

ASS. REC. BY:

REF:

CS3/ASM18012181/GzLAbaz

Special Instruction:

Surveyor

ASSIGNMENT (Office)

Small claim

From (Person):

Chun Kien Chuan

of

ASM

Date/Time:

02072018 917am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFP 2245S

Insured:

YP 6514P

at Workshop m/s

Kum Chew motor

Tel:

6453 6256

of

160 Sin Ming Drive #05-08

Policy No:

Claim No:

S8MODMSY

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27062018

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement:

Date/Time:

04072018 250pm

Person Contacted:

mum Lim

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

SFP 2245S - N/A/CIL15018161/01

DA 2610.15

YP 6514P - X

Dismantle Part : 06/07/2018

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop mis Kum chew  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: \$95K.  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 6 days Res: Yes or No  
 Lum Sum: 20 % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SFP22455 Yr Regn: 21 Aug 2014  
 Type: ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Nereel CLA 180 cc 1595  
 Colour: Red A/C: Insured / Std / NI / NA  
 Sp. Reading: 82667 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WPD1173422N090027  
 Gen. Cond: ☒ Good / Fair / Poor / Burnt  
 Steering: ☒ In order / Jammed / Leaked / Burnt or  
 Brake: ☒ In order / Jammed / Leaked / Burnt or  
 Mod: Nil / STD A/Rim or  
 Tyre Size: F: 225/40 R18  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Continental  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: 6 mm R/Bal: 6 mm  
 L/Bal: 6 mm L/Bal: 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. dp-07-18  
 Survey held at w/s 5:20pm  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
rear o/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
7/7/18	submit PRS report.

RECEIVED 8 JUL 2018

Date/Time, File Pass to? ☐ : Preli. Report  
☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

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

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Survey Fee

Transportation

\$ - RS. \$

Photos

Others

TOTAL

100

100



## Service Request Details

Claim

S8M00MSY

Reference

None 

Loss Date

June 29, 2018

Request Date

July 2, 2018

Due Date

July 4, 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 #

YP6514P

Make

TPVD UNKNOWN

Model

Service Address

...

Primary Contact/Insured

NACHI CONTRACTORS PTE. LTD.  
116 LAVENDER STREET, #04-14 PEK CHUAN BUILDING, 338730, Singapore  
90045819

Claim Handler

CHAN Kian Chuan  
6568804269  
kianchuan.chan@axa.com.sg  
Additional Instructions  
NON-REPORTED

- Messages
- Invoices
- History
- Documents
- Assessment
- Metrics
- Notes

New Message

TYPE

?

SENT

7/4/18 2:08 PM

FROM

LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT

RE: S8M00MSY

BODY

URGENT - please provide us TP repairer's details ...

↩

TYPE

?

SENT

7/3/18 7:31 PM

FROM

LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT

S8M00MSY

BODY

please provide us TP repairer's details / estimate...



TYPE



SENT

7/2/18 1:31 PM

FROM

CHAN Kian Chuan

SUBJECT

NON REPORTING

BODY

FOR YOUR FOLLOW UP ACTION PLEASE



**Catherine Chong (LKK Auto)**

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**From:** kumchew1 <kumchew1@singnet.com.sg>  
**Sent:** Saturday, 30 June, 2018 2:23 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Cc:** SG AXA Insurance SM Claims Service Team  
**Subject:** FW: RE : ACCIDENT INVOLVING SFP 2245 S & YP 6514 P ON 29/06/2018.

**Categories:** Shailendra

Dear Sir,

We are action on behalf of Mr Tay Kok Tiong the owner of SFP 2245 S in the above matter.

Kindly arrange for pre-repair inspection with the following details.

;

Venue : Kum Chew Motor Workshop  
160, Sin Ming Drive #05-08  
Sin Ming Autocity  
Singapore 575722.

Contact No. 64536256

Please note that 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.

Thanks & Best Regards,  
Mdm Lim

## 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	02/07/2018 13:47
Date Of Accident	29/06/2018 13:15
Exact Location Of Accident	CTE TOWARDS CITY EXIT 7D
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP2245S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY KOK TIONG
NRIC No	S6932007D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81805679
Alternative Phone No	OTHERS-81805679

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092816231
Cover Note Number	

### Driver

Name of Driver	TAY KOK TIONG
NRIC No	S6932007D
Date Of Birth	10/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1994
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81805679
Fax Number	
Contact Number	OTHERS-81805679
Email Address	NOEMAIL

Address	BLK 601 WOODLANDS DR 42 #09-93 SINGAPORE
Postcode	730601
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	SIDE SWIPE
Weather Conditions	CLEAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### 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	YP6514P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	POOSAIDURAI SELVAM
NRIC/Passport Number	G8259487L
Contact Number	90045819
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAY KOK TIONG
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SFP2245S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 Authorized 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 rescind 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 provider 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, regulatory, 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.

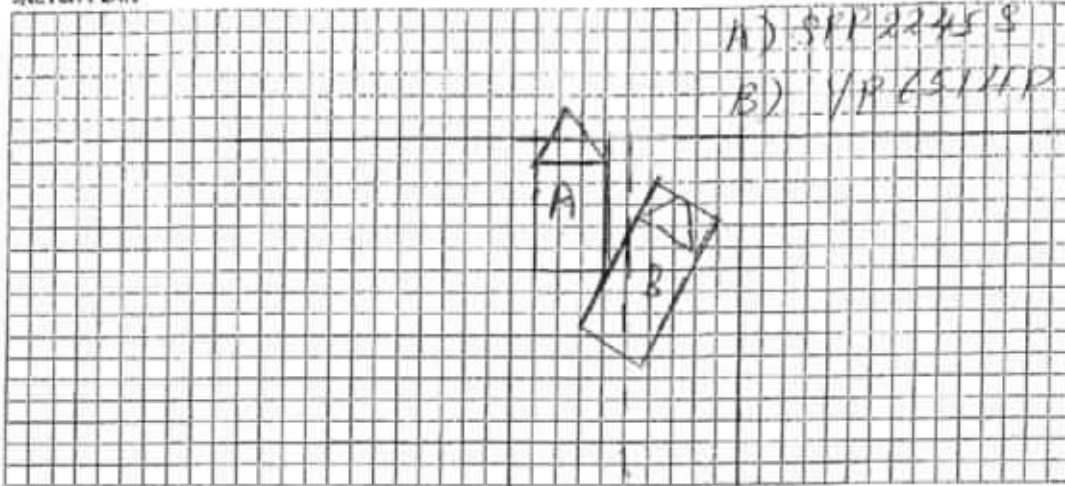
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person(s) Signature  
Name:  
ID No./PIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

7/20180629/2199

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:  
URIC/TIN No.:

Signature of Reporting Centre Personnel

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T2D180529/2199

1 of 4

Police Station Of Origin:  
Serangoon N.P.C.  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
558129  
Tel No: 1800-4550999

Report No: T2D180529/2199

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2018 22:52	Video Report No.:	Station Diary No.: 83
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## Informant's Particulars

Name of Informant: TAY KOK TIONG			Address: APT BLK 601 WOODLANDS DRIVE 42 #05-93 SINGAPORE 730901		
ID Type / ID No.: NRIC NO / S6932007D			Contact No.: Home/Office: Mobile: 81805679		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 10/09/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: STAFF OFFICER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2018 13:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Central Expressway Towards City Exit 7D				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFP2245S	Car	MERCEDES BENZ	CLA180 AMG LINE (R18 BI)	Red	Slightly Damaged	0
YP6514P	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB	White	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180620/2159

2 of 4

Report No. T/20180620/2159

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4580999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFP2245S	NTUC Income Insurance Co-Operative Limited	5092816231	21/08/2017	20/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY KOK TIONG		ID No.	S5932007D
Related Vehicle	SFP2245S (Car)		Contact No.	81805679
Hospital/Clinic	KINGS MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/05/2018		Date Discharge	29/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	POOsaidural Selvam		ID No.	G8259487L
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

## **Brief Details.**

On 29/05/2018 at around 1310hrs, I was driving my vehicle SFP2245S along Central Expressway towards City Side. As I had travel towards the exit of the CTE (7D), there was a comfort taxi (SHA4890X) in front of me. The front taxi had slow down, thus I also slowed down my vehicle. Out of sudden, I felt an moderate impact coming from the rear. I stopped my vehicle and came out to make a check. The lorry (YP6514P) had hit onto the right rear bumper of my vehicle.

The driver look dazed and admitted that it was his fault. The supervisor informed that his driver did tried to avoid however was unable to. We exchange particular and left the scene. I felt pain on my rear neck. I went to see a doctor and was given a 3 days MC. I got the CCTV footage of the incident.



SINGAPORE  
POLICE FORCE



TQ01006292199

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 4

Report No: TQ01006292199

CONTINUATION OF REPORT

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2007D
Vehicle Details	
Vehicle No.:	SFP22455
Vehicle to be Exported:	No
Intended De-registration Date:	05 Jul 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 AMG LINE (R18 BI)
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	27091030391390
Chassis No.:	WDD1173422N090027
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,929.00
Original Registration Date:	21 Aug 2014
First Registration Date:	21 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$21,101.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Aug 2024
PARF Rebate Amount:	\$15,825.00
Intended COE Rebate Details	
COE Expiry Date:	20 Aug 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,990.00
COE Rebate Amount:	\$37,960.00
<b>Total Rebate Amount:</b>	<b>\$53,785.00</b>

The information contained herein is correct as at 05 Jul 2018

OK