

22/03/2002

ASS. REC. BY:

REF:

CS3/^{ASM}~~AXA~~ 1801 5464/G24/B302

Action/Instruction:

✓

Surveyor:

GQ

ASSIGNMENT (Office)

From (Person):

of

AXA

Date/Time:

31/8/18 @ 2.38pm

Estimated Cost:

Bill to:

OD ^① TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLD 932Y

Insured:

SLB 627

at Workshop m/s

N-51 Automotive

Tel:

68420051

of

2 Kalei Bkt Ave 2 # 01-18

Policy No:

Claim No:

S8M00TZ5

Sum Insured:

Excess:

Make of Veh:

D.O.A.

31/08/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

2.59pm @ 31/8/18

Person Contacted:

eileen

Vehicle

① IN OUT

Date/Time	Action/Instruction (X) Estimate
	SLD 932Y-X
	SLB 627-X
31/9/18	Discontinued.

Nivitha (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Friday, 31 August 2018 2:38 PM
To: assignments
Subject: FW: SLD932Y & SLB62T - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
Attachments: 31082018105003-0001.pdf

Hi Nivitha,

Kindly assist. TP smart.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Chin Hui Xin <huixin@n51.com.sg>
Sent: Friday, 31 August, 2018 10:53 AM
To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>
Subject: SLD932Y & SLB62T - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors.

Thank you...

Regards,

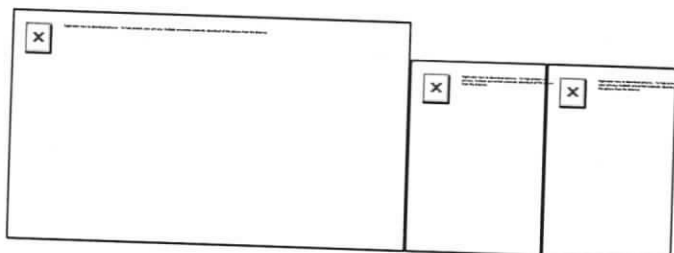
Melody Chin

TWINCAR Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

www.n51.com.sg





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/AXA18015964/Gz4d3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 31-08-2018



Code : AXA2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SLB 62T	Veh. Inspected	SLD 932Y
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	31/08/2018

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	31/08/2018	Inspection Date	31/08/2018
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		

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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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	31/08/2018 10:39
Date Of Accident	31/08/2018 09:05
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER 6 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD932Y
Insured/Policyholder	
Name Of Registered Owner	CHUA CHUAN HENG
NRIC No	S0211773H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94564945
Alternative Phone No	OFFICE-94564945

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	
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	VPA/P2120798
Cover Note Number	

Driver

Name of Driver	CHUA CHUAN HENG
NRIC No	S0211773H
Date Of Birth	20/02/1954
Occupation	INDOOR
Date Of Driving Pass	21/04/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94564945
Fax Number	
Contact Number	OFFICE-94564945
EMail Address	NOEMAIL

Address	BLK813 JURONG WEST STREET 81 #04-176
Postcode	S640183
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	CHAIN COLLISION
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?	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)	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

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI DIRECTION, I WAS ON THE EXTREME RIGHT LANE. WHILE TRAVELLING STRAIGHT AHEAD DUE TO THE HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKE TO COMPLETE STOP AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. AFTER A FEW SECONDS SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE AND THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE INFRONT. ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SLB62T) THAT COLLIDED TO THE REAR PORTION OF MY VEHICLE AND CAUSED A GREAT IMPACT THAT PUSHED ME TO HIT ONTO THE VEHICLE INFRONT.

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	SLB62T
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJL5330H

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)

DETAILS OF INJURED PERSON 1

Name

CHUA CHUAN HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.
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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.



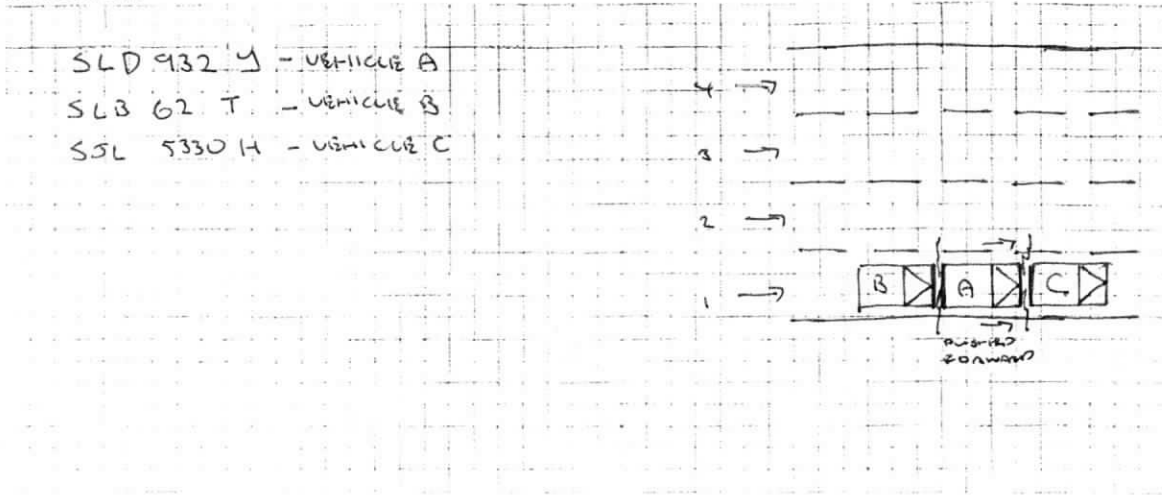
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIIE TOWARDS CHANHI DIRECTION,
I WAS ON THE EXTREME RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD DUE TO THE HEAVY TRAFFIC,
THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I
TOO APPLIED BRAKE TO COMPLETE STOP. AFTER A FEW SECONDS,
SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY
VEHICLE. AND THE IMPACT WAS SO GREAT THAT PUSHED ME
FORWARD AND HIT ONTO THE VEHICLE INFRONT.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
WITH LICENSE PLATE (SLB 62 T) THAT COLLIDED TO THE REAR
OF MY VEHICLE AND CAUSES A GREAT IMPACT THAT PUSHED
ME TO HIT ONTO THE VEHICLE INFRONT.

VEHICLE A - SLD 932 Y
VEHICLE B - SLB 62 T
VEHICLE C - SSL 5330 H

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.:

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1773H
Vehicle Details	
Vehicle No.:	SLD932Y
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 CVT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	1ZRY279135
Chassis No.:	MR053REH104549329
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,990.00
Original Registration Date:	02 Jun 2016
First Registration Date:	02 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,990.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Jun 2026
PARF Rebate Amount:	\$14,992.00
Intended COE Rebate Details	
COE Expiry Date:	01 Jun 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,020.00
COE Rebate Amount:	\$36,415.00
Total Rebate Amount:	\$51,407.00

The information contained herein is correct as at 03 Sep 2018

OK