

22/03/2002

ASS. REC. BY:

REF:

CS3/ASM18015862/G240321

Special Instruction:

Surveyor:

Smart claim

From (Person):

Gino Orangi  
Lynthia

ASSIGNMENT (Office)

of ASM

Date/Time:

30/8/18 @ 10:50am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 230K

Insured:

SFW 1141C

at Workshop m/s

Teamwork Garage

Tel:

6844 2475

of

Blk 53 Ubi Ave 1 #01-24

Policy No:

Claim No:

S8M00700

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28/08/2018

CA / REV / REP. / REV 24 HRS 1wp

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Darren

Vehicle IN/OUT

Date/Time	Action/Instruction (x) Estimate
	867551
	Dismantle part : 04/09/2018

(08/11/13) wof  
ASS. REC. BY:

REF: AXA

0297A

ASSIGNMENT

From: Date: 31/9/18

Estimated Cost:

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

To Inspect Vehicle No: SL5230K

at Workshop m/s

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:

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: SL5230K Yr Regn: 08 Jun 2010

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

Truck / Trailer or

Make: BMW 535i c.c. 2979

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

Sp. Reading: 145570 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAFR72010C264569

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: 275/358R19

R: //

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

TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A.

Survey held at

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

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

Date / Time Action / Instruction

4/9/18 Submit PMS Report

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

100

100

## Nivitha (LKK Auto)

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**From:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Sent:** Thursday, 30 August 2018 2:57 PM  
**To:** assignments  
**Subject:** RE: OUR REF : 1808-33 // YOUR REF : SFW1141C ACCIDENT INVOLVING SLS230K AND SFW1141C ON 28.08.18

Hi Nivitha,

TP smart claim.

Kindly assist.

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Teamwork Garage Pte Ltd <claims@teamworkgarage.com>  
**Sent:** Thursday, 30 August, 2018 10:50 AM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>; SG AXA Insurance SM Claims Service Team <cst@axa.com.sg>  
**Cc:** claims@teamworkgarage.com  
**Subject:** OUR REF : 1808-33 // YOUR REF : SFW1141C ACCIDENT INVOLVING SLS230K AND SFW1141C ON 28.08.18

## CAR IN THE WORKSHOP, PLEASE ARRANGE SURVEY A.S.A.P##

**WITHOUT PREJUDICE**

**OUR REF: 1808-33**  
**YOUR REF: SFW1141C**

Dear Sir/Madam,

**PRE-REPAIR INSPECTION FOR SLS230K**  
**ACCIDENT INVOLVING SLS230K AND SFW1141C ON 28.08.18**

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

**Please take note: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.**

Regards,

Vivi

Teamwork Garage Pte Ltd  
Blk 53 Ubi Avenue 1  
#01-24  
Paya Ubi Industrial Park  
Singapore 408934  
Tel: 6844 2475  
Fax:6844 2474



# 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/ASM18015862/Gz4d3

8 SHENTON WAY #24-01  
AXA TOWERS SINGAPORE 068811

Date : 30-08-2018



Code : ASM

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

Insured Veh.	SFW 1141C	Veh. Inspected	SLS 230K
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00TQQ	Excess (\$)	0.00
Assign From		Assign Date	30/08/2018

## 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	28/08/2018	Inspection Date	03/09/2018
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) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 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	29/08/2018 19:27
Date Of Accident	28/08/2018 12:05
Exact Location Of Accident	AFTER BARTLEY RD EAST FLYOVER TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS230K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH JUN DE
NRIC No	S9070297A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97874834
Alternative Phone No	OFFICE-97874834
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101026005
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH JUN DE
NRIC No	S9070297A
Date Of Birth	23/12/1990
Occupation	INDOOR
Date Of Driving Pass	01/04/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97874834
Fax Number	
Contact Number	OFFICE-97874834
Email Address	NOEMAIL

Address	BLK 4 UPPER ALJUNIED LANE #04-24
Postcode	360004
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	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)	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

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	SFW1141C
Vehicle Make/Model/Colour	
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)	

## Accident Sketch Plan

### IMPORTANT NOTES:

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 truthful and accurate as possible. Any kind of 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 or the guilt of the insured party or parties.
5. Any false report may also be referred to the Police or other agencies.
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 lodging of this report to the Insurers, you hereby consent to the archiving of this report as the evidence 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.

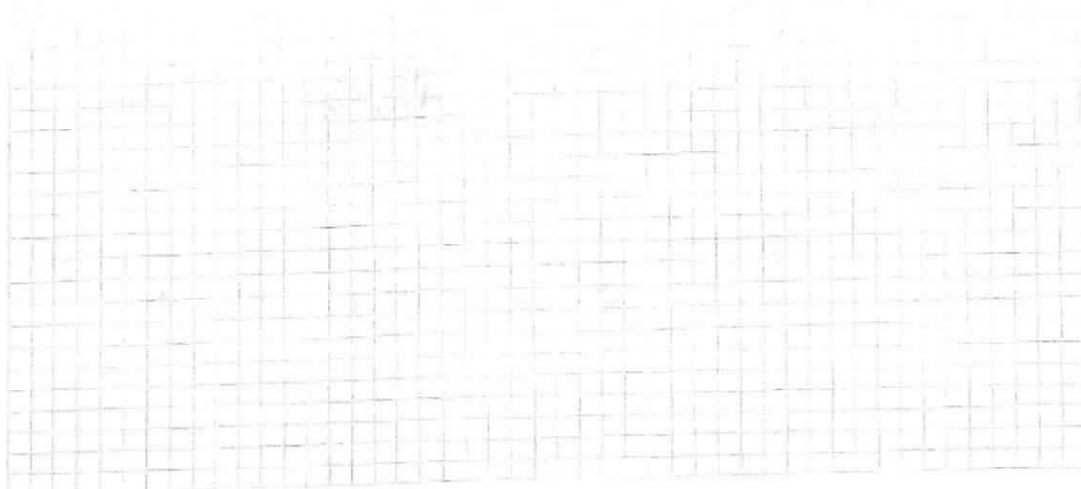
Policyholder's Signature  
Date & Time:

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

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



# Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bartley road east towards Tampines Ave 10 on the 2<sup>nd</sup> left lane. While approaching the junction, suddenly a vehicle on my left suddenly made a right turn without any warning and hit on the left portion of my vehicle.

## 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:  
NRIC/FIN No:

5/2/2016 10:00 AM/10:00 AM

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0297A
Vehicle Details	
Vehicle No.:	SLS230K
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Sep 2018
Vehicle Make:	B.M.W.
Vehicle Model:	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD
Primary Colour:	Beige
Manufacturing Year:	2010
Engine No.:	07517378N55B30A
Chassis No.:	WBAFR72010C264569
Maximum Power Output:	225.0 kW (301 bhp)
Open Market Value:	\$64,813.00
Original Registration Date:	08 Jun 2010
First Registration Date:	08 Jun 2010
Transfer Count:	5
Actual ARF Paid:	\$64,813.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jun 2020
PARF Rebate Amount:	\$35,647.00
Intended COE Rebate Details	
COE Expiry Date:	07 Jun 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$38,000.00
COE Rebate Amount:	\$6,681.00
<b>Total Rebate Amount:</b>	<b>\$42,328.00</b>

The information contained herein is correct as at 04 Sep 2018

OK