

ASSIGNED BY:

REF:

CS3/ASM18011477/VZ46^{S?}

Special Instruction:

Surveyor:

Sathya

ASSIGNMENT (Office)

From (Person):

Ernest Tay

of

ASM

Date/Time: 25062018 934am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKA 8652E

Insured:

SKT 4511E

at Workshop m/s

Hendon Automotul

Tel:

9459 2885

of

280 Woodlands Ind Park E5 #01-19

Policy No:

Claim No:

S8M00LRC

Sum Insured:

Excess:

Make of Veh:

D.O.A.

21062018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 25062018 11:50am

Person Contacted:

Lynn

Vehicle IN/OUT

Date/Time

Action/Instruction

(X) Estimate

SKA 8652E

- X

SKT 4511E

- (X6/AZ11601W18 / 1ybzg)

DA: 250816

2506/2018

Disassemble

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: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SKA 8652 E

Yr Regn: Apr 2011

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

Truck / Trailer or

Make: Honda Fit

c.c 1496

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading 151116

T/Radin: Insured / Std / NI / NA

Eng/No: L15A1569628

C/No: GE81017935

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: In ☒ Order / Jammed / Leaked / Burnt orBrake: In ☒ Order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size F: 205/45 R16

R: 205/45 R16

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. 21/6/2018

D.O.I. 25/6/2018

Survey held at

Hendon

8-37cm

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

26/6/18

Submit PRS Report.

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

TOTAL



◀ Service Request Details

Claim

S8M00LRC

Reference

None

Loss Date

June 21, 2018

Request Date

June 25, 2018

Due Date

July 2, 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 #

SKA8652E

Make

TPVD HONDA

Model
FIT 1.5RS A

Service Address

...

Primary Contact/Insured

TAN PAIY PEE
86 BUTTERFLY AVENUE, 349832, Singapore
97902586

Claim Handler

TAY Ernest
6568804835
ernest.tay@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 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	22/06/2018 10:22
Date Of Accident	21/06/2018 15:00
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8652E
Insured/Policyholder	
Name Of Registered Owner	HERMAN SOFFIAN BIN KAMBARI
NRIC No	S8214220G
Email Address	MAMOLICIOUS82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93855495
Alternative Phone No	OTHERS-93855495

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.5RS A

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 27477193 DMV
Cover Note Number	08/04/2018 TO 07/04/2019

Driver

Name of Driver	HERMAN SOFFIAN BIN KAMBARI
NRIC No	S8214220G
Date Of Birth	20/05/1982
Occupation	INDOOR
Date Of Driving Pass	22/03/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93855495
Fax Number	
Contact Number	OTHERS-93855495
Email Address	MAMOLICIOUS82@YAHOO.COM.SG

Address

APT BLK 524A TAMPINES CENTRAL 7 #02-39 (S) 521524

Postcode

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 - U-TURN

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

refer with attach.

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 SKT4511E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN PAIY PEE

NRIC/Passport Number S1749193H

Contact Number 97902586

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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: 22/6/18
10:37 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/6/18
10:37 AM

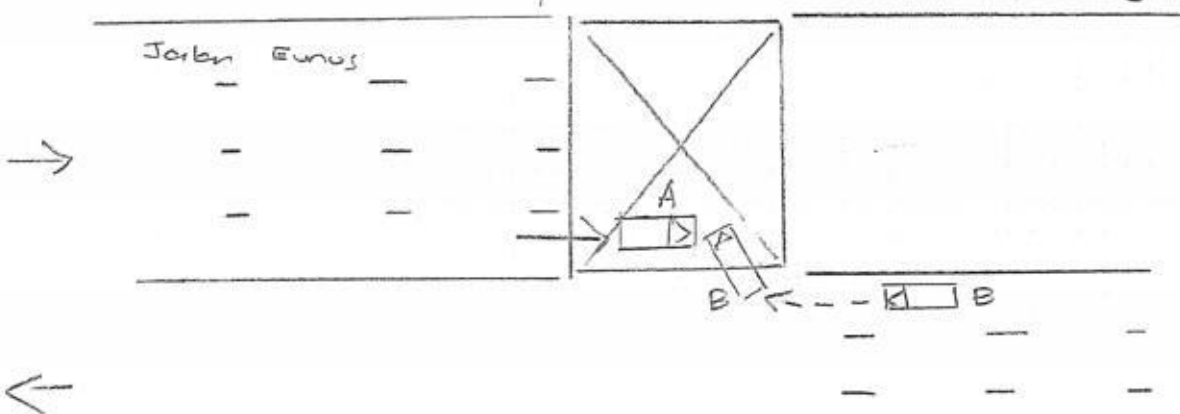
Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at the extreme right lane of JLN EUNOS. As I was driving, out of sudden, a white Toyota car made a sudden U-turn into my lane. I jam-braked and collided into his car.

Insurance Co.	M24 Insurance Co. p.l.c
Vehicle No.	SKA 8652 E
Date of Accident	21/6/2018
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input type="checkbox"/> Third Party Claim	
<input checked="" type="checkbox"/> Other Workshop	

DECLARATION

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

Policyholder's Signature
Date & Time: 22/6/18
10:33 Am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/6/18
10:33 Am.

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

**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		Ref: CS3/ASM18011477/Vz4bs2		
8 SHENTON WAY #24-01		Date: 27-06-2018		
AXA TOWERSINGAPORE 068811				
ATTN: ERNEST TAY		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SKT 4511E	Veh. Inspected	SKA 8652E	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M00LRC	Excess (\$)	0.00	
Assign From	SMART CLAIM (ERNEST TAY)	Assign Date	25/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA FIT	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	GE81017935	Colour	BLUE	
Odometer	151116 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/45 R16	MICHELIN	6 mm	
L/H Front Tyre	205/45 R16	MICHELIN	6 mm	
R/H Rear Tyre	205/45 R16	MICHELIN	6 mm	
L/H Rear Tyre	205/45 R16	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
5. General Information				
Accident Date	21/06/2018	Inspect Date / Time	25/06/2018 (08:37 AM)	
Survey held at	280 WOODLANDS IND PARK E5 #01-19			
Repairer	HENDON AUTOMOTIVE			
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.				

Report Ref No. CS3/ASM18011477/Vz4bs2

Inspected By



SATHYA SAI KATHIRASEN

Asst. Automotive Assessor



K.K. LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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