

ASS. REC. BY:

REF: CS/ASM18011493/ Dgd3⁵²

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Yvonne Ang

of

ASM(AXA)

Date/Time:

25/06/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGD 9562G

Insured:

at Workshop m/s

Nova Auto

Tel:

6272 3892

of

Blk 1008, Bukit merah Lane 3 # 01-04

Policy No:

Claim No:

S8M 00LXD

Sum Insured:

Excess:

NIL

Make of Veh:

D.O.A.

25/6/2018

(Client's Record)

26/06/2018

H.O.D. Endorsement:

CA (REV) / REP. / REV 24 HRS

Date/Time:

2:58pm @ 25/6/18

Person Contacted:

Nitha

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

Investigation (Fire)

SGD 9562G - X

28/6/18 @ 3:14pm

Report to Yvonne Ang via Smart Claim.

Substant Extensive. Total Loss Report.

RECEIVED 16 JUL 2018

9274 0999

REF:

ASSIGNMENT

C06 March 2021

Front Date
 Estimated Cost
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No
 at Workshop m/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: - 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 8GD 9562 G Yr Regn 2006 March
 Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make Chevrolet Optra cc 1598
 Colour Grey A/C Insured / Std / Nil / NA
 Sp/Reading N.A. T/Radio: Insured / Std / Nil / NA
 Eng/No F16D3501626 K
 C/No KL2NA196E5H110658
 Gen. Cond: Good / Fair / Poor / ☒ Fault
 Steering: Inorder / Jammed / Leaked / ☒ Bent or
 Brake: Inorder / Jammed / Leaked / ☒ Bent or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/45 R16
 R: — " —

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

Front Rear
 R/Bal 6 mm R/Bal 6 mm
 L/Bal 6 mm L/Bal 6 mm
 D.O.A 25/06/2018 D.O.I 27/06/2018
 Survey held at Mova Bukit Melah

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

The vehicle caught fire at engine

The U/C / Chassis frame / Body Structure affected due to collision
 compartment. Due to electrical
 nature.

Date / Time

Action / Instruction

AXA OP Total loss

MV 25K 15K using about 6K depreciation per year.
 LTA 13.2K
 HL 13.2K + 1.8K

Date/Time: File Pass to?

☐

: Preli. Report

1) 16/3 14:54

☐

: Final Report

Date/Time: File Return to?

2)

Add Fee:

☐

Site Insp. (\$)

☐

Interview (\$)

☐

Tech. Insp. (\$)

☐

Work-out (\$)

Report Format:

Smart Claim - TL-E

Lump Sum / L.B. (\$)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1) 15 April 20

2) 16 April 20

3) 17 April 20

TOTAL

COP
Final Report

170.00

◀ Service Request Details

Claim

S8M00LXD

Reference

None ✎

Loss Date

June 25, 2018

Request Date

June 25, 2018

Due Date

July 2, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated workshop survey

Investigation

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SGD9562G

Make

CHEVROLET

Model

OPTRA 1.6

Service Address

Blk 1008, , , 159722

Primary Contact/Insured

LENG ZHENGYAN

APT BLK 32 EUNOS CRESCENT, #02-222, 400032, Singapore

90226566

ZHENGYAN.LENG@GMAIL.COM

Claim Handler

ANG Yvonne

6568804461

yvonne.ang@axa.com.sg

Additional Instructions

EXCESS NIL PLEASE CONDUCT FIRE INVESTIGATION @ MOVA

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



MV RANGE \$15K - \$18K

Type

🔔 Question

Message

Please take note above MV range

Reply



RE: MV RANGE \$15K - \$18K

Type

🔔 Question

Message

Dear Yvonne, refer to the above valuation, according to our surveyor that the vehicle is constructive total loss. - Shiau Chan

Reply



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 28/06/18

Survey Details:

Date of loss	25-Jun-18
Date of appointment	25-Jun-18
Date of survey	27-Jun-18
Location of survey	MOVA AUTO

Vehicle Details:

Claim Type:	Own Damage
Vehicle number	SGD 9562G
Make and Model	CHEVROLET OPTRA 1.6A
Date of registration	6/3/2006
Excess	\$ -
Market Value	\$ 15,000.00
Parf Rebate	\$ 13,292.00
Nett Loss	\$ 1,708.00

Repair details:

Initial Estimate	TOTAL LOSS
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Proposed/Revised repair cost:

Parts	TOTAL LOSS
Check items (estimate)	
Labour	
Total	#VALUE!
Lump Sum(if applicable)	\$

Number of days for repair	-
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Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

PENDING FOR INVESTIGATION. REPAIR COST NOT
ECONOMICAL. WE HAVE NOT AUTHORISE REPAIR.

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	#VALUE!	

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 25/06/2018 12:21
Date Of Accident 25/06/2018 09:20
Exact Location Of Accident 2 BOON LEAT HARBOURSIDE BUILDING 2
Country/State of Loss SINGAPORE 62/07/18 1145m.

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGD9562G ~~24/07/18~~ @ 1455hrs.

Insured/Policyholder

Name Of Registered Owner LENG ZHENGYAN
NRIC No S8679507H
Email Address ZHENGYAN.LENG@GMAIL.COM
Mobile Phone No (LOCAL) +65-90226566
Alternative Phone No OTHERS-90226566

Vehicle Particulars

Manufacturer CHEVROLET
Model OPTRA 1.6A
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? YES
If No, Please state action to be taken
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA261678/1
Cover Note Number

Driver

Name of Driver LENG ZHENGYAN
NRIC No S8679507H
Date Of Birth 24/02/1986
Occupation INDOOR
Date Of Driving Pass 04/08/2015
Driving Experience 2 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90226566
Fax Number
Contact Number OTHERS-90226566
Email Address ZHENGYAN.LENG@GMAIL.COM

engine die of by itself. tried to start but no

Waking, saw smoke coming out from left side of bonnet.

After slight, heard a main pop explosion. Then a lot of smoke. Went to security centre who called SCDF. the called Police.

Flame under of car. security use hose

to spray exting. home about 20-25 mins. drive home about 10 abnormal.

bought 2nd year last time. car was change compressor - power window - before CRASH.

9 June 2018. And save. last serving at Loh's Gate.

Address	BLK 32 EUNOS CRESCENT #02-222
Postcode	400032
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	FIRE, EXPLOSION OR LIGHTNING
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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/HIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature _____
Date & Time _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9507H
Vehicle Details	
Vehicle No.:	SGD9562G
Vehicle to be Exported:	Yes
Intended De-registration Date:	27 Jun 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	OPTRA 1.6A
Primary Colour:	Grey
Manufacturing Year:	2005
Engine No.:	F16D3501626K
Chassis No.:	KL1NA196E5H110658
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$13,742.00
Original Registration Date:	06 Mar 2006
First Registration Date:	06 Mar 2006
Transfer Count:	4
Actual ARF Paid:	\$8,229.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 Mar 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$24,771.00
COE Rebate Amount:	\$13,292.00
Total Rebate Amount:	\$13,292.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 27 Jun 2018

OK

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : **(65) 6476 3333**
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel : **(65) 6272 3892**
Fax : (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

Date : 25/06/2018

Your ref : SGD9562G

AXA INSURANCE (S) PTE LTD
8 SHENTON WAY
AXA TOWER #27-01
SINGAPORE 068811

Attn : Motor Claims Dept

Dear Sir/ Madam

Accident involving SGD9562G On 25/06/18 Along
2 BOON LEAT HARBOURSIDE BUILDING

We wish to inform that vehicle SGD9562G was involved in the above accident and is now lying at our workshop, Bukit Merah Singapore 159722

The vehicle is beyond economical repair. Therefore we will not submit any estimate for this case.

Kindly appoint your surveyor to inspect the said vehicle as soon as possible.

Yours faithfully,

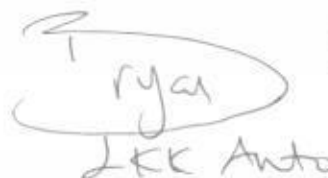


Claims Dept
Nitha
Tel:6272-3892
Fax:6270-8314

27/06/2018 @ 1400h

klot Antm

Total loss.


Ryan
LKK Auto

Excess 10A.

