

22/03/2002

SS. REC. BY:

REF: (S3 / Asm 18012521 / Gzt4bz2) Special Instruction:

Survivor:

Smart claim

GZ

ASSIGNMENT (Office)

From (Person):

Johnny Yong

of

ASM

Date/Time: 09/07/2018 4:07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT 5698E

Insured:

XE 252S

at Workshop m/s

Autowerke Automotiv

Tel:

9630 1281

of

8 Kaki Bukit Ave 4 #05-01/02

Policy No:

Claim No:

SSMOON8D

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 03/07/2018

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement:

Date/Time:

10/07/2018

1023am

Person Contacted:

Alex

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJT 5698E - X

XE 252S - X

054480

10/7/18

Dismantled.

13/7/18

After repair

PRS -
XND

REF:

AXA

00901

ASSIGNMENT

(2019)

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Auto werke

of _____

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: \$18K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SIT 5698E Yr Regn: 19 Oct 2009Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan latia 1.5 C.C. 1498Colour: Black A/C: Insured / Std / NI / NASp. Reading: 131622 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1BAACU2 0021524Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60 R15R: U

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

TOYO / YOKO or HankookFront 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 10-07-18Survey held at w/s 3pmDes. 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
13/7/18	submit PRS Report

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

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

100

100



Service Request Details

Claim

S8M00NBD

Reference

None 

Loss Date

July 3, 2018

Request Date

July 9, 2018

Due Date

July 16, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SJT5698E

Make

TPVD NISSAN



Service Address

...

Primary Contact/Insured

AAK LOGISTICS SERVICES PTE LTD
BLK 153 BUKIT BATOK STREET 11, #03-292, 650153, Singapore
63380083
iana@aakls.com; vehicle@aakls.com

Claim Handler

YONG Johnny
6568804733
johnny.yong@axa.com.sg

Additional Instructions
Appointed Seah Ong & Partners

[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	04/07/2018 17:04
Date Of Accident	03/07/2018 16:25
Exact Location Of Accident	JURONG WEST AVE 2 TWDS BULIN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5698E
Insured/Policyholder	
Name Of Registered Owner	KOH NIAK WU
NRIC No	S8060090I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96522517
Alternative Phone No	OFFICE-96522517

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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?	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	2100329819
Cover Note Number	

Driver

Name of Driver	KOH NIAK WU
NRIC No	S8060090I
Date Of Birth	22/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96522517
Fax Number	
Contact Number	OFFICE-96522517
EMail Address	NOEMAIL

Address	BLK 1 GHIM MOH ROAD #05-366
Postcode	270001
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE AND TIME, (SJT5698E) WAS ON THE FIRST LANE STATIONARY WAITING FOR THE TRAFFIC TO TURN GREEN FOR ME TO TURN RIGHT. WHEN THE TRAFFIC TURNED GREEN FOR ME TO TURN RIGHT, I WAS STILL STATIONARY WHEN I FELT 3 CONTINUOUS BUMP AT MY REAR SIDE. I ALIGHTED FROM MY VEHICLE TO SEE THAT IT WAS VEHICLE B (XE525S) WHO BUMPED INTO ME.

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	XE525S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH NIAK WU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJT5698E
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.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 sums 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:

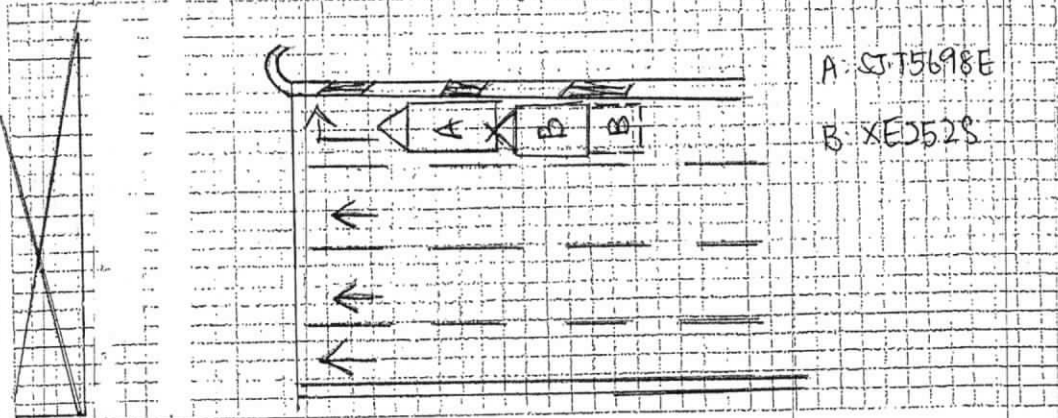
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

AUTOWEREE

SKETCH PLAN

Jurong West Ave 2 towards Bulim Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I (SJT5698E), was on first lane, stationaried waiting for the traffic to turn green for me to turn right. When the traffic turned green for me to turn right, I was still stationary when I felt three continuous bumps at my rear side. I alighted from my vehicle to see that it was Veh B (XE252S), who bumped into me.

DECLARATION

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

Policyholder's Signature
Date & Time: 4/7/18

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

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

[>Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0090I
Vehicle Details	
Vehicle No.:	SJT5698E
Vehicle to be Exported:	No
Intended De-registration Date:	12 Jul 2018
Vehicle Make:	NISSAN
Vehicle Model:	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	HR15110998B
Chassis No.:	JN1BAAC11Z0021524
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,833.00
Original Registration Date:	19 Oct 2009
First Registration Date:	19 Oct 2009
Transfer Count:	1
Actual ARF Paid:	\$17,833.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Oct 2019
PARF Rebate Amount:	\$9,808.00
Intended COE Rebate Details	
COE Expiry Date:	18 Oct 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$16,201.00
COE Rebate Amount:	\$2,051.00
Total Rebate Amount:	\$11,859.00

The information contained herein is correct as at 12 Jul 2018

OK