

22/03/2002

ASS. REC. BY:

REF:

C33 / ASM18016967 / Adbaz

Special Instruction:

Survivor:

Adrian

ASSIGNMENT (Office)

From (Person):

Jas Tan

of

ASM

Date/Time:

18092018 1055am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLB 3888H

Insured:

PC 3523H

at Workshop m/s

MGT Solution

Tel:

6744 4165

of

23 Kuki Bukit Ave 4 #02-18B

Policy No:

Claim No:

S8M00VQ1

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15092018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 18092018 11:18am

Person Contacted:

Hung

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

'Virtual Case'

SLB 3888H - X

PC 3523H - X

Dismantle: 18/9/2018

After repair: 20/9/2018

Surveyor

From: _____ Date: _____

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


100

Service Request Details

Claim

S8M00VQ1

Reference

None 

Loss Date

September 15, 2018

Request Date

September 18, 2018

Due Date

September 25, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

18092018 @ 11:18am
Hong van in
Adrian

Actions

Next Step

Agree to perform service

Decline WorkAccept Work

Vehicle Information

Incident Vehicle Registration #

SLB3888H

Make

TPVD HONDA

Model

VEZEL

Service Address

, , ,

Primary Contact/Insured

STARISLAND TRAVEL PTE. LTD.

60 PAYA LEBAR ROAD #13-37, PAYA LEBAR SQUARE, 409051, Singapore

63380083

GRACE@VIRTUALINVEST.BIZ

Claim Handler

TAN Jas

6568804844

jas.tan@axa.com.sg

Additional Instructions

MG SOLUTION VIRTUAL ACC PRI only please do not finalise repair.

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE



SENT

9/18/18 10:56 AM

FROM

TAN Jas

SUBJECT

NR

BODY

insured driver has not report the accident. we wil...



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1558D
Vehicle Details	
Vehicle No.:	SLB3888H
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Sep 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	L15B4030277
Chassis No.:	RU11110284
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,780.00
Original Registration Date:	12 May 2016
First Registration Date:	12 May 2016
Transfer Count:	0
Actual ARF Paid:	\$9,780.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 May 2026
PARF Rebate Amount:	\$7,335.00
Intended COE Rebate Details	
COE Expiry Date:	11 May 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,889.00
COE Rebate Amount:	\$36,537.00
Total Rebate Amount:	\$43,872.00

The information contained herein is correct as at 24 Sep 2018

OK

MSME18120198 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 17/09/2018 11:36
SUBMITTED BY: Ang Guo Bao

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	17/09/2018 11:36
Date Of Accident	15/09/2018 12:15
Exact Location Of Accident	OUT PREMISES OF NO120 CANTONMENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3888H
Insured/Policyholder	
Name Of Registered Owner	LIAN JUN SHI
NRIC No	S8411558D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94265077
Alternative Phone No	OFFICE-94265077

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0006339
Cover Note Number	

Driver

Name of Driver	LIAN JUN SHI
NRIC No	S8411558D
Date Of Birth	18/04/1984
Occupation	INDOOR
Date Of Driving Pass	21/04/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94265077
Fax Number	
Contact Number	OFFICE-94265077
Email Address	NOEMAIL

Address 890B TAMPINES AVE 1
#03-323
Postcode S522890
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
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

ON 15/09/2018 AT ABOUT 1215 HRS AT OUTSIDE PREMISES OF MARITIME MEDICAL CENTRE NO120 CANTONMENT ROAD S089760. MY VEHICLE WAS STATIONARY PARK ALONG THE ABOVE MENTIONED PREMISES AND EVERYTHING WAS INTACT. WHEN I RETURNED BACK TO MY VEHICLE, I REALISED THAT MY FRONT PORTION OF MY VEHICLE A WAS DAMAGED. I CHECKED MY CCTV FOOTAGE AND FOUND OUT THAT IT WAS VEHICLE B WHO HIT ONTO MY FRONT PORTION OF MY VEHICLE A WHILE REVERSING OUT FROM THE PARKING LOT INFRONT OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I WILL REPORT THIS INCIDENT TO POLICE FOR HIT AND RUN CASE.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

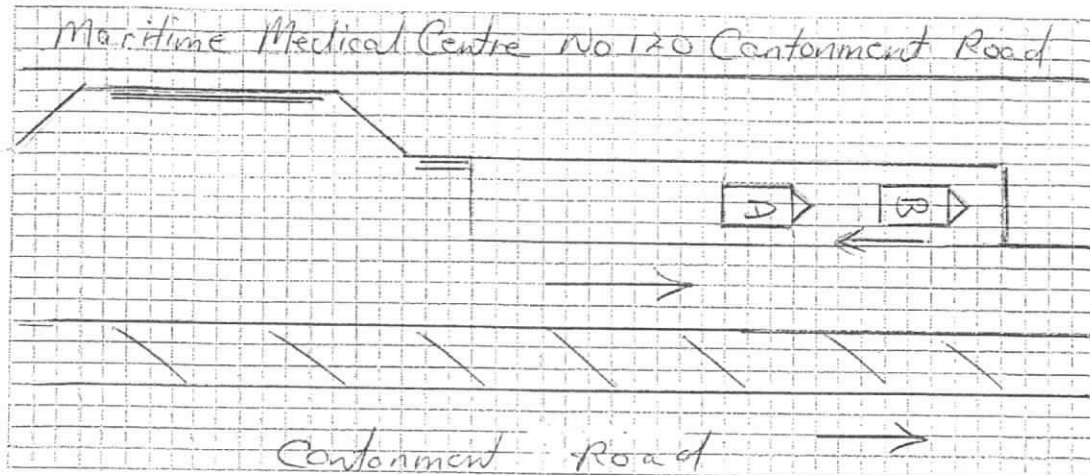
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC3523H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/09/2018 at about 1215 hrs at Outside Premises of Maritime Medical Centre No 120 Contonment Road S(089760). My Vehicle was stationary Park along the above mentioned premises and everything was intact. When I returned back to my vehicle, I realised that my front Portion of my Vehicle (A) was damaged. I checked my CCTV footage and found out that it was Vehicle (B) who hit onto my Front Portion of my Vehicle (A) while reversing out from the parking lot in front of my Vehicle (A) causing damages to my vehicle. I will report this incident to Police for Hit & Run Case.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:

17/9/18 11 AM
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Printed Name/Name of UP