

Surveyor
meliman

ASSIGNMENT (Office)

From (Person):

Gabriel Wee

of

III

Date/Time:

2/7/18 @ 1:34pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJU 9595L

Insured:

SHA 4673G

at Workshop n/z:

MCS Garage

Tel:

9276 0917

of

10 Kaki Bukit Road #03-25 First east Centre

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/06/2018

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

2:15pm @ 2/7/18

Person Contacted:

Mr. Kendrick

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SJU 9595L-CS / FCI 15005826 / Agb w2

DOA: 1/4/2015

SHA 4673G-CCG / AIG 09020048 / K+2p2

DOA: 05/09/2009

18/09/18

Confirmed H/S \$2,600/- @ 4 days with Adrian
(\$5,688.20 Red - 69%)

ASSIGNMENT

From: _____ Date: 10/07/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SJU 959SLat Workshop m/s MCS Garageof 10 Kdki Bukit Rd 2 #03-25 First East Centre

Insured: _____

Policy No. _____

Claims No. _____

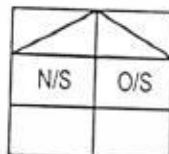
Sum Insured: _____

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)

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJU959SL Yr Regn: 01/05/2010Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chevrolet CRUZE C.C. 1598Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 315020 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1JF6961 • AK567083Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 215/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 10/07/18Survey held at MCS Garage

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

Front O/S

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

Date / Time Action / Instruction

TP III

RECEIVED 21 SEP 2018

Date/Time, File Pass to?

20/09/181) Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report☒ : Final ReportDays Of Repair: 4Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$ 2,600/- L/S)

250

10

260

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Monday, 2 July 2018 1:34 PM
To: 'sur@lkkauto.com'; Catherine Chong (LKK Auto)
Cc: ct-admin@visionlawllc.com; 'jactan@visionlawllc.com'; Sundari Nagarajan - III
Subject: RE: Scan Image
Attachments: 4096_001.pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SJU9595L and let us have your report urgently.

This claim will be handled by Ms Sundari.

*Kindly upload this survey request email to merimen.

Thank You.

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

From: ct-admin@visionlawllc.com [mailto:ct-admin@visionlawllc.com]
Sent: 02 July, 2018 10:27 AM
To: Motor Claim - III <motorclaim@iii.com.sg>
Subject: Scan Image

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

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It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

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VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks
(Incorporated with limited liability)

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALLI DAO MUNIANDY
SEGA PARAM
ONG BOCK KEE
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
TAY HAO RAN
JANICE HAN JIA LIN
TAN YING XIAN SELWYN

Unique Entity Number :200721148H
✓HEAD OFFICE: 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413
Branch: 490 Toa Payoh Lorong 6
#03-11 HDB Hub
Singapore 310490

✓HEAD OFFICE
TEL : (65) 65342811 (Hunting)*
FAX ✓: (65) 65356802 (General)
: (65) 65355905 (Litigation)
E-mail : jactan@visionlawllc.com
BRANCH
TEL : 65 63580703
FAX : 65 63580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE- KINDLY REPLY TO HEAD OFFICE FOR THIS MATTER

Our Ref: AM.jt.Ins.M89.107185.18 (sj)
Your Ref: SHA 4673 G

02 July 2018

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street
#04/#05 IOB Building
Singapore 049711
Attention: Motor Claims Department

BY FAX: 6225-7743
Email: motorclaim@iii.com.sg

Dear Sirs,

ACCIDENT INVOLVING SJU 9595 L & SHA 4673 G ON 27 JUNE 2018 ALONG JUNCTION OF TIONG BAHRU ROAD & ZION ROAD AT ABOUT 1410 HOURS

We refer to your email dated 29 June 2018 informing that you wish to conduct a pre-repair survey and your List of Surveyors.

Our client confirmed appointment of LKK Auto Consultants Pte Ltd as the Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at:

Venue: MCS Garage
10 Kaki Bukit Road 2
#03-25 First East Centre
Singapore 417868
Contact Person: Mr Kendrick (9270 0917) / 8285-7623 (Ah Hock)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully

ANJALLI M
(HEAD OFFICE)

FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor :
(Name & Signature)

Date & Time of Inspection :

cc: SJU 9595 L - By Fax: 6538-4322

NB.: Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude our client from claiming injury-related damages arising from this accident.

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

> [Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SJU9595L		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	CHEVROLET		
Vehicle Model :	CRUZE 1.6L MANUAL ABS D/AB 2WD 4DR		
Chassis No. :	KL1JF6961AK567083		
Propellant :	Petrol		
Engine No. :	F16D34964761		
Engine Capacity :	1598 cc		
Maximum Power Output :	80.0 kW (107 bhp)		
Maximum Laden Weight :	1788 kg		
Unladen Weight :	1360 kg		
Year Of Manufacture :	2009		
Original Registration Date :	05 Jan 2010		
Lifespan Expiry Date :	-		
COE Category :	A - Car (1600cc & below)		
Quota Premium :	\$18,150.00		
COE Expiry Date :	04 Jan 2020		
Road Tax Expiry Date :	04 Jan 2019		
PARF Eligibility Expiry Date :	04 Jan 2020		
Inspection Due Date :	04 Jan 2019		
Intended Transfer Date :	20 Sep 2018		
CO2 Emission :	-		
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 (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

[OK](#)

[Print](#)

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	28/06/2018 13:32
Date Of Accident	27/06/2018 14:10
Exact Location Of Accident	JUNCT RD OF TIONG BAHRU RD & ZION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9595L
Insured/Policyholder	
Name Of Registered Owner	TAY JIN HUI
NRIC No	S8700521F
Email Address	JHUJHU87TAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88221719
Alternative Phone No	OFFICE-88221719

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 2WD (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	GA313124/1
Cover Note Number	

Driver

Name of Driver	TAY JIN HUI
NRIC No	S8700521F
Date Of Birth	14/01/1987
Occupation	INDOOR
Date Of Driving Pass	21/07/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88221719
Fax Number	
Contact Number	OFFICE-88221719
Email Address	JHUJHU87TAY@GMAIL.COM

Address	BLK 14 TAMAN HO SWEE #09-37
Postcode	161014
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 - CHANGE/CROSS LANE
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)	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

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	SHA4673G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO YONG TAH
NRIC/Passport Number	S8134101Z
Contact Number	87420805
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan


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 - SJW 959SL B - SH4673G
		Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS GOING STRAIGHT ALONG TONG BAHU ROAD WHEN THE TAXI ON MY RIGHT
 SUDDENLY TURN LEFT ON A ~~LEFT~~ GOING STRAIGHT ONLY LANE AND HIT MY CAR.

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.:

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

To be signed by BOTH drivers

1 Date of accident 27/6/18 1410	2 Exact location of accident Junc Rd of Tiong Bahru Rd & Zion Rd	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be undefined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **SJU9595L**

6 Insured / policyholder (see insurance cert.)
Name **Tay Jin Hui**
(capital letters)
Address _____
NRIC / Passport no. **S 8700521F**
Tel no. (from 9am till 5pm) _____
HP **88221219**

7 Vehicle
Make, type _____

8 Insurance company
AXA ☐ **OC** ☐ **TPFT** ☐ **TPO**
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. **GTA 313124/1**

9 Driver ☒ Same as Owner
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence **3**
HP _____
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Section
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Crossing Bar of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drift Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosives or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) **SHA4673G**

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ **C** ☐ **TPFT** ☐ **TPO**
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above) **Tay Yong Tan**
Name **Tay Yong Tan**
(capital letters)
NRIC / Passport no. **S81341012**
Class of licence **87420805**
HP _____
Gender Male ☒ Female ☐

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4: ☐

15 Signatures of drivers

A **JH**

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

Suhong@gmail.com

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (if more than one, state all) _____ Email: <u>SAJAH@PROGRESSIVE.COM</u>				
	2. Vehicle registration no. <u>CC</u>		If commercial vehicle, state permissible carrying capacity _____		
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, state Relationship of driver with owner _____		state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____
	4. Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth _____	Occupation _____	Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>				
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10. Name(s), address(es) and approximate age(s) _____		Injuries sustained _____	If vehicle occupants, state in which vehicle _____	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s) _____		Vehicle registration no. or details of property _____	Nature of damage _____	Insurer's name and address (if known) _____
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____				
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14. Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15. Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____				
	16. Speed of vehicles A _____ km/hr B _____ km/hr				
	17. What warnings were given by driver or other party? _____				
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19. What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20. If your vehicle is commercial, state weight of load carried at time of accident _____				
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached) _____				
Declaration	22. State number of Passengers (including Driver) _____				
	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____ Date _____				
Driver's signature (if driver is not the policyholder) _____ Date _____					



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

Certificate of Insurance

Account number
 06579

(Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	TAY JIN HUI	Certificate number	GA313124 / 1
Cover	Comprehensive	Chassis number	KL1JF69C1A8567063
Plan name	Essential	Engine number	F16D54964761
NCD applicable	0%		
Vehicle registration number	SIU959SL		
Period of Insurance	from 11/01/2018 to 10/01/2019 (both dates inclusive)		
Finance loan company	TOKYO CENTURY LEASING (S) PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade, or when the Motor Car, whether stationary in use or otherwise, is in or on a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS	Basic Own Damage Excess	\$GD 700.00
	Windscreen Excess	\$GD 100.00

An Additional Excess is applicable as follows:

1. \$5500 for unnamed Authorized Driver
2. \$5500 for declared Young and Inexperienced Driver
3. \$15,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$52,500 if you have chosen AXA Premium Workshops

Additional clauses & endorsements to your policy

Nil

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

AXA Insurance Pte Ltd

Authorized signature

MDIVINE INSURANCE AGENCY
 62 UBI ROAD 1
 OXLEY BIZHUB 2 #06-05
 SINGAPORE 408734
 TEL: 6834 4432 FAX: 6834 4748



Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189).
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way #24-01 AXA Tower
 Singapore 068811
 Customer Centre #B1-01

1 of 3

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

S8700521F

TAY JIN HUI
ZHENG JINHUI

14 Jan 1987

21 Jul 2015

002463395A

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8700521F



Name

TAY JIN HUI
(ZHENG JINHUI)

郑金辉

Race
CHINESE

Date of birth
14-01-1987

Country/Place of birth
SINGAPORE

Sex
M

S8700521F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars < 2000 kg with < 7 passengers, exclusive of the
drivers, and motor tricycles < 2500 kg

21 Jul 2015

Class 4 Heavy motor cars and motor tractors > 2500 kg

06 Aug 2017

S / No 9000272362

S8700521F

NP 428A



Licence No: S8700521F

5775824



SMC No S8700521F



Date of issue
28-07-2017

Address

APT BLK 14 TAMAN HO SWEE
#09-37
SINGAPORE 161014

MCS Garage

TP111 Shirley.

10 Kaki Bukit Road 2 #03-25, First East Centre Singapore 471868

Tel: 9270 0917 6538 4322

Vehicle No.: SJU 9595L

Model: CHEVROLET CRUZE

QTY List Price:

Prices \$

1	Front bumper <i>Deformed.</i>		1075.00 ✓
1	Front bumper fog lamps	{ Not New	285.00 x
1	Front bumper fog lamp cover		89.00 x
1	Front bumper logo <i>New</i>		95.00 ✓
1	Front bumper sponge <i>Not New</i>		126.00 x
2	Front bumper side retainers- R/L @ 45.00 <i>RH New</i>		90.00 <i>45</i>
10	Front bumper clips @ 5.00 <i>New</i>		50.00 <i>30</i>
1	Front fender- RH <i>Dented.</i>		786.00 ✓
1	Front fender inner shield	{ Not New	146.00 +
15	Front fender inner shield clips @ 5.00		75.00 x
1	Front headlamp- RH <i>Not New</i>		935.00 x
1	Front shock absorber- RH <i>Not New</i>	<i>2465</i>	489.00 +
1	Front lower arm <i>Not New</i>	<i>2218.50</i>	580.00 x
1	Front knuckle arm <i>New</i>		543.00 +
1	Front wheel hub <i>Damaged</i>		289.00 ✓
1	Front wheel bearing <i>New</i>		145.00 ✓
			<hr/> 5798.00
Less 10%			(579.80)
Subtotal			<hr/> 5218.20

Special Nett Items:

1	Front wheel sport rim- RH <i>Not New</i>	<i>180</i>	550.00 +
1	Front tyre- RH <i>Not</i>		380.00 <i>180</i>
Subtotal			<hr/> 930.00

Vehicle No.: SJU 9595L

Labour Charges:

To remove, refix F/undercarriage	300.00	100
To check wheel alignment	120.00	20
To respray undercoating	80.00	+
To checking F/electrical wiring	40.00	30
To respray painting and etc	800.00	400
Panel beating, cut, weld, remove and replacing above parts	800.00	300
Subtotal	2140.00	

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 8288.20

total 330850
h/s: 2-61K
04 days

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

LKK Auto Consultants Pte Ltd (Co.Reg No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/III18011962/ASD3N2

Date: 26/09/2018

REFERENCE

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	
Claimant Vehicle No :	SJU9595L	Insured Vehicle No :	SHA4673G
Date of Loss:	27/06/2018	Nature of Claim:	TP
		Claim No:	N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJU9595L	Engine No:	F16D34964761
Make & Model:	CHEVROLET CRUZE, 1.6 (M)	Chassis No:	KL1JF6961AK567083
Reg. Date:	05/01/2010 (Man. Year: 2009)	Odometer:	315020 km
Colour:	Silver		
Engine Capacity:	1598 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	6,148.20	2,398.50	3,749.70	60.99
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,140.00	910.00	1,230.00	57.48
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	8,288.20	3,308.50	4,979.70	60.08
Approved Total (Overridden) (\$\$)		2,600.00		
Nett Amount (\$\$)	8,288.20	2,600.00	5,688.20	68.63

INSPECTION

Date of Assignment:	02/07/2018	
Date Inspected:	10/07/2018 Inspected At:	MCS GARAGE (HQ) 10 KAKI BUKIT ROAD 2, #03-25 FIRST EAST CENTRE Singapore 417868
Estimated Period of Repair:	4.0 days	

Adjuster: ADRIAN LING

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 26 Sep 2018)
Parts: 143	CHEVROLET CRUZE 1.6 (M) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SJU9595L)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Deformed	1,075.00 FL	*1,075.00 FL
2	1		*FRONT BUMPER FOG LAMPS	Not Necessary	285.00 FL	*- FL
3	1		*FRONT BUMPER FOG LAMP COVER	Not Necessary	89.00 FL	*- FL
4	1		*FRONT BUMPER LOGO	Necessary	95.00 FL	*95.00 FL
5	1		*FRONT BUMPER SPONGE	Not Necessary	126.00 FL	*- FL
6	1		*FRONT BUMPER SIDE RETAINERS-R/L	O/s Necessary	90.00 FL	*45.00 FL
7	10		*FRONT BUMPER CLIPS	Necessary	50.00 FL	*30.00 FL
8	1		*FRONT FENDER-RH	Dented	786.00 FL	*786.00 FL
9	1		*FRONT FENDER INNER SHIELD	Not Necessary	146.00 FL	*- FL
10	15		*FRONT FENDER INNER SHIELD CLIPS	Not Necessary	75.00 FL	*- FL
11	1		*FRONT HEADLAMP-RH	Not Necessary	935.00 FL	*- FL
12	1		*FRONT SHOCK ABSORBER-RH	Not Necessary	489.00 FL	*- FL
13	1		*FRONT LOWER ARM	Not Necessary	580.00 FL	*- FL
14	1		*FRONT KNUCKLE ARM	Not Necessary	543.00 FL	*- FL
15	1		*FRONT WHEEL HUB	Damaged	289.00 FL	*289.00 FL
16	1		*FRONT WHEEL BEARING	Necessary	145.00 FL	*145.00 FL
17	1		*FRONT WHEEL SPORT RIM-RH	Not Necessary	550.00 FS	*- FS
18	1		*FRONT TYRE-RH	Cut	380.00 FS	*180.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	6,728.00	2,645.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	579.80	246.50
Total Parts (\$\$)	6,148.20	2,398.50

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO REMOVE,REFIX F/UNDERCARRIAGE	New	300.00	100.00
2	TO CHECK WHEEL ALIGNMENT	New	120.00	80.00
3	TO RESPRAY UNDERCOATING	New	80.00	-
4	TO CHECKING F/ELECTRICAL WIRING	New	40.00	30.00
5	TO RESPRAY PAINTING AND ETC	New	800.00	400.00
6	PANEL BEATING,CUT,WELD,REMOVE AND REPLACING ABOVE PARTS	New	800.00	300.00
Gross Labour Cost (\$\$)			2,140.00	910.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >