO JAEHYUN  
93 ROBERTSON QUAY, #08-03 RIVERGATE, 238255, Singapore  
98232072  
CJH6683@GMAIL.COM

Claim Handler

TAY Ernest  
6568804835  
ernest.tay@axa.com.sg

Additional Instructions

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
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New Message

TYPE ?

SENT 6/4/18 11:05 AM

FROM LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT VNI

BODY Please be informed that vehicle currently not in t...



**Catherine Chong (LKK Auto)**

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**From:** TEAMWORK GARAGE CLAIMS <claims@teamworkgarage.com>  
**Sent:** Monday, 4 June, 2018 10:08 AM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey; SG AXA Insurance SM Claims Service Team  
**Cc:** claims@teamworkgarage.com  
**Subject:** OUR REF: 1805-46 YOUR REF: SFX4088Z PRE-REPAIR INSPECTION SKJ86U  
**Attachments:** SKJ86U GIA REPORT.pdf

**Importance:** High

**Categories:** Raghav

**WITHOUT PREJUDICE**

**OUR REF: 1805-46**  
**YOUR REF: SFX4088Z**

Dear Sir/Madam,

**PRE-REPAIR INSPECTION FOR SKJ86U**  
**ACCIDENT INVOLVING SKJ86U & SFX4088Z ON 26.05.2018**

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

**Please take note: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.**

Thank you.

**Darren Ng**  
**Teamwork Garage Pte Ltd**  
**53 Ubi Avenue 1**  
**#01-24 Paya Ubi Industrial Park**  
**Singapore 408934**  
**Tel: 68442475**  
**Fax: 68442474**

## &gt; Back to OneMotoring

## Enquire Transfer Fee

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SKJ86U		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	AUDI		
Vehicle Model :	A4 1.4 TFSI S TRONIC		
Chassis No. :	WAUZZZF43HA046260		
Propellant :	Petrol		
Engine No. :	CVN020367		
Engine Capacity :	1395 cc		
Maximum Power Output :	110.0 kW ( 147 bhp )		
Maximum Laden Weight :	1945 kg		
Unladen Weight :	1450 kg		
Year Of Manufacture :	2016		
Original Registration Date :	23 Nov 2016		
Lifespan Expiry Date :	-		
COE Category :	B - Car above 1600cc or 97kW (130bhp)		
Quota Premium :	\$56,206.00		
COE Expiry Date :	22 Nov 2026		
Road Tax Expiry Date :	22 Nov 2018		
PARF Eligibility Expiry Date :	22 Nov 2026		
Inspection Due Date :	22 Nov 2019		
Intended Transfer Date :	20 Jul 2018		
CO2 Emission :	119.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$10,000.00		
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 (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	5124E
<b>Vehicle Details</b>	
Vehicle No.:	SKJ86U
Vehicle to be Exported:	No
Intended De-registration Date:	20 Jul 2018
Vehicle Make:	AUDI
Vehicle Model:	A4 1.4 TFSI S TRONIC
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	CVN020367
Chassis No.:	WAUZZZF43HA046260
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$32,164.00
Original Registration Date:	23 Nov 2016
First Registration Date:	23 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$27,030.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Nov 2026
PARF Rebate Amount:	\$20,272.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Nov 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,206.00
COE Rebate Amount:	\$46,869.00
<b>Total Rebate Amount:</b>	<b>\$67,141.00</b>

The information contained herein is correct as at 20 Jul 2018

OK

## 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	28/05/2018 15:42
Date Of Accident	26/05/2018 18:50
Exact Location Of Accident	CLUNY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ86U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU CHEE LEONG JASON
NRIC No	S7615124E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81819389
Alternative Phone No	OFFICE-81819389

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.4 TFSI S TRONIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01016842
Cover Note Number	

### Driver

Name of Driver	TAN XIAN HUI JOSEPHINE
NRIC No	S8533082I
Date Of Birth	06/10/1985
Occupation	INDOOR
Date Of Driving Pass	14/03/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81819389
Fax Number	
Contact Number	
EMail Address	JOSEPHINE_0610@YAHOO.COM



Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : LAU XUAN XUAN JOVIE
	GENDER: : FEMALE

#### 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 in queue on a one lane road. In front of me is a taxi . Suddenly I felt an hard impact from my rear vehicle making my vehicle move forward and gently hitting the taxi rear end. We exchange particulars I had a strain on my neck and back and I went to my GP and got 2 days M.C. My Daughter is also examine but the doctor say she's okay. She too had 2 days MC.

#### 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	SFX4088Z
Vehicle Make/Model/Colour	VOLVO/S80 2.0T AT ABS D/AB 2WD 4DR TURBO/DARK BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHO JAEHYUN
NRIC/Passport Number	G3435930Q
Contact Number	98232072
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC8409S
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LENG WOON CHEE
NRIC/Passport Number	S0158816H
Contact Number	96936778
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAN XIAN HUI JOSEPHINE
Approximate Age	
Injuries Sustain	STRAIN ON NECK AND BACK
Injured person in which vehicle?	SKJ86U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	LAU XUAN XUAN JOVIE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKJ86U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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6. The report will be forwarded by the insurers to 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 application by interested parties.
7. By the submission of this report to the relevant, you hereby consent to the archiving of this report at the centre and to copies of the report being made available afterwards.
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 be 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 purposes 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 making 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/postal 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 be 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 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 filed outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

28/5/18.

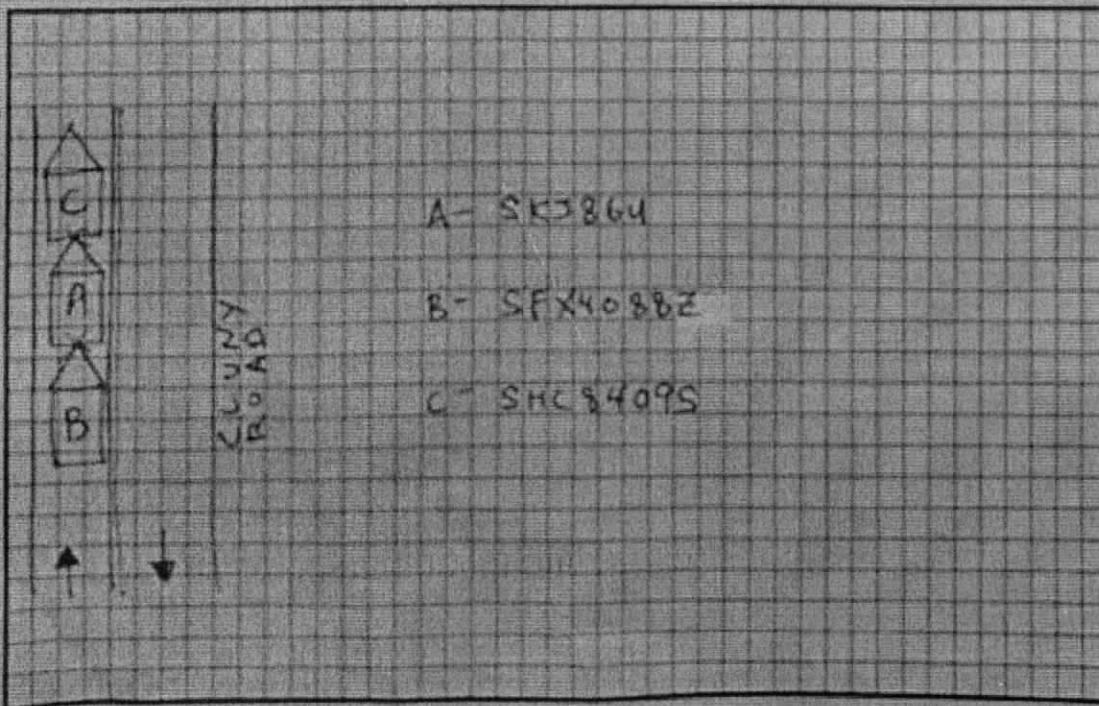
Mohammad Asaly Bin Abdullah

Policyholder's Signature / Date & Time

Driver's Signature / Driver is not the policyholder / Date & Time

Witnessed by Reporting Officer  
Personal

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was in queue on a one lane road. In front of me is a taxi . Suddenly I felt an hard impact from my rear vehicle making my vehicle move forward and gently hitting the taxi rear end.

We exchange particulars

I had a strain on my neck and back and I went to my GP and got 2 days M.C.  
My Daughter is also examine but the doctor say she's okay. She too had 2 days MC.

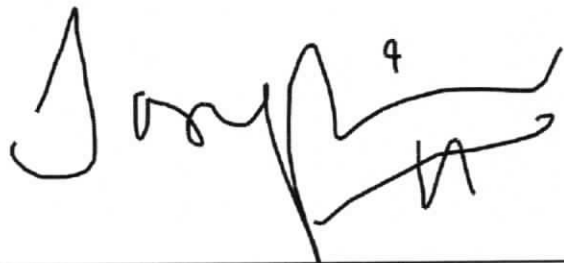
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

28 May 2018 at 1:42 PM

Date/Time:

28 May 2018 at 1:42 PM

3RD PARTY ADMIT LETTER

I, Cho Jaehyun, of HP: 9823 2092 EP G34359306; admitted to the traffic offence which occurred on 26/05/2018 at 1850pm (estimated); along busy road.

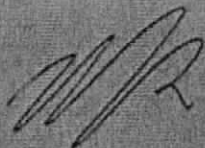
This traffic accident involved 3 cars; namely car No. 1 - SHC84095 (Comfort Delqno); Car No. 2 - SKJ86U (Audi A4) and Last Car - SFX 4088Z (Volvo S80).

Cho Jaehyun of Volvo SFX 4088Z chosen to let his car insurance company settle the claims for this accident.

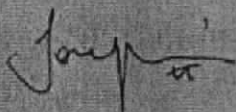
(NRIC: S85330821)  
Josephine Tan, of SKJ 86U agrees to let the insurance company settle the claims for the repair. And will be claiming against SFX 4088Z.

Leng Woon Chee, of SHC 84095 agrees to let the (NRIC: S0158816H) (HP: 9693 6778) insurance company settle the claims for the repair. And will be claiming against SFX 4088Z.

Cho Jaehyun  
EP: G34359306



Josephine Tan  
S85330821



Leng Woon Chee  
S0158816H

