22/03/2002 ASS. REC. BY:	REF:	cs3 /Asm160	13476/	Azulo apecial	Instruction:	/
Smart claim From (Person)	Adran.	ASSIGNMENT	(Office)			S. Agan
Estimated Cos	t:	Bil	ll to:			
	7 TP RES / OD RES / EVA /				CA. 200	_
	hicle No: GBE			Insured:	GBF 350	J
at Workshop i	n/s Twincar	Auto motive		Tel:	6842 0051	
of	Blk ) t	Kaki Bukit	Ave )	# 01-17		
Policy No:		- (	Claim No:	SSMDO	QH5	
Sum Insured:			Excess:			
Make of Veh: (Client's Record				D.0	30072018	
	REP. / REV 24 HRS 'WO				I.O.D. Endorsement:	
Date/Time:	152am 01/8/18 Perso	on Contacted:	Melodi	Yehi	cle(IN) OUT	
Date/Time	Action/Instruction ( x)	Estimate				
	GBE 5437R - NA/	FOR 180 BS57 /	त्री		DA: 30F)	018
	GBF 350J - x	705				
3/8/18	Dumantled.				737792	_
6/8/18	Ktdir Kgys-					

. ASS. REC. BY: Adrian Ling

From: Date:	Veh No: GBE 5437R, Yr Regn: 2016 / Jan
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van Corry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Dyna. c.c 2982 Colour While A/C: Insured/Std/NI/NA
at Workshop m/s	0.0.0
of	Sp.Reading 97929, T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: KDY2318022383 +
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Ingreer / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inome / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 195 RISC Fovelo.
(Policy Condition)	R: 155R13. Yoko.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mr
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 01/08/18 @(
Lum Sum: % 3 Val.: Yes or No	Survey held at Twincar
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / (a) F O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	D)
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
TP AXA PRS.  MV: 50K PV: 12K Nett: 38K	
MV:50K PV: 12K	
MV:50K PV: 12K Nett: 38K	Days Of Repair:
MY: 50K PV: 12K Nett: 38K VI8/18 Many PRS Report Date/Time, File Pass to? : Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: 100
MV: 50 K PV: 12 K Nett: 38 K  VISIN Many PRS Report  Date/Time, File Pass to? : Preli. Report  Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 100
MY: 50 K PV: 12 K Nett: 38 K  V 8 18 Many PRS Report  Date/Time, File Pass to? : Preli. Report  Date/Time, File Return to?	Resurvey No. of Trip:         Survey Fee:         100           Transportation:         S+RSSI
MY: 50 K PV: 12 K Nett: 38 K  9/8/18  Many PRS Report Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 100
MV: 30 K  PV: 12 K  Nett: 38 K  Date/Time, File Pass to?  Preli. Report  Date/Time, File Return to?	Resurvey No. of Trip:         Survey Fee:         100           Transportation:         S+RSSI

Menu



# Service Request Details

Claim

S8M00QH5

Reference

None 🧳

Loss Date

July 30, 2018

Request Date

August 1, 2018

Due Date

August 8, 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 #

GBE5437R

Make

**TPVD** 

Model

Service Address

, , ,

# Primary Contact/Insured

FIRST RICH-FIELD PTE LTD
BLK 802 FRENCH ROAD, #02-69, 200802, Singapore 62977101

# Claim Handler

HO Winnie 6568804833 winnie.ho@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 witholding 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/07/2018 17:50
Date Of Accident	30/07/2018 09:00
Exact Location Of Accident	BUKIT TIMAH RD TWDS WOODLANDS
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE5437R
Insured/Policyholder	
Name Of Registered Owner	STAR UNIVERSE SERVICE PTE LTD
Co Reg No	200806987N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63396442
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at	WORKING

time of accident

WORKING

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

COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company

EQ INSURANCE COMPANY LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMCPHQ18-000261

Cover Note Number

Driver

YAO ZHENGUO Name of Driver S2727066B NRIC No Date Of Birth 01/03/1965 **INDOOR** Occupation Date Of Driving Pass 27/04/2001

**Driving Experience** 17 YEARS AND 3 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-81685306

Fax Number

Contact Number OFFICE-81685306

NOEMAIL **EMail Address** 

Address

**BLK 643 PUNGGOL CENTRAL** 

#10-326

Postcode

820643

OWNER

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

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)

2

Passenger 1

NAME:

GENDER: : MALE

# **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

SLU2128A

Vehicle Make/Model/Colour

**Details Of Properties** 

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

GBF350J

Vehicle Make/Model/Colour

**Details Of Properties** 

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)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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 "
  - 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

NRIC/FIN No.:

# **Accident Sketch Plan**

#### SKETCH PLAN

VEHICLE A - GAE SHITR
VEHICLE B- GAE 3503

ster	LINK		22 mimerans
	CUNPO		
ч	La Differe	2 of table a	
3	BDICD	NA CA	Z
2	2		

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 -9	S PRIVING SHOWS BUKIT TIMBER CORD THURRDS HOUSEAN
	ON, I WAS ON THE THIRD LANG.
homica	PASSING BY STERLING CONDO UN MY LEFT, AND
our t	O THE HERVY TEACHE THE VEHICLE INFRINT
BRAILE	) to complete stop, you so I too apolicy
Benze	L TO COMPLETE STOP BEHIND B MENOW BOX
Suppe	NULL PITTER A FILM SECONDS I FILLT A LIRER
MARC	TO DRUM EME READ OF MY VENICUE
9019	HTEO FROM MY WANTERS AND REDUZED IT WAS
D ~2	MILLE WITH LICENCE PLATS NUMBER (CBL 3503)
THAT	COLLIDED TO MY VEHICLA AFTER LIEST COLLISION
To	VEHICLE (SLU 2128 A) AND PUSHED (SLU 2128A) TO
	SEE NO LANE DNO (CB; 3403) DIDN/1 5504760
	MIT HEAD ON DIRECTLY TO THE REAR OF MY
	LE, CANSON A CHAN COLLISION INVOLVEN 3 VEHICLE
	LE 0 - CBE 5437R
	ue 8- GBF 350 J
Vani	at c- SLy 2128 A

DECLARATION

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

Policy to per's Signature
Date & Tirke

Driver's Signature (if driver a not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NPIC/FIN No.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	6987N
Vehicle Details	
Vehicle No.:	GBE5437R
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2568434
Chassis No.:	KDY2318022383
Maximum Power Output:	
Open Market Value:	\$32,165.00
Original Registration Date:	07 Jan 2016
First Registration Date:	07 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$1,609.00
Intended PARF Reparte Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
Intended COF Rebate Details	· 1000年 民共和国人的共享,1000年 1000年
COE Expiry Date:	06 Jan 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$16,120.00
COE Rebate Amount:	\$11,977.00
Total Rebate Amount:	\$11,977.00

The information contained herein is correct as at 01 Aug 2018