

22/03/2012

ASS. REC. BY:

REF:

CS3/ASM18011488/VZ465M

Special Instruction:

✓

## ASSIGNMENT (Office)

SUPERVISOR

Smart claim  
From (Person):

Winnie Ho

of

ASM

Date/Time:

20062018 1137am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

EW 213Y

Insured:

SBQ 4775H

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

98M00LJK

Sum Insured:

Excess:

D.O.A.

19062018

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

25062018

H.O.D. Endorsement:

Date/Time: 20062018 221pm

Person Contacted:

Darren

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

EW 213Y - NA / TMT 18011825 / ZH

D.O.A: 19062018

SBQ 4775H - X

27/6/18

D: Smart claim

REF: ASM (AxA)

## ASSIGNMENT

From: Date: 26/6/18

Estimated Cost:

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

To Inspect Vehicle No: EW 213Y

at Workshop n/s: Teamwork

of: 53 ubi Ave 1 # 01-24

Insured:

Policy No:

Claims No:

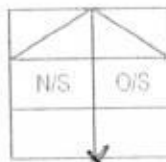
Sum Insured:

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 'wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: EW 213Y Yr Regn: Jan / 2015

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

Truck / Trailer or

Make: Hyundai Sonata

CC: 1999

Colour: White

A/C: Insured / Std / NI / NA

Sp Reading: 42311

T/Radio: Insured / Std / NI / NA

Eng/No: G4N AEA368901

C/No: KMHE341CMFA065779

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: 215/55 R17

R: 215/55 R17

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

TOYO / YOKO or Nexen

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 19/6/2018 D.O.I: 26/6/2018 / Oeston

Survey held at Teamwork Garage

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:

) S + RSL: \$

) Photos:

) Others:

TOTAL



## Service Request Details

Claim

S8M00LJK

Reference

None 

Loss Date

June 19, 2018

Request Date

June 22, 2018

Due Date

June 22, 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 #

EW213Y

Make

TPVD HYUNDAI

Model  
LF SONATA 2.0 GLS A/T

Service Address

...

Primary Contact/Insured

EE PENG NEO AGNES  
43 JALAN BULOH PERINDU, 457701, Singapore  
96612811



Claim Handler

HO Winnie  
6568804833  
winnie.ho@axa.com.sg

Additional Instructions

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
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New Message

TYPE	
SENT	6/22/18 2:21 PM
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:** HO Winnie <winnie.ho@axa.com.sg>  
**Sent:** Monday, 25 June, 2018 2:20 PM  
**To:** assignments@lkkauto.com  
**Subject:** Acknowledgement Your Ref:EW213Y Our Ref:S8M00LJK MC/WH  
**Importance:** High

Hi all

Fyi.

Thanks & Regards

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Winnie Ho, Senior Admin Assistant, Motor Claims Department  
AXA Insurance Pte Ltd | 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 | [www.axa.com.sg](http://www.axa.com.sg)  
Email: [winnie.ho@axa.com.sg](mailto:winnie.ho@axa.com.sg)  
Customer Care No. 1800 8804741 / Fax: (65) 6880 4838



**redefining / insurance**

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**From:** TEAMWORK GARAGE CLAIMS [<mailto:claims@teamworkgarage.com>]  
**Sent:** 25 June, 2018 10:50 AM  
**To:** DHAKAL Raghav <[raghav.dhakal@axa.com.sg](mailto:raghav.dhakal@axa.com.sg)>; SG AXA Insurance SM AXA SGP - Motor Survey <[motor.survey@axa.com.sg](mailto:motor.survey@axa.com.sg)>  
**Cc:** [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)  
**Subject:** RE: Acknowledgement Your Ref:EW213Y Our Ref:S8M00LJK MC/WH  
**Importance:** High

WITHOUT PREJUDICE

### REMINDER

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

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**From:** TEAMWORK GARAGE CLAIMS [<mailto:claims@teamworkgarage.com>]  
**Sent:** Friday, June 22, 2018 9:48 AM

**To:** 'DHAKAL Raghav' <raghav.dhakal@axa.com.sg>  
**Cc:** [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)  
**Subject:** RE: Acknowledgement Your Ref:EW213Y Our Ref:S8M00LJK MC/WH  
**Importance:** High

Dear Sirs/Mdm,

We have objection to the surveyors / surveyor companies proposed by you to conduct the pre-repair inspection.

As such, we propose you to use one of the surveyor / surveyor company named in our list below to conduct the joint pre-repair survey as a single joint expert and the cost of the pre-repair survey carried out by single joint expert will be bear by you.

Our list as follow :

1. WG APPRAISAL SERVICES – WINSON GOH
2. CL APPRAISAL – ALAN
3. PROMINENT APPRAISAL – ANDREW HOW
4. APPRAISAL ASSOCIATE - NICHOLAS

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. If we do not received any reply from you within two (2) working days as of the date of this notice in accordance with the protocol, our client/we shall proceed to repair the vehicle without further reference to you and we shall claim for the additional loss of use and/or rental and all incidental costs arising from the giving of this notice to you.

Thanks and best regards,

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

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**From:** DHAKAL Raghav [<mailto:raghav.dhakal@axa.com.sg>]  
**Sent:** Thursday, June 21, 2018 1:14 PM  
**To:** CLAIMS TEAMWORK <[claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)>  
**Subject:** Acknowledgement Your Ref:EW213Y Our Ref:S8M00LJK MC/WH

Dear Sir,

Without Prejudice

We want to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list below to conduct the joint pre-repair survey as a Single Joint Expert.

List of our motor surveyors:-

1. Mohd Fadhilah Bin Osman (LBS Automotive Appraisal Pte Ltd)
2. Derek Oh Siong Wee (LBS Automotive Appraisal Pte Ltd)
3. Mohd Noh Bin Sapoh/ Stan See Chee Seng (LBS Automotive Appraisal Pte Ltd)
4. Ricky Teng/ Elgene Teng (RT Appraisal Pte Ltd)
5. Michael Chong (RT Appraisal Pte Ltd)
6. Elson Teng (RT Appraisal Pte Ltd)
7. Simon Ho/ Mohammed Rasul (LKK Auto Consultants Pte Ltd)
8. Ma Chin Fook/ Adrian Ling/ Chua Weijie (LKK Auto Consultants Pte Ltd)

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert. Meanwhile, please furnish us with estimate quotation in order for our surveyor to complete the pre repair survey.

If there be any injury claims by your client, please combine it in one Letter of Demand in light of one cause of action, save as to costs and expenses.

Please send your reply to the in-charge claim handler who is copied in this email.

Regards,  
Raghav Dhakal

---

**From:** CLAIMS TEAMWORK [<mailto:claims@teamworkgarage.com>]

**Sent:** Thursday, June 21, 2018 12:20 PM

**To:** SG AXA Insurance SM AXA SGP - Motor Survey <[motor.survey@axa.com.sg](mailto:motor.survey@axa.com.sg)>; SG AXA Insurance SM Claims Service Team <[cst@axa.com.sg](mailto:cst@axa.com.sg)>

**Cc:** TEAMWORK - CLAIMS <[claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)>

**Subject:** PRE-REPAIR INSPECTION FOR EW213Y

**Importance:** High

**WITHOUT PREJUDICE**

**OUR REF: 1806-22**

**YOUR REF: SBQ4775H**

Dear Sir/Madam,

**PRE-REPAIR INSPECTION FOR EW213Y**

**ACCIDENT INVOLVING EW213Y AND SBQ4775H ON 19.06.18**

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.

Best regards

Sue (Ms)  
Teamwork Garage Pte Ltd  
53 Ubi Ave 1 #01-23/24  
Paya Ubi Industrial Park

Singapore 408934

Tel : 6844 2475

Fax : 6844 2474

XX

Please do not change the subject heading for easier reference. Thank you.

XX

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## 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	21/06/2018 11:13
Date Of Accident	19/06/2018 13:55
Exact Location Of Accident	JUNC JALAN BULOH PERINDU & EAST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EW213Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MS THAM PEI LING SUSAN
NRIC No	S1153358B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96623359
Alternative Phone No	OFFICE-96623359

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	LF SONATA 2.0 GLS A/T
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MW000229-R03
Cover Note Number	

### Driver

Name of Driver	THAM PEI LING SUSAN
NRIC No	S1153358B
Date Of Birth	12/02/1956
Occupation	INDOOR
Date Of Driving Pass	16/01/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96623359
Fax Number	
Contact Number	OFFICE-96623359
Email Address	NOEMAIL

Address	14 JALAN PUTERI JULA JULI
Postcode	457478
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 TO STATEMENT.

#### 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	SBQ4775H
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AGNES EE
NRIC/Passport Number	
Contact Number	96612811
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan


EST 17-2013


### IMPORTANT NOTICE


1. Please report ~~quickly~~ 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 willful 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 reports 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 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

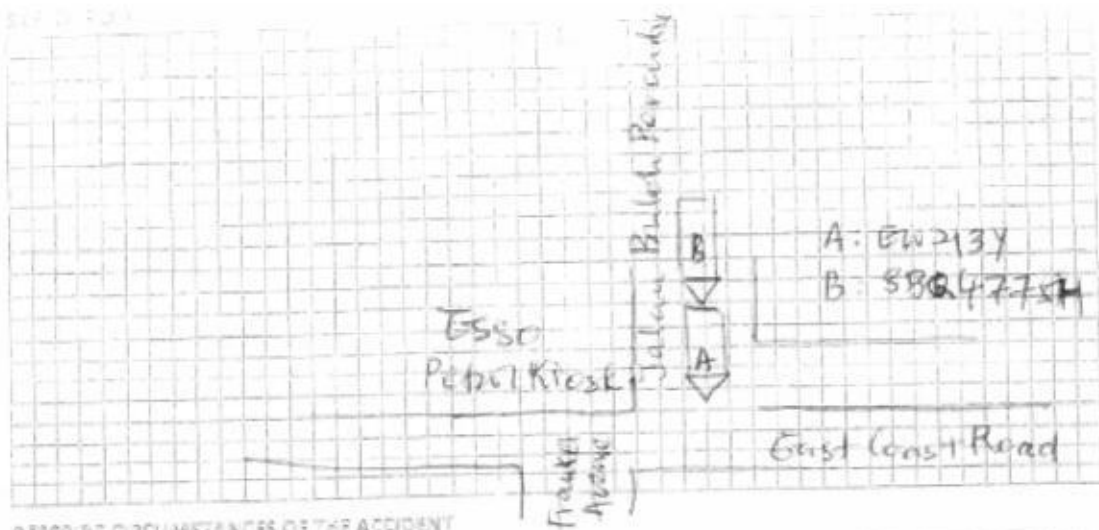
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/6/18 @ 13:55 I was driving along Julian Buloh  
~~the~~ Perimeter. I stopped at the T-junction waiting for  
the traffic to be clear along East Coast Road  
before turning ~~left~~ <sup>right</sup> heading towards Changi Airport.  
to be clear along East Coast Road  
As I was focusing on the traffic, I suddenly  
felt a very strong hit and a loud bang at the  
back of my car. A black Toyota Altis hit my car  
~~while~~ As I look thru the rear mirror, I saw  
a Toyota Altis just <sup>stopped</sup> behind my car.

## DECLARATION

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

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.:



# 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 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: WINNIE HO		Ref: CS3/ASM18011488/Vz4bs2 Date: 28-06-2018 Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SBQ 4775H	Veh. Inspected	EW 213Y
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00LJK	Excess (\$)	0.00
Assign From	SMART CLAIM (WINNIE HO)	Assign Date	22/06/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1999
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHE341CMFA065779	Colour	WHITE
Odometer	42311 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55R17	NEXEN	6 mm
L/H Front Tyre	215/55R17	NEXEN	6 mm
R/H Rear Tyre	215/55R17	NEXEN	6 mm
L/H Rear Tyre	215/55R17	NEXEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	19/06/2018	Inspect Date / Time	26/06/2018 ( 10:56 AM )
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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/ASM18011488/Vz4bs2

Inspected By

SATHYA SAI KATHIRASEN

Asst. Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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