

22/03/2002

ASS. REC. BY:

REF:

CS3 / ASM18014627 / GZ4627

Special Instruction:

Surveyor:

GQ

ASSIGNMENT (Office)

Smart claim  
From (Person):

Johnny Yong

of

ASM

Date/Time:

10082018 4-01pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GZ4001T

Insured:

WC 7342D

at Workshop m/s

Tel:

6266 2307

of

160 Sin Ming Drive #08-12

Policy No:

Claim No:

S8M000XL

Sum Insured:

Excess:

Make of Veh:

D.O.A.

0208 2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

13082018 131pm

Person Contacted:

Doreen

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

GZ 9001T - X

WC 7342D - X

Barryville

WCS  
KRL

REF:

AXA

C1888 E -

# ASSIGNMENT

(-2021)

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of Autocity 08-12

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

Date / Time

Action / Instruction

29/5/18

Submit PRA Report

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

100

100

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$




## Service Request Details

Claim

S8M00QXL

Reference

None 

Loss Date

August 2, 2018

Request Date

August 10, 2018

Due Date

August 17, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

### Actions

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Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

---

Incident Vehicle Registration #

GZ9001T

Make

TPVD OPEL

Model

COMBO VAN AZ

---

Service Address

...

---

Primary Contact/Insured

GRM BUILDERS PTE LTD  
999D SERANGOON ROAD, 328158, Singapore  
63380083

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Claim Handler

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

Additional Instructions  
Appointed Seah Ong & Partners

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Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message



# 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

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CS3/ASM18014627/Gz4b

8 SHENTON WAY #24-01  
AXA TOWERS SINGAPORE 068811

Date : 13-08-2018



Code : ASM

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	WC 7342D	Veh. Inspected	GZ 9001T
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00QXL	Excess (\$)	0.00
Assign From	SMART CLAIM (JOHNNY YONG)	Assign Date	10/08/2018

## 2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	02/08/2018	Inspection Date	13/08/2018
Survey held at	160 SIN MING DRIVE #08-12		
Repairer	-		

## 5a. Remarks

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.

## 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	03/08/2018 13:52
Date Of Accident	02/08/2018 13:25
Exact Location Of Accident	ALONG SUNGEI KADUT ST 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9001T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DOUBLE-TRANS PTE. LTD.
Co Reg No	199001888E
Email Address	ADMIN@SAMCO.COM.SG
Mobile Phone No	(LOCAL) +65-86123163
Alternative Phone No	OFFICE-64812518

### Vehicle Particulars

Manufacturer	OPEL
Model	COMBO VAN AZ

Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY

Fleet Policy	NO
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Policy Number	5076808613-02
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Cover Note Number	
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### Driver

Name of Driver	VEDIYAPPAN GOPI
Passport No/FIN	G3363749M
Date Of Birth	10/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83816008

Fax Number	
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Contact Number	
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E Mail Address	NOEMAIL
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**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: Jeneen  
NRIC/FIN No.:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1888E
Vehicle Details	
Vehicle No.:	GZ9001T
Vehicle to be Exported:	No
Intended De-registration Date:	17 Aug 2018
Vehicle Make:	OPEL
Vehicle Model:	COMBO VAN AZ
Primary Colour:	Blue
Manufacturing Year:	2006
Engine No.:	Z17DTH01514043
Chassis No.:	W0L0XCF2563069302
Maximum Power Output:	-
Open Market Value:	\$19,572.00
Original Registration Date:	01 Nov 2006
First Registration Date:	01 Nov 2006
Transfer Count:	2
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Oct 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,482.00
COE Rebate Amount:	\$15,689.00
<b>Total Rebate Amount:</b>	<b>\$15,689.00</b>
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 17 Aug 2018

OK



## ► Opel Combo Used Vehicle List (5 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availabi
<b>Opel Combo 1.7 (COE till 07/2022)</b> (Diesel)	<b>\$17,800</b>	<b>\$4,520 /yr</b>	<b>24-Jul-2007</b>	<b>1,686 cc</b>	<b>-</b>	<b>Breaking Point</b>	<b>Availat</b>

Please Call And Make An Appointment Before You Drop By As To Avoid Disappointment. One Of The Most Popular Van In The Market. Low Fuel Consumption. Easy To Drive. Price Can Be Negotiable. Hurry Come G...

Office No. - 65614858

Alex Gan - 87972000

<b>Opel Combo 1.7 (New 5-yr COE)</b> (Diesel)	<b>\$22,800</b>	<b>\$4,560 /yr</b>	<b>08-Jul-2008</b>	<b>1,686 cc</b>	<b>-</b>	<b>ABWIN Bus Pte Ltd</b>	<b>Availat</b>
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Opel Combo 1.7M. Previous Owner Use To Ferry Light Goods Only. Clean Interior. Vehicle In Tip Top Condition. View To Believe. We Provide Flexible In House And Bank Loan Up To 100%. Hurry Up And Call F...

Office No. - 69339404

Wilson - 81685758 | Zhiwei - 91055246

<b>Opel Combo 1.7 (New 5-yr COE)</b> (Diesel)	<b>\$22,800</b>	<b>\$4,560 /yr</b>	<b>17-Jun-2008</b>	<b>1,686 cc</b>	<b>184,000 km</b>	<b>Think One Automobile &amp; Trading</b>	<b>Availat</b>
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Lowest Price In The Market. No Further Discount. Serious Buyer Are Welcome!

Office No. - 65553300

Henry - 96741842 | Liza - 97769403 | Victor - 98198540

<b>Opel Combo 1.7 (COE till 05/2023)</b> (Diesel)	<b>\$22,800</b>	<b>\$4,770 /yr</b>	<b>27-May-2008</b>	<b>1,686 cc</b>	<b>-</b>	<b>ABWIN Bus Pte Ltd</b>	<b>Availat</b>
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Super Low Depreciation Compact Van! Good Condition And No Repair Needed. Popular Small Van For All Kind Business. Test Drive To Believe. Call Now C You Miss It Later.

Office No. - 69339404

Ah Chong - 91297320 | Zhiwei - 91055246

<b>Opel Combo 1.7 (New 5-yr COE)</b> (Diesel)	<b>\$23,888</b>	<b>\$4,770 /yr</b>	<b>13-Jun-2008</b>	<b>1,686 cc</b>	<b>-</b>	<b>A M T Automobile</b>	<b>Availat</b>
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New 5 Year COE. All Wear And Tear Has Been Change.

Office No. - 62620653

Alan - 96261140 | Desmond - 91070316

sgCarMart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, even for C cars, OPC cars, vans, trucks, hybrid cars, sports cars or stationwagons. You can also buy from a car auction, look up car loans, low mileage cars, car brand: carpark rates & car insurance. We have new car dealers comprising parallel importers, authorised car dealers, and used car dealers on our site. Find new ca price lists, new car launches and new car promotions, and also motoring advice, car reviews & car news on the latest models. Visit our partner sites for job openings for Singapore jobs, real estate properties for sale, mover, car performance parts, car discussion, forum discussion, commercial vehicle leasing & C results.

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Surge kadut D3

Surge kadut D1

Surge kadut D3

Surge kadut D1

Posisi L01

Posisi L02

Posisi L03

Posisi L04

Posisi L05

Posisi L06

Posisi L07

Posisi L08

Posisi L09

Posisi L10

Posisi L11

Posisi L12

PAN UNITED

ASP HALT PTE LTD

A = GIZ 900IT

B = WLC 7342D

← ← = vehicle B reverse direction

Surge kadut D3

Surge kadut D1

Accident Date & Time : 21 Aug 18 1325pm

Accident Location : Sungai kadut st 3

I was driving straight along the mentioned.  
Vehicle B suddenly stopped, so I stopped too.  
Then, vehicle B started to reverse & collided  
onto my vehicle.

No injury was involved in this accident

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

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

**IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Date &amp; Time:

Driver's Signature \_\_\_\_\_

Reporting Centre Personnel's Signature

Address -  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 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 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 2  
 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: : KANNAN  
 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 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 WC7342D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver JAYARAMAN KALAIYARASU  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)