

22/03/2002

ISS. REC. BY:

REF: 193 / ASM18015214 / 1124d3² Special Instruction:

Survivor:

Small claim

From (Person):

Taufik
Stacey Ng

ASSIGNMENT (Office)

of ASM

Date/Time: 21082018 3:44pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLL 1935R

Insured:

YP 4408B

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

S8M00LAX

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18062018

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

H.O.D. Endorsement:

Date/Time:

21082018 3:44pm

Person Contacted:

Damen

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (X) Estimate

SLL 1935R - NA / INC18011142 / 24

DA: 18062018

YP 4408B - X

PDS

REF:

ASM (AXA)

Sample

ASSIGNMENT

From:

Date:

21/08/2018

Estimated Cost:

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

To Inspect Vehicle No:

SLL 1935R

at Workshop m/s:

Teamwork

of

53 Ubi Ave 1 #01-24

Insured

Policy No:

Claims No:

Sum Insured:

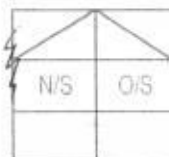
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

973K

IDAC Accident Report:

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:

SLL 1935R

Yr Regn:

2017 Feb.

Type: M / C / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Shuttle

o.c

1496

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp Reading

164892

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GK 81006146

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R5

R:

BS / DUN / EX / NOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

L

mm

L/Bal.

L

mm

D.O.A.

D.O.I.

21/8/18 @ 10:00am

Survey held at

Teamwork

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt + N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

28/8/18

submit PDS 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 \$

) Photos

) Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)



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/ASM18015224/T1z4b

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 21-08-2018



Code : ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	YP 4408B	Veh. Inspected	SLL 1935R
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00LAX	Excess (\$)	0.00
Assign From	SMART CLAIM (STACEY NG)	Assign Date	21/08/2018

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

--

5. General Information

Accident Date	18/06/2018	Inspection Date	21/08/2018
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

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.
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Service Request Details

Claim

S8M00LAX

Reference

None 

Loss Date

June 18, 2018

Request Date

August 21, 2018

Due Date

August 29, 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

Vehicle Information

Incident Vehicle Registration #

SLL1935R

Make

TPVD HONDA

21/08/2018 @ 10:02am
Darren veh in.
call few time, Darren busy.
he call back 3:44pm say veh in

Model

SALOON CAR

Service Address

...

Primary Contact/Insured

CHUAN HENG IMPORT & EXPORT PTE LTD
21 LORONG 8 TOA PAYOH, TOYOGO BUILDING, 319256, Singapore
65674755

Claim Handler

NG Stacey
6568804351
stacey.ng@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 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	19/06/2018 16:34
Date Of Accident	18/06/2018 16:15
Exact Location Of Accident	YISHUN AVE 2 TWDS LENTOR AVE BEFORE YISHUN CTRL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1935R
Insured/Policyholder	
Name Of Registered Owner	RED CASTLE CO PTE LTD
Co Reg No	201222975N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097963931
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SUFYAN BIN SABARI
NRIC No	S8535061G
Date Of Birth	04/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91896635
Fax Number	
Contact Number	OFFICE-91896635
Email Address	NOEMAIL

Address	BLK 213A PUNGGOL WALK #14-747
Postcode	821213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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: : 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 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	YP4408B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG BOON KIONG
NRIC/Passport Number	S1381331J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

IMPORTANT NOTES

1. Please read carefully the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized 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 rescind 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 issue raised must 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 lodging 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:

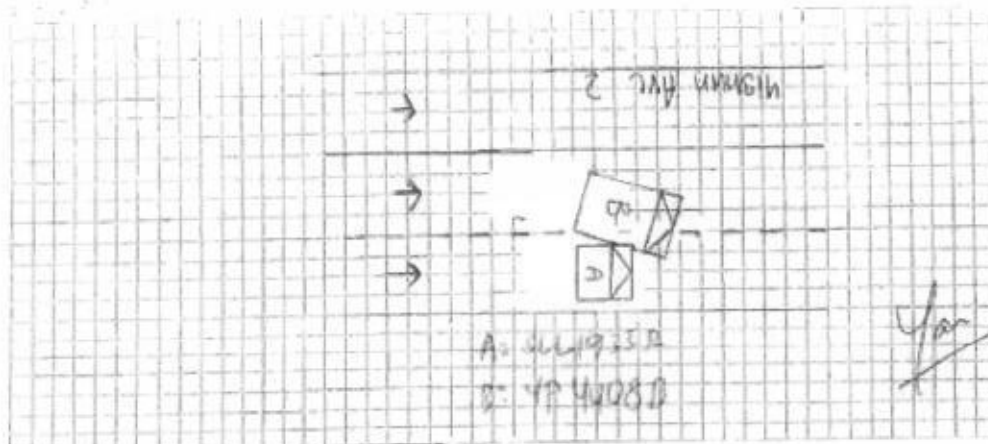
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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:
NIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the first lane Yishun Ave 2 towards Lenton Ave before Yishun Central. While travelling, vehicle B suddenly cut into my lane from the second lane causing our vehicles to collide. Vehicle B didn't stop over but continued driving, so I chased after him and finally got him to stop at one side. When the driver of vehicle B came down and spoke to me, he said that he wanted to avoid the front vehicle in front of him which suddenly braked. Hence, he cut onto my lane and collided onto my vehicle.

DECLARATION

(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/EN No.:

GRNME (Accident Report Form) V7



PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: STACEY NG		Ref: CS3/ASM18015224/T1z4b3s2 Date: 29-08-2018 Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	YP 4408B	Veh. Inspected	SLL 1935R
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00LAX	Excess (\$)	0.00
Assign From	SMART CLAIM (STACEY NG)	Assign Date	21/08/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA SHUTTLE	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	GK81006146	Colour	SILVER
Odometer	164892 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60R15	YOKOHAMA	6 mm
L/H Front Tyre	185/60R15	YOKOHAMA	6 mm
R/H Rear Tyre	185/60R15	YOKOHAMA	6 mm
L/H Rear Tyre	185/60R15	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.			
5. General Information			
Accident Date	18/06/2018	Inspect Date / Time	21/08/2018 (10:10 AM)
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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.			

Report Ref No. CS3/ASM18015224/T1z4b3s2

Inspected By



MOHAMAD TAUFIKH

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

<< **Service Request Details**

Claim: S8M00LAX

Reference

CS3/ASM18015224/T1z4b3s2  Loss Date

June 18, 2018 Request Date

August 21, 2018 Due Date

August 21, 2019 Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP) Type of Loss

Third Party Vehicle Damage Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

Complete Work

More

Vehicle Information

Incident Vehicle Registration # SLL1835R

Make

TPVD HONDA Model

SALOON CAR Primary Contact/Insured

CHUAN HENG IMPORT & EXPORT PTE LTD
21 LORONG 8 TOA PAYOH, TOYOGO BUILDING,
319256, Singapore
65674755

Document Type

Document SubType

Upload Documents

Additional Instructions

Claim Handler

NG Stacey
6568804351
stacey.ng@axa.com.sg

Messages Invoices History Documents

Assessment Metrics Notes

NAME TYPE SUB-TYPE AUTHOR DATE UPLOADED

Accident Statement Reports & Statement Merimen

[«](#) Assessment Details[General & Workshop Details](#) [Vehicle & Driver Details](#) [Vehicle Condition](#) [Taxes & Ratio](#) [Parts & Labour](#) [Miscellaneous](#) [Summary](#)

Vehicle & Driver Details

Vehicle Registration#	SLL1935R	Purchase Date	<input type="text" value="mm/dd/yyyy"/>
Registration State	SINGAPORE	Registration Date *	<input type="text" value="02/16/2017"/>
Mileage	<input type="text" value="164892"/>	Age of Vehicle	<input type="text" value="1"/>

CATEGORY	POLICY INFORMATION	ASSESSMENT INFORMATION	FNOL INFORMATION	POST SURVEY INFORMATION
Manufacturing Year	<input type="text" value="2016"/>			
Make	<input type="text" value="TPVD HONDA"/>	<input type="text" value="HONDA"/>	<input type="text" value="MUHAMMAD SUFYANBIN"/>	<input type="text"/>
Model	<input type="text" value="SALOON CAR"/>	<input type="text" value="SHUTTLE 1.5G CVT ABS D/I"/>		<input type="text" value="mm/dd/yyyy"/>
Type	<input type="text"/>			
Type of Paint	<input type="text"/>		<input type="text" value="Unknown"/>	
Chassis No	<input type="text" value="GK81006146"/>		<input type="text" value="Other"/>	
Engine No	<input type="text" value="L15B3537222"/>		<input type="text" value="0"/>	
Engine Capacity	<input type="text" value="1496 cc"/>		<input type="text" value="Driver License #"/>	

Assessment Details

General & Workshop DetailsVehicle & Driver DetailsVehicle ConditionTaxes & RatioParts & LabourMiscellaneousSummary

Detailed Assessment

Condition of Vehicle at time of survey

Inspection Date *	08/21/2018	General condition	Good
Total Loss	Yes No	Steering (Serviceable)	Yes No
Towing Charges	0	Footbrake (Serviceable)	Yes No
Voluntary Excess	0	Handbrake (Serviceable)	Yes No
Compulsory Excess	0	Engine Modification	Yes No
Young/Inexperienced/Unnamed Driver Excess	0	Pre-accident condition	Good
Other Excess			

Tyre Condition

Age of Tyres		Spare wheel	
Front Tyre Size	185/60R15	Rear Tyre Size	185/60R15
Front left side	YOKOHAMA 6mm	Rear left side	YOKOHAMA 6mm
Front right side	YOKOHAMA 6mm	Rear right side	YOKOHAMA 6mm