

22/03/2002

ASS. REC. BY:

REF:

C83/AXA18015552/G24d302

Special Instruction:

Survivor  
Mehmen

GQ

## ASSIGNMENT (Office)

From (Person):

Chan Kian Chuen

AXA

Date/Time:

27/8/18 1:51pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJV 4A19R

Insured:

SHC 5145Y

at Workshop m/s

Green Star Spray

Tel:

6546 3092

of

Blk 3011, Bedok North Ave 4 # 01-2004 / 2006

Policy No:

P1680520

Claim No:

C0474252

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/08/2018

CA / REV / REP. / REV 24 HRS

cup

H.O.D. Endorsement:

Date/Time:

3:54pm 27/8/18

Person Contacted:

June

Vehicle:

IN

OUT

Date/Time	Action/Instruction (X) Estimate	
	SJV 4A19R - C83/ASM18015413/Reb3	D.O.A: 20/8/18
	SHC 5145Y - C83/ASM18015413/Reb3	D.O.A: 20/8/18

1981/1/19

File

REF:

AXA

1955A

# ASSIGNMENT

(-2019)

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Green Star Spray

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

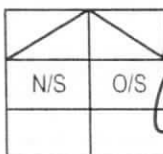
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \$27K

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: STV4419R

Yr Regn: 15 Jun 2008

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

Truck / Trailer or

Make: Audi A6 2.0

c.c. 1984

Colour: Silver

A/C: Insured / Std / NI / NA

Sp.Reading: 249497

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZZ 47 09 No 38 268

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/45 R17

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIS / 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. 27-08-18

Survey held at w/s

4:30 pm

Des. of Damages: 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

27/8 w/s has dismantled under carriage already before inspection.

29/8/18 Submit PRS 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: 100

Transportation: \_\_\_\_\_

Photos

Others

TOTAL

100

Report Format :

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

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

## ...CLAIM SUBFOLDER...(New Assignment)

Direct Settlement

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Aug 2018		27 Aug 2018 13:51 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	TRANS-CAB SERVICES PTE LTD		
Main Claimant:	S MOHAMED WAHBA, ID: S2581955A		
Vehicle Reg. No.:	SJV4419R	Date of Loss:	20/08/2018 16:00 - :59
Claim Type:	TP / C0474252	Policy/Cover Note No.:	P1680520 (Third Party Only)
Vehicle Reg. No. (Insured):	SHC5145Y	Policy No. (Claimant):	
		Excess:	S\$5,000.00
Repairer:	Green Star Spray Painting Garage (Bedok) Blk3011 Bedok North Ave4, #01-2004/2006 Bedok Ind. Park E, 489977 Bedok - Tel:		
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Chan Kian Chuan - 6880 4269]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 05/09/2018]		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AXA\_SG (27/08/2018): New TP Assignment - C0474252/P1680520

### ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



# 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/AXA18015552/Gz4d3		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date : 27-08-2018		
		Code : AXA2		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SHC 5145Y	Veh. Inspected	SVJ 4419R	
Policy No.	P1680520	Coverage (\$)	0.00	
Claim No.	C0474252	Excess (\$)	0.00	
Assign From	MERIMEN (CHAN KIAN CHUAN)	Assign Date	27/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	20/08/2018	Inspection Date	27/08/2018	
Survey held at	GREEN STAR SPRAY PAINTING BLK 3011 BEDOK NORTH AVE 4 #01-2004 BEDOK INDUSTRIAL PARK E SINGAPORE 489977			
<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.				

## 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	21/08/2018 09:41
Date Of Accident	20/08/2018 16:45
Exact Location Of Accident	T-JUNCT OF BALESTIER ROAD & AH HOOD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4419R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S MOHAMED WAHBA
NRIC No	S2581955A
Email Address	SADATWAHBA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93865262
Alternative Phone No	OFFICE-93865262

### Vehicle Particulars

Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA044066
Cover Note Number	

### Driver

Name of Driver	S MOHAMED WAHBA
NRIC No	S2581955A
Date Of Birth	15/05/1950
Occupation	INDOOR
Date Of Driving Pass	20/05/1983
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93865262
Fax Number	
Contact Number	OFFICE-93865262
EMail Address	SADATWAHBA@GMAIL.COM

Address	BLK 664A PUNGGOL DRIVE #04-202
Postcode	821664
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)	1

#### 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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

#### 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	SHC5145Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KONG KING SENG
NRIC/Passport Number	S7201881H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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:

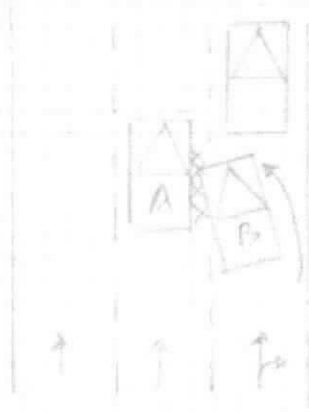
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Sketch Plan #2

### SKETCH PLAN



Vehicle No

A-SJV 4419R

B-SHC 5145Y

### Legend



Vehicle



Bike

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Webster Rd on the middle lane and I was travelling straight along the road suddenly the taxi who was on the right lane <sup>cut out to</sup> turned along my lane and bang me at the side of my vehicle.

### DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

KRIC/FIN No.



# Common Statement

## ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident 20/8/18 1645		2 Exact location of accident T-junction of Balestier Rd & Ah Hood Rd		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. (VEHICLE A) **SV4419R**

6 Insured / policyholder (see insurance cert.)  
Name **S Mohamed Wahab**  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. **S2581955A**  
Tel no. (from 8am till 5pm) **93865262**  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **GA 044066/1**

9 Driver ☐ Same as Owner  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence **3**  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

### 12 CIRCUMSTANCES

Put a cross (X) in each of the following boxes applicable to your vehicle.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Other Collision                                  |
| <input type="checkbox"/> | Collision into Object                            |
| <input type="checkbox"/> | Collision into Motorist                          |
| <input type="checkbox"/> | Collision into Pedestrian                        |
| <input type="checkbox"/> | Collision into Property                          |
| <input type="checkbox"/> | Collision - Change/Over Lane                     |
| <input type="checkbox"/> | Collision - Cross Junction                       |
| <input type="checkbox"/> | Collision - Head on Collision                    |
| <input type="checkbox"/> | Collision - Head to Rear                         |
| <input type="checkbox"/> | Collision - Major/Minor Rd                       |
| <input type="checkbox"/> | Collision - Opening Door of vehicle              |
| <input type="checkbox"/> | Collision - Rear End                             |
| <input type="checkbox"/> | Collision - D-Turn                               |
| <input type="checkbox"/> | Drunk Driving / Drug Influence                   |
| <input type="checkbox"/> | Fire, Explosion or Lightning                     |
| <input type="checkbox"/> | Hit and Run / Vanishing / Damaged vehicle parked |
| <input type="checkbox"/> | Other Traffic Sign / Other Obstacle              |
| <input type="checkbox"/> | No Collision                                     |
| <input type="checkbox"/> | Side Swipe                                       |
| <input type="checkbox"/> | Other  |

Registration No. (VEHICLE B) **SHC 5145Y**

10 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 8am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

11 Vehicle  
Make, type **Taxi**

12 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

13 Driver (See driving licence)  
(if different from insured B above)  
Name **Kong King Seng**  
(capital letters)  
NRIC / Passport no. **S7201881H**  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

State TOTAL number of boxes marked with a cross

14 Indicate the point of initial impact with an arrow (→)

15 Visible damage to vehicle A

16 My remarks

### 13 Sketch of accident when impact occurred

Provide and note: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

14 Indicate the point of initial impact with an arrow (→)

15 Visible damage to vehicle B

16 My remarks

17 Signatures of drivers

A *[Signature]*

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Subsequently, each driver should take one copy

For insured's Individual Statement (Part II) see overleaf →

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Telac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (If more than one, state all) _____ Email: <u>Sulatanhoo@gmail.com</u>				
	2. Vehicle registration no. _____ C.C. _____		If commercial vehicle, state permissible carrying capacity _____		
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state Relationship with Owner (with reason) _____		State the vehicle number and name of owner of driver's own vehicle (where applicable) _____
	4. Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire				
	<input type="checkbox"/> Others - please specify _____				
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present _____ Tel no _____				
Of which vehicle are you the owner?	<input type="checkbox"/> A				
	<input type="checkbox"/> B				
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
	7. Date of birth _____ Occupation _____ Date of license pass _____				
	Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input type="checkbox"/> No Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Driver or person in charge of vehicle at the time of accident (including insured)	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>				
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
	Date	Offence			Penalty
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, please state which Police station _____				
Accident details	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, against whom? _____				
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others _____				
	15. Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____				
	16. Speed of vehicles A _____ km/hr B _____ km/hr				
	17. What warnings were given by driver or other party? _____				
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	19. What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20. If your vehicle is commercial, state weight of load carried at time of accident _____				
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached) _____				
	22. State number of Passengers (including Driver) _____				
	Declaration				
I/We declare the foregoing particulars are true in every respect					
Policyholder's signature _____ Date _____					
Driver's signature (if driver is not the policyholder) _____ Date _____					

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1955A
Vehicle Details	
Vehicle No.:	SJV4419R
Vehicle to be Exported:	No
Intended De-registration Date:	28 Aug 2018
Vehicle Make:	AUDI
Vehicle Model:	A6 2.0T FSI MU CVT ABS D/AB HID 2WD 4DR
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	BPJ148763
Chassis No.:	WAUZZZ4F09N055268
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$44,218.00
Original Registration Date:	15 Jun 2009
First Registration Date:	15 Jun 2009
Transfer Count:	2
Actual ARF Paid:	\$44,218.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jun 2019
PARF Rebate Amount:	\$22,109.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jun 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$10,046.00
COE Rebate Amount:	\$731.00
<b>Total Rebate Amount:</b>	<b>\$22,840.00</b>

The information contained herein is correct as at 28 Aug 2018

OK

### ...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI Direct Settlement

#### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Aug 2018		27 Aug 2018 13:51 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: -								
Main Claimant:	S MOHAMED WAHBA, ID: S2581955A								
Vehicle Reg. No.:	SJV4419R	Date of Loss:	20/08/2018 16:00 - :59 [110 Months and 5 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / C0474252	Policy/Cover Note No.:	P1680520 (Third Party Only)						
Vehicle Reg. No. (Insured):	SHC5145Y	Policy No. (Claimant):							
		Excess:	S\$5,000.00						
Repairer:	Green Star Spray Painting Garage (Bedok) Blk3011 Bedok North Ave4, #01-2004/2006 Bedok Ind. Park E, 489977 Bedok - Tel:								
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Chan Kian Chuan - 6880 4269]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 05/09/2018]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>AXA_SG (27/08/2018): New TP Assignment - C0474252/P1680520</li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*SJV4419R (C0474252)**  
**[SHC5145Y]**  
**TP**  
**S MOHAMED WAHBA**  
**Aug 20 2018 4:00PM**  
**[TRANS-CAB SERVICES PTE LTD]**  
**Green Star Spray Painting Garage**

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View			View in Browser		
Photos/Images															3 per page			<input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)														Thumbnail	Print			
1	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
2	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
3	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
4	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
5	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
6	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
7	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
8	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
9	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
10	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
11	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
12	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
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14	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
15	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
16	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
17	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
18	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
19	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
20	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
21	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
22	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
23	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
24	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
25	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
26	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
27	29/08/18 10:10	General View														Load JPG	<input checked="" type="checkbox"/>			
Documentation															1 per page			<input checked="" type="checkbox"/>		
No	Finalized On	AXA Insurance Pte Ltd (HQ)														Thumbnail	Print			
1	21/08/18 13:13	EMAIL FROM WORKSHOP														Load PDF				
2	21/08/18 13:13	SJV4419R TP GIA														Load PDF				
3	27/08/18 09:57	EMAIL														Load PDF				
4	27/08/18 09:57	SJV 4419R GIA REPORT & PRI														Load PDF				
5	27/08/18 10:32	EMAIL														Load PDF				
6	27/08/18 10:32	SJV 4419R GIA REPORT & PRI														Load PDF				

Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	Reset	Save	Print
There are no document checklists configured.			

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>
<div></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AXA18015552/GZ4D3E2

Date: 29/08/2018

REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No:

P1680520

Claimant Vehicle  
No : SJV4419R

Insured Vehicle No :

SHC5145Y

Date of Loss: 20/08/2018

Nature of Claim:

TP

Claim No: C0474252

DESCRIPTION & IDENTIFICATION OF VEHICLEReg No: **SJV4419R**

Make &amp; Model: AUDI A6, 2.0 TFSI (A)

Engine No: BPJ148763

Reg. Date: 15/06/2009 (Man. Year: 2009)

Chassis No: WAUZZZ4F09N055268

Colour: Silver

Odometer: 249497 km

Engine Capacity: 1984 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): **Market Value/New Car Price**CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 245/45 R17

Rear Tyre Size:

245/45 R17

Front Left Side: Michelin 6 mm

Rear Left Side:

Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side:

Michelin 6 mm

*The above values represent the remaining tyre treads depth*

<b>COST OF CLAIMS</b>	<b>Repairer's</b>	<b>Adjuster's</b>	<b>Difference</b>	<b>Diff %</b>
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

INSPECTION

Date of Assignment: 27/08/2018

Date Inspected: 27/08/2018 Inspected At:

Green Star Spray Painting Garage (Bedok)  
Blk3011 Bedok North Ave4, #01-  
2004/2006 Bedok Ind. Park E  
Singapore 489977

Estimated Period of Repair: 0.0 days

**Adjuster:** XING GUO QIANG**Manager:** Ho Zhao Tian*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

- 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.



## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 29 Aug 2018)
<b>Parts:</b> 143	AUDI A6 2.0 TFSI (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SJV4419R)
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
<b>Further Info:</b> Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >