

REF: CSS / ASM18013798 / GZ4be2

Special Instruction:

Survivor:

60

ASSIGNMENT (Office)

Smart claim

From (Person):

Johnny Yong

of

ASM

Date/Time:

27-10-72018 455pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLD 6115A

Insured:

SLC 5537C

at Workshop m/s

Bluwel

Tel:

6745 2088.

of

Blk 1 Kaki Bukit Ave 6 #01-55

Policy No:

Claim No:

S8 m00611

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 25072018

CA / REV / REP. / REV 24 HRS 'wpi'

H.O.D. Endorsement:

Date/Time:

30 07 2018

Date/Time: 30 07 2018 11:56am Person Contacted:

Sally

Vehicle (IN) / OUT

Date/Time	Action/Instruction (X) Estimate.
	SLD 6115A - CS/TP16075037/Ugn2 DA: 220716
	SLC 5537C - X 9937 15

SYNOPSIS

115
Xnd.

REF:

AKA

95497

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Bluenel Auto
 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.

<input checked="" type="checkbox"/>	
N/S	O/S

Bal. or Market Value: \$155K
 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: SLD6115A Yr Regn: 27 Nov 2015
 Type: C M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BMW 08i C.C. 1997
 Colour: silver A/C: Insured / Std / NI / NA
 Sp. Reading: 26810 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA4A520006740746
 Gen. Cond: C Good / Fair / Poor / Burnt
 Steering: C Inorder / Jammed / Leaked / Burnt or
 Brake: C Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 255/408R18
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 30-07-18
 Survey held at w/s 4pm
 Des. of Damages C 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
31/7/18	Advise 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:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

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

Report Format :

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

100

100




Service Request Details

Claim

S8M00Q11

Reference

None 

Loss Date

July 25, 2018

Request Date

July 27, 2018

Due Date

August 3, 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 #

SLD6115A

Make

TPVD BMW

Model

BMW

Service Address

, , ,

Primary Contact/Insured

LEGEND MOTORS & LEASING PTE LTD

69 UBI ROAD 1 OXLEY BIZHUB, #10-33, 408731, Singapore

63380083

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	26/07/2018 11:28
Date Of Accident	25/07/2018 17:30
Exact Location Of Accident	EAST COAST RD BEFORE SIGLAP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6115A
Insured/Policyholder	
Name Of Registered Owner	ALEXANDER MICHAEL KLEINBERG
NRIC No	S7589549F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93637021
Alternative Phone No	OFFICE-93637021

Vehicle Particulars

Manufacturer	BMW
Model	423I

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA111122
Cover Note Number	

Driver

Name of Driver	ALEXANDER MICHAEL KLEINBERG
NRIC No	S7589549F
Date Of Birth	28/07/1975
Occupation	INDOOR
Date Of Driving Pass	29/08/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93637021
Fax Number	
Contact Number	OFFICE-93637021
EMail Address	NOEMAIL

Address	33 ELLIOT ROAD #05-18
Postcode	458709
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)	2
Passenger 1	
	NAME: : KLEINBERG ISABEL XIU YING
	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

I AM TRAVELLING STRAIGHT IN MY LANE WHEN SUDDENLY, VEHICLE B FROM THE RIGHT LANE CUT INTO MY LANE AND JAM BRAKE. I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED ONTO VEHICLE B REAR PORTION.

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	SLC5537C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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.

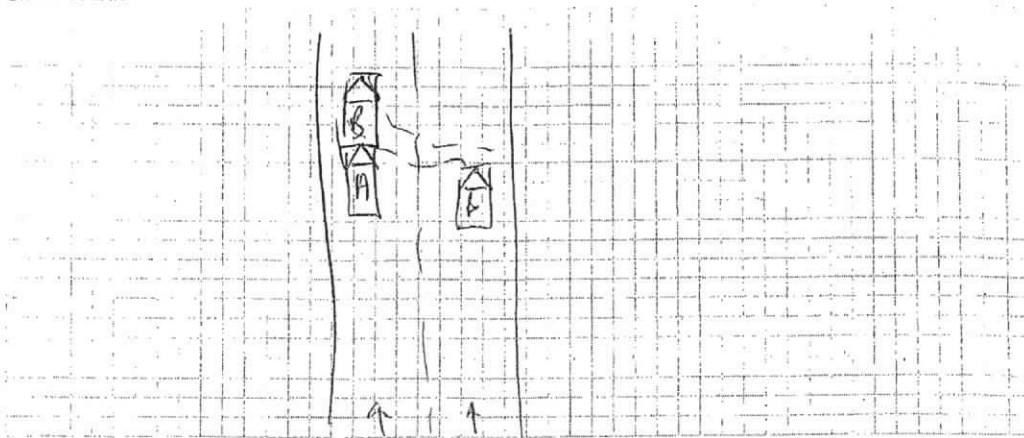

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling straight in my lane when suddenly vehicle B from the right lane cut into my lane and I cannot brake. I brake but could not stop in time and collided into vehicle B rear portion.

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:
NRIC/FIN No.:

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9549F
Vehicle Details	
Vehicle No.:	SLD6115A
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jul 2018
Vehicle Make:	B.M.W.
Vehicle Model:	428I GRAN COUPE M SPORT A/T SR HID NAV
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	B4141285N20B20A
Chassis No.:	WBA4A52000GT40746
Maximum Power Output:	180.0 kW (241 bhp)
Open Market Value:	\$45,977.00
Original Registration Date:	27 Nov 2015
First Registration Date:	27 Nov 2015
Transfer Count:	1
Actual ARF Paid:	\$56,368.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2025
PARF Rebate Amount:	\$42,276.00
Intended COE Rebate Details	
COE Expiry Date:	26 Nov 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,501.00
COE Rebate Amount:	\$42,103.00
Total Rebate Amount:	\$84,379.00

The information contained herein is correct as at 31 Jul 2018

OK