

22/03/2002

ASS. REC. BY:

REF:

CS / ASM18015651/B24622

Special Instruction:



Survivor:

Smart claim

McLim

ASSIGNMENT (Office)

From (Person):

Cynthia Loh

of

ASM

Date/Time:

28/03/018 10.52am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJA 2718B

Insured:

SLB 8766T

at Workshop m/s

Teamwork

Tel:

68244 2475.

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

S8YMOOTFK

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26082018

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement:

Date/Time:

28/03/018 11:08am

Person Contacted:

Vivi

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJA 2718B - NA / IN (180156513/24

DUA: 26082018

SLB 8766T - X

406127

330976

29/3/18

JL mentored

Smart claim?

Surveyor

ASSIGNMENT

From: Date: 38082018

Estimated Cost:

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

To Inspect Vehicle No: SJA 2718B

at Workshop m/s

Teamwork

of

53 ubi Ave 1 #01-24

Insured:

Policy No.

Claims No.

Sum Insured:

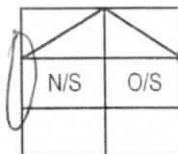
Excess:

(Client's Record)

Make of Veh: Toyota

(Policy Condition)

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



Bal. or Market Value:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJA 2718B Yr Regn: 30/11/2007

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

Truck / Trailer or

Make: Toyota WISH C.C 1798

Colour: Silver A/C: Insured / Std / NI / NA

Sp.Reading: 347257 T/Radio: Insured / Std / NI / NA

Eng/No: 1ZZ2986958

C/No: ZNE 10 0386290

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: 195/65 R15

R: 195/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Read stone

Front

Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 26/8/18 D.O.I. 28/8/18 1545

Survey held at Teamwork w/s

Des. of Damages: Frt / Rear / O/S / ☒ M/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

3/9/18 Submit PRS Report

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

100

100




Service Request Details

Claim

S8M00TFK

Reference

None 

Loss Date

26 August 2018

Request Date

28 August 2018

Due Date

4 September 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 #

SJA2718B

Make

TPVD TOYOTA

Model

WISH 1.8 A

Service Address

, , ,

Primary Contact/Insured

CHIA LIANGQUAN

410C FERNVALE ROAD, #15-94, 793410, Singapore

83836957

DESMONDCHIA83@GMAIL.COM

Claim Handler

LOH Cynthia

6568804843

cynthia.loh@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	27/08/2018 15:11
Date Of Accident	26/08/2018 15:50
Exact Location Of Accident	TELOK BLANGAH CRES CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA2718B
Insured/Policyholder	
Name Of Registered Owner	HO2 PTE LTD
Co Reg No	201623774E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	YES
Policy Number	5100572973
Cover Note Number	

Driver

Name of Driver	OON HOCK CHYE
NRIC No	S1611454E
Date Of Birth	01/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96163625
Fax Number	
Contact Number	OFFICE-96163625
Email Address	NOEMAIL

Address BLK 109 GANGSA ROAD
 #02-145
 Postcode 670109
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? YES
 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) 4
 Passenger 1
 NAME: : HAN SEE KAN
 GENDER: : FEMALE
 Passenger 2
 NAME: : OON PENG SIONG
 GENDER: : MALE
 Passenger 3
 NAME: : OON SU CHING
 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? YES
 Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB8766T
 Vehicle Make/Model/Colour HONDA VEZEL
 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 INJURED PERSON 1

Name OON HOCK CHYE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJA2718B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HAN SEE KAN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJA2718B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name OON PENG SIONG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJA2718B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name OON SU CHING

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJA2718B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Information provided must be as truthful and accurate as possible, but useful misrepresentation or withholding of material facts may allow insurance companies to conclude policy lapsed.

2017 RELEASE UNDER E.O. 14176

participants all acknowledged, agreed and consented that:

My insurer, my employer 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) proceeding, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

16. Representing the account and/or my claims;

I will not violate it and/or dealing with my instructions or responding to any enquiries by me.

I understand that 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 insurer's 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

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.

(c) the information so collected under (b) above may be shared / disclosed

(9) 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 _____

Maurice

NR C/FIN No.:

Accident Sketch Plan

[illegible]

DECLARATION

I/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:
HSC/FIN No.:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3774E
Vehicle Details	
Vehicle No.:	SJA2718B
Vehicle to be Exported:	No
Intended De-registration Date:	28 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Grey
Manufacturing Year:	2007
Engine No.:	1ZZ2986958
Chassis No.:	ZNE100386290
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$15,024.00
Original Registration Date:	30 Nov 2007
First Registration Date:	30 Nov 2007
Transfer Count:	1
Actual ARF Paid:	\$16,527.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$25,084.00
COE Rebate Amount:	\$21,335.00
Total Rebate Amount:	\$21,335.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 28 Aug 2018

OK