

22/03/2002

ASS. REC. BY:

REF: CS3 / ASM18011977 / Vz4b2 Special Instruction:

SURVEYOR
small claim

ASSIGNMENT (Office)

From (Person): Ernest Tay of ASM Date/Time: 02072018 9:38am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLA 8549J Insured: FBL 3881S

at Workshop m/s Teamwork Tel: 6844 2475

of 53 Ubi Ave 1 #01-24

Policy No: Claim No: S8m00mmE

Sum Insured: Excess:

Make of Veh: D.O.A. 27062018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp: 03072018 H.O.D. Endorsement:

Date/Time: 02072018 1:34pm Person Contacted: Darren Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SLA 8549J - NA / ATG / BU 1866 / ZH DA: 270618
	FBL 3881S - X
4/7/18	Dismanfled

◀ Service Request Details

Claim

S8M00MME

Reference

None 

Loss Date

June 27, 2018

Request Date

July 2, 2018

Due Date

July 9, 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 Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLA8549J

Make

TPVD TOYOTA

- Model
- ESTiMA AERAS

Service Address

...

Primary Contact/Insured

KAMARUDIN MOHAMMAD SALLEH BIN
844 TAMPINES STREET 82, #02-125, 520844, Singapore

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	28/06/2018 12:18
Date Of Accident	27/06/2018 16:45
Exact Location Of Accident	OLD JURONG RD TWDS UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8549J
Insured/Policyholder	
Name Of Registered Owner	CAMPBELL TIMOTHY ELLIS
Passport No/FIN	G5260392M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92366686
Alternative Phone No	OFFICE-92366686

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100464229-02
Cover Note Number	

Driver

Name of Driver	CAMPBELL CATHERINE LEIGH
Passport No/FIN	G5312599P
Date Of Birth	29/03/1980
Occupation	INDOOR
Date Of Driving Pass	19/06/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94604790
Fax Number	
Contact Number	OFFICE-94604790
Email Address	NOEMAIL

Address 3B EWART PARK
 Postcode 279735
 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 COLLISION - HEAD TO REAR
 Weather Conditions RAINING
 Road Surface WET

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) 4
 Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : MALE
 Passenger 3 NAME: : -
 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

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 FBL3881S
 Vehicle Make/Model/Colour HONDA PGM-F1
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver MUHAMMAD AZHAR BIN HASSAN
 NRIC/Passport Number S8237815D
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

REPORTING 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 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 report received 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 (c) 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.

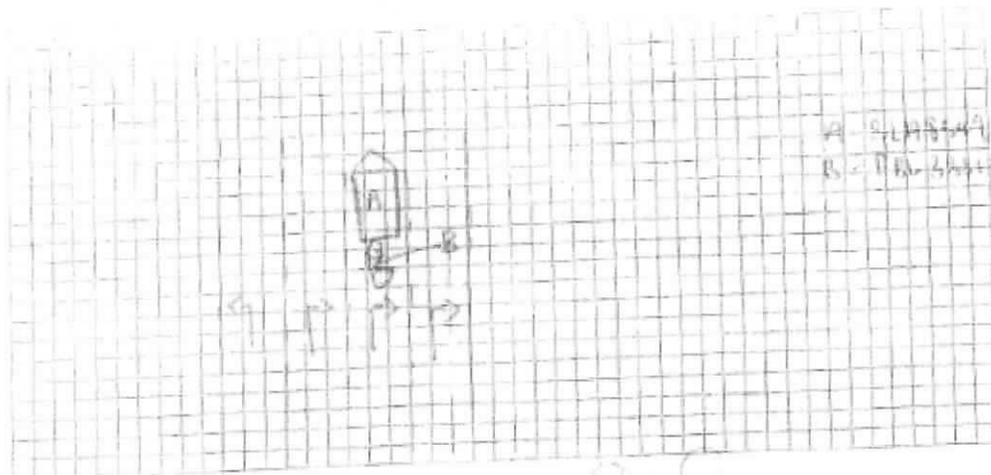
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

28/6/18

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving home from school along old jurong road with my 3 kids in my vehicle. I was completely stationary while waiting for the traffic light. In my rear view mirror, I saw the motorbike driving very fast, the driver fell off the bike and the bike skidded into my rear bumper and the driver skidded 15 feet to the left portion of my vehicle. I alighted from my vehicle and my rear bumper was completely damaged from the bike impact accident. I was ~~at~~ no way at fault

CLF

DECLARATION

(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: 28/6/18

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