

INS. CASE OWNER:

Jaw Tan.

C 83, Asm 180

14467, G 0352

LKK:

IDAC:

61995

Surveyor:

X62

DOI:

ASSIGNMENT

8/8/18

Date / Time:

7/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDY 9911 H

Name of Insured:

Claim No.:

58m 50R52

GIX

Insured Tel No.:

HP:

Policy No.:

Excess Sec II :SS

D.O.A.:

4/8/2018

Make / Model:

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

585 69916



INSRS:

WSP:

Tel:

Liability:

RMKS:

Kun Chaw.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

585 69916 - X; SDY 9911 H - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

COPY SENT

PM - 5/10/18

## TOTAL

Week end (\$)

## 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	06/08/2018 17:59
Date Of Accident	04/08/2018 18:20
Exact Location Of Accident	CTE EXIT TO BALESTIER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6991G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU KAM YUEN
NRIC No	S6964979C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98521423
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	BMW
Model	730LI AT D/AB 4DR SR LED
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00500427
Cover Note Number	28/06/2018 TO 27/06/2019

### Driver

Name of Driver	LAU KAM YUEN
NRIC No	S6964979C
Date Of Birth	10/07/1969
Occupation	INDOOR
Date Of Driving Pass	07/07/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98521423
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	70E LORONG AH SOO
Postcode	534086
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 - MAJOR/MINOR RD
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: : LEE LEY KENG
	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 SKETCH PLAN

#### 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	SDY9911H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH YEU CHERN
NRIC/Passport Number	S0028652D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

Direct Asia

Vehicle :- SJS 69916

**IMPORTANT NOTICE**

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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.



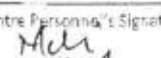
Policyholder's Signature  
Date & Time:



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

6/8/18

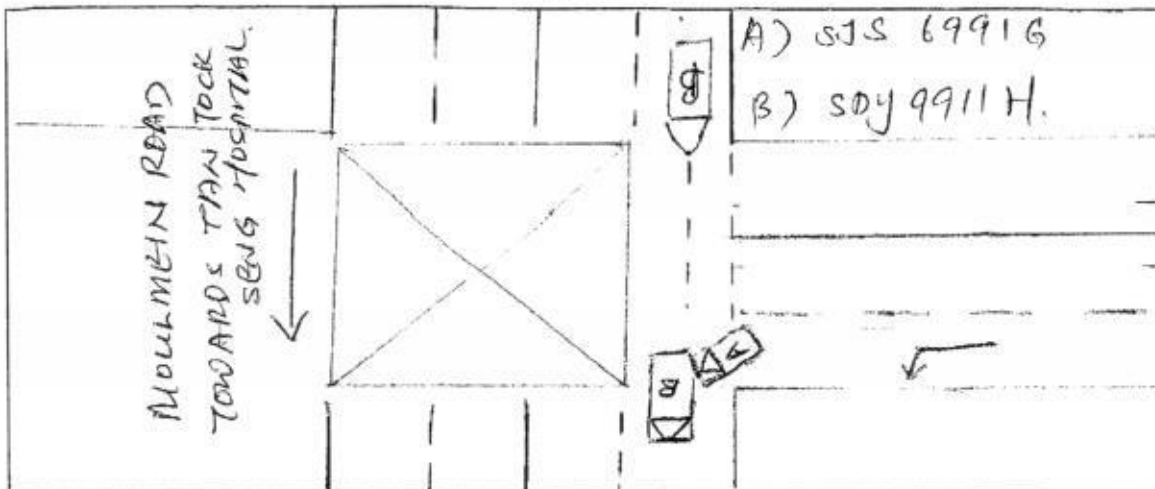


Reporting Centre Person's Signature  
Name:   
NRIC/FIN No.: 61818

# Sketch Plan Pg. 2

## SKETCH PLAN

Accident Date: 4/8/18 Time: 6:20pm Location: C7E EXIT BALESTIER  
 My Vehicle A: SJS 6991G Vehicle B: SDY 9911H Vehicle C/Others: ✓



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date & time I (SJS 6991G) was driving my vehicle along C7E and exited to Balestier. I stopped my vehicle at the junction due to red light & waiting for traffic light to turn green.

When traffic light turn green I made a left turn.

As I was making a turn, vehicle B (SDY 9911H) beat the red light coming from Jalan Besar towards Moulmein Road & hit onto front right portion of my vehicle.

( ) Claim OD / TP at Ah Lim Motor ☒ Claim OD ☒ at other workshop ( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop

Email Address

& Myself

Email Address

KUM CHEN MOTOR WORKSHOP  
 kumchen1@sinet.net.sg

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Vehicle :- SJS 6991G

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time

Witnessed by Reporting Centre

Personnel





> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4979C
Vehicle Details	
Vehicle No.:	SJS6991G
Vehicle to be Exported:	No
Intended De-registration Date:	10 Aug 2018
Vehicle Make:	B.M.W.
Vehicle Model:	730LI AT D/AB 4DR SR LED DSC NAV HUD
Primary Colour:	Brown
Manufacturing Year:	2012
Engine No.:	10238326N52B30AF
Chassis No.:	WBAYE22080DZ20932
Maximum Power Output:	190.0 kW (254 bhp)
Open Market Value:	\$74,262.00
Original Registration Date:	28 Jun 2013
First Registration Date:	28 Jun 2013
Transfer Count:	1
Actual ARF Paid:	\$105,672.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jun 2023
PARF Rebate Amount:	\$73,970.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2023
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$83,001.00
COE Rebate Amount:	\$39,899.00
<b>Total Rebate Amount:</b>	<b>\$113,869.00</b>

The information contained herein is correct as at 10 Aug 2018

OK

## Nivitha (LKK Auto)

---

**From:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Sent:** Wednesday, 8 August 2018 12:53 PM  
**To:** assignments  
**Subject:** FW: RE : ACCIDENT INVOLVING SJS 6991 G & SDY9911H ON 04/08/2018.  
**Attachments:** image001.jpg; image002.jpg; image003.jpg; image004.jpg; image005.jpg

Hi Nivitha,

Kindly assist.

TP AXA - Smart.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: kumchew1 <kumchew1@singnet.com.sg>

Sent: Tuesday, 7 August, 2018 10:05 AM

To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>

Subject: FW: RE : ACCIDENT INVOLVING SJS 6991 G & SDY9911H ON 04/08/2018.

Dear Sir/Madam,

We are acting on behalf of Mr Lau Kam Yuen the owner of SJS 6991 G in the above matter.

Kindly arrange for pre-repair with the following details;

Venue : Kum Chew Motor Workshop

160, Sin Ming Drive #05-08

Sin Ming Autocity

Singapore

Contact No. : 64536256.

Thanks & Best Regards,

Mdm Lim

1.02pm @ 8/8/2018  
person @ Mdm. Lim  
vehicle in  
suro Guo Qianey



**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM18014467/Ga3s2		
8 SHENTON WAY #24-01		Date: 17-08-2018		
AXA TOWERSINGAPORE 068811				
ATTN: JAS TAN		Code: ASM		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SDY 9911H	Veh. Inspected	SJS 6991G	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M00R52	Excess (\$)	0.00	
Assign From	JAS TAN	Assign Date	07/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	B.M.W. 730LI	c.c	2996	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WBAYE22080DZ20932	Colour	GREY	
Odometer	70773 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	245/50R18	PIRELLI	6 mm	
L/H Front Tyre	245/50R18	PIRELLI	6 mm	
R/H Rear Tyre	245/50R18	PIRELLI	6 mm	
L/H Rear Tyre	245/50R18	PIRELLI	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.				
<b>5. General Information</b>				
Accident Date	04/08/2018	Inspect Date / Time	08/08/2018 ( 05:50 PM )	
Survey held at	KUM CHEW MOTOR WORKSHOP 160 SIN MING DRIVE #05-08 SIN MING AUTOCITY SINGAPORE 575722			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.				

Report Ref No. CS3/ASM18014467/Ga3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAAE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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