

* 22/03/2002

ASS. REC. BY:

REF: (S3 / ASM18016769 / R1cbcz) Special Instruction:

Survivor:

ASSIGNMENT (Office)

Spinal claim

From (Person): Richard Ang of ACM Date/Time: 13092018 1.29pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: Smc 1518Y Insured: YP 9162B

at Workshop m/s Teamwork Tel: 6844 2475.

of 53 Ubi Ave 1 #01-24

Policy No: _____ Claim No: SS MOVED

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12092018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' 14092018 @ Morning H.O.D. Endorsement: _____

Date/Time: 13092018 230pm Person Contacted: Daren Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>Smc 1518Y - X</u>
	<u>YP 9162B -</u>
	<u>Dismantle: 17/9/2018</u>




Service Request Details

Claim

S8M00VE0

Reference

None 

Loss Date

September 12, 2018

Request Date

September 13, 2018

Due Date

September 20, 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 #

SMC1518Y

Make

TPVD OPEL

Model

* ZAFIRA TOURER-1.4 (A)

Service Address

...

Primary Contact/Insured

PACIFIC SHIP SUPPLIES PTE LTD

13 KAKI BUKIT ROAD 1, #02-01, 415928, Singapore

67468489

Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions

INSD GIA NOT REPORTED

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0757H
Vehicle Details	
Vehicle No.:	SMC1518Y
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Sep 2018
Vehicle Make:	OPEL
Vehicle Model:	ZAFIRA TOURER 1.4 TURBO AT
Primary Colour:	Green
Manufacturing Year:	2017
Engine No.:	B14NET19RY6260
Chassis No.:	W0VPE9EC0J1041804
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$25,660.00
Original Registration Date:	27 Jun 2018
First Registration Date:	27 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$27,924.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2028
PARF Rebate Amount:	\$20,943.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,330.00
COE Rebate Amount:	\$36,417.00
Total Rebate Amount:	\$57,360.00

The information contained herein is correct as at 24 Sep 2018

OK

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	12/09/2018 14:17
Date Of Accident	12/09/2018 07:25
Exact Location Of Accident	KPE TUNNEL TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1518Y
Insured/Policyholder	
Name Of Registered Owner	GIN LE LING (REN LILING)
NRIC No	S7530757H
Email Address	GINLELING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94577737
Alternative Phone No	OTHERS-94577737

Vehicle Particulars

Manufacturer	OPEL
Model	ZAFIRA TOURER-1.4 (A)

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	P2153372
Cover Note Number	

Driver

Name of Driver	GIN LE LING (REN LILING)
NRIC No	S7530757H
Date Of Birth	10/10/1975
Occupation	INDOOR
Date Of Driving Pass	14/10/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94577737
Fax Number	
Contact Number	OTHERS-94577737
Email Address	GINLELING@YAHOO.COM.SG

Address	BLK 500 PASIR RIS STREET 52 #13-205 SINGAPORE
Postcode	510500
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 - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 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	YP9162B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SULTAN
NRIC/Passport Number	G5241279Q
Contact Number	87994541
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GIN LE LING (REN LILING)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMC1518Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.:

1-15PM
12/19/18

PTM 61

Sketch Plan #2

SKETCH PLAN

Vehicle No
A - 5MCL518T
B - 479162B

Legend
Vehicle (triangle in box)
Bike (circle)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20180912/2024

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:

NRIC/FIN No.:

GRAB/IC Sketch Plan Form - 01

Common Statement

ACCIDENT STATEMENT (Part I)

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

Reporting Centre: Progressive Automotive Pte Ltd

1) Date of accident: <u>12/09/18</u> Time: <u>10:25</u>		2) Exact location of accident: <u>KPE tunnel towards Turs</u>		To be signed by BOTH drivers: 3) Injuries even if slight: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4) Material damage: To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5) Witness' name, address and tel. no. (to be undertaken if both A and B are passengers in vehicle A or vehicle B): 	
Vehicle A Driver Available: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Vehicle B Driver Available: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Vehicle A Passenger Available: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No.
(VEHICLE A) **SMC 1518Y**

(E) Insured (policyholder (sole insurance car))

Name **Gin Le Ling**
(capital letters)

Address **BK 500 PEARL IS STREET**
S2 #17-205 S(1510500)

MRC / Passport no. **S9536757H**

Tel no. (Poon Sam He Spin) **94577737**

17 Vehicle
 Make, type Drei Zafira
 Insurance company
AXA ☒ ☐ TPAT ☐ TPO
 Does the policy cover damage to vehicle? ☒
 No ☐ Yes ☐
 Policy No. 82153372

☒ Driver ☒ Slave or Owner
 Name _____
 (Computer Address) www.gnucoding.com
 MRJC / Passport no. _____
 Class of Service 3
 HP _____
 Gender Male ☐ Female ☒

 indicate the point of initial impact with an arrow (-o-)

12 Visible damage to vehicle A

Key results

[The following section contains several horizontal lines, likely representing redacted information or a signature area.]

12 CIRCUMSTANCES
 For a circle (X) in each of the rest, Jan
 knows applicable to your nation.

A	
Q1	Chen Collection
Q2	Collection from Myriad
Q3	Collected from Internet
Q4	Collected from Internet
Q5	Collected from Internet
Q6	Collected from Internet
Q7	Collection - Change (Green)
Q8	Collection - Green
Q9	Collection - Green
Q10	Collection - Green
Q11	Collection - Green
Q12	Collection - Green
Q13	Collection - Green
Q14	Collection - Green
Q15	Collection - Green
Q16	Collection - Green
Q17	Collection - Green
Q18	Collection - Green
Q19	Collection - Green
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Q90	Collection - Green
Q91	Collection - Green
Q92	Collection - Green
Q93	Collection - Green
Q94	Collection - Green
Q95	Collection - Green
Q96	Collection - Green
Q97	Collection - Green
Q98	Collection - Green
Q99	Collection - Green
Q100	Collection - Green

State TOTAL number of bones marked with a cross

Sketch of accident when impact occurred

REFER TO ATTACHED

Registration No. (VEHICLE B) YP9162B
Insured/policyholder (see insurance cert.)
Name: Susan
(capital letters)
Address:
HRC / Passport no. G5241279R
Tel no. (from item 6) 827994341

100 ☒ Vehicle
 110 Make, type _____
 120 ☒ Insurance company
 130 ☐ C ☐ TFFI ☐ TPO
 140 Does the policy cover damage to vehicle?
 150 No ☐ Yes ☐
 160 Policy No. (if available) _____

100 ☐ Driver (See driving licence)
 110 (If different from above, see above)
 120 Name
 130 (capital letters)
 140 MRDC / Passport no.
 150 City of licence
 160 IP
 Gender: ☐ Male ☐ Female

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

11/ Visible damage to vehicle B

[14] My character

¹⁰ In the event of injuries or in the event of damage to property other than to vehicles A and B, time information provided.

Do not alter anything in the statement after signing.
Subsequently, each share should take the form

For Insured's Individual Statement
(Part II) see overlap 2-8

Individual Statement

Reporting Centre Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or assigned workshop (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (if more than one, state all)				
	2. Vehicle registration no. <u>SMC1518Y</u>		3. Email: <u>CC</u>		
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4. If commercial vehicle, state permissible carrying capacity		
	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		5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Of which vehicle are you the owner?	7. Date of birth: <u>10/10/1975</u>				
	8. Occupation: <u>Indoor / Outdoor</u>				
	9. Date of license pass: <u>14/10/1997</u>				
	10. Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Driver or person in charge of vehicle at the time of accident (including insured)	11. Give details of any pre-existing impairment of sight or hearing and of any other disability				
	12. Full details of all driving convictions including pending prosecutions in the last 36 months				
	13. Name(s), address(es) and approximate age(s)				
	14. Injuries sustained				
Injured persons	15. If vehicle occupant, state in which vehicle				
	16. Were seat belts being worn?				
	17. Was injured conveyed to hospital by ambulance?				
	18. Name(s) and address(es) of owner(s)				
Damage to property & vehicles (other than vehicles A and B)	19. Vehicle registration no. or details of property				
	20. Nature of damage				
	21. Insurer's name and address (if known)				
	22. Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Police action	23. If yes, please state which Police station: <u>Legend N.P.C.</u>				
	24. Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	25. If yes, against whom?				
	26. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others				
Accident details	27. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry				
	28. Speed of vehicles: <u>A</u> <u>km/hr</u> <u>B</u> <u>km/hr</u>				
	29. What warnings were given by driver or other party?				
	30. Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	31. What lights were displayed on your vehicle/the other vehicle(s)?				
	32. If your vehicle is commercial, state weight of load carried at time of accident				
	33. State how accident happened, width of roads, speed limits, etc (Refer to attached)				
	34. State number of Passengers (including Driver): <u>1</u>				
	35. Declaration				
	36. I/We declare the foregoing particulars are true in every respect				
37. Policyholder's signature: <u>[Signature]</u> Date: _____					
38. Driver's signature (if driver is not the policyholder): _____ Date: _____					



**SINGAPORE
POLICE FORCE**



T/20180912/2024

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180912/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2018 09:07		Vide Report No.:		Station Diary No.: 26
Informant's Particulars				
Name of Informant: GIN LE LING		Address: APT BLK 500 PASIR RIS STREET 52 #13-205 SINGAPORE 510500		
ID Type / ID No.: NRIC NO / S7530757H		Contact No.: Home/Office: Mobile: 94577737		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 42	Date of Birth: 10/10/1975	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TAX OFFICER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2018 07:25	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMC1518Y	Car	OPEL	ZAFIRA TOURER 1.4 TURBO AT	Green	Seriously Damaged	0
YP9162B	Lorry	MITSUBISHI		White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180912/2024

2 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180912/2024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC1518Y	AXA INSURANCE SINGAPORE PTE LTD	P2153372	27/06/2018	26/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GIN LE LING		ID No.	S7530757H
Related Vehicle	SMC1518Y (Car)		Contact No.	94577737
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	SULTAN		ID No.	G5241279Q
Related Vehicle	YP9162B (Lorry)		Contact No.	87994541
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 12/9/2018 at around 7.25am, I was driving my vehicle (SMC1518Y, green, Opel) along KPE towards Kallang. The vehicle in front of me braked suddenly, hence I had to brake as well. As a result, the vehicle behind me (YP9162B, white, Mitsubishi) was unable to react in time and banged onto the rear of my vehicle. This caused the whole rear windscreen to shatter and the rear of my vehicle to be seriously dented. I estimate the damages to be worth around SGD\$10000.

This accident was attended to by the traffic police and no one was injured at that point of time. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180912/2024

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20180912/2024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHONG YUN CHANG <i>W/SGT 21st En</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No: 93265045
Authentication Stamp NP168 <i>[Signature]</i> SIGNATURE

Signature Of Informant: <i>[Signature]</i>
Date/Time: 12/09/2018 09:07
Classification Of Case:



**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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM18016769/R1cbe2		
8 SHENTON WAY #24-01		Date: 08-10-2018		
AXA TOWERSINGAPORE 068811				
ATTN : RICHARD ANG		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	YP 9162B	Veh. Inspected	SMC 1518Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M00VE0	Excess (\$)	0.00	
Assign From	RICHARD ANG	Assign Date	13/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	OPEL ZAFIRA 1.4	c.c	1364	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	W0VPE9EC0J1041804	Colour	BLACK	
Odometer	3953 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm	
L/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm	
R/H Rear Tyre	225/50 R17	BRIDGESTONE	6 mm	
L/H Rear Tyre	225/50 R17	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	12/09/2018	Inspect Date / Time	14/09/2018 (11:33 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/ASM18016769/R1cbe2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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