

22/03/2002

ASS. REC. BY:

REF: CS3 / ASM18017024 / G dbr Special Instruction:

Survivor:

ASSIGNMENT (Office)From (Person): smart claim Cynthia Loh of ASM Date/Time: 18/09/2018 4.06pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLS 9720D Insured: SFB 5166Rat Workshop m/s Twincar Automotive Tel: 68420051of 2 Kaki Bukit Ave 2 #01-17Policy No: _____ Claim No: SSM00VOR

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/09/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS

17-09-2018

H.O.D. Endorsement: _____

Date/Time: 18/09/2018 4:17pm Person Contacted: Elynn Vehicle IN / OUT

Date/Time	Action/Instruction (<u>X</u>) Estimate
	<u>SLS 9720D - X</u>
	<u>SFB 5166R - X</u>




Service Request Details

Claim

S8M00VOR

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

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLS9720D

Make

TPVD HONDA

Model

CRZ

Service Address

, , ,

Primary Contact/Insured

YEOW KIM HOO

2A KOVAN ROAD, 548009, Singapore

96607969

GOLDENCONSTRUCTIONPL@GMAIL.COM

Claim Handler

LOH Cynthia

6568804843

cynthia.loh@axa.com.sg

Additional Instructions

[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:	9618H
Vehicle Details	
Vehicle No.:	SLS9720D
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Sep 2018
Vehicle Make:	HONDA
Vehicle Model:	CR-Z 1.5L CVT
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	LEA12006137
Chassis No.:	JHMZF1420CS202396
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$28,658.00
Original Registration Date:	19 Sep 2012
First Registration Date:	19 Sep 2012
Transfer Count:	2
Actual ARF Paid:	\$17,195.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Sep 2022
PARF Rebate Amount:	\$11,176.00
Intended COE Rebate Details	
COE Expiry Date:	18 Sep 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$68,000.00
COE Rebate Amount:	\$27,174.00
Total Rebate Amount:	\$38,350.00

The information contained herein is correct as at 20 Sep 2018

OK

MSME18120670 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 17/09/2018 17:23
SUBMITTED BY: Chia Pei Ying

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 17:23
Date Of Accident	15/09/2018 22:30
Exact Location Of Accident	JALAN LINGKARAN DALAM (PETRONAS JALAN BUKIT CHAGAR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9720D
Insured/Policyholder	
Name Of Registered Owner	TAY CHIT LUR
NRIC No	S1599618H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96756510
Alternative Phone No	OFFICE-96756510

Vehicle Particulars

Manufacturer	HONDA
Model	CRZ
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01003611
Cover Note Number	

Driver

Name of Driver	SIM SIANG BOON REUEL
NRIC No	S9308181A
Date Of Birth	09/03/1993
Occupation	INDOOR
Date Of Driving Pass	17/03/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98251098
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	70 SENGKANG SQUARE #01-46
Postcode	544705
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : UNKNOWN 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

I WAS STATIONARY STOP AND QUEUING UP FOR THE NEXT AVAILABLE PUMP STATION AT PETRONAS (JALAN BUKIT CHAGAR). WHILE I WAS WAITING, SUDDENLY A VEHICLE CAME OUT FROM THE PETROL STATION, INSTEAD OF TURNING OUT FROM THE PETROL STATION, HE MADE A RIGHT TURN AND HIT ONTO THE RIGHT REAR PORTION OF MY VEHICLE. AS THERE WAS VEHICLE IN FRONT OF ME, I COULDN'T SHIFT MY VEHICLE TO AVOID THE COLLISION. AND THE SUDDEN TURN BY VEHICLE (SFB5166R) TO MY DIRECTION WAS TOO SUDDEN, I ALSO COULDN'T REACT IN TIME. I ALIGHTED FROM MY VEHICLE AND REALISED IT WAS A VEHICLE WITH LICENCE PLATE (SFB5166R) THAT COLLIDED ONTO MY VEHICLE WHEN HE MADE A RIGHT TURN GOING AGAINST THE FLOW AND HIT ONTO THE RIGHT REAR OF MY VEHICLE.

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	SFB5166R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

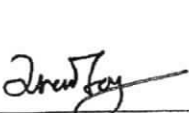
Sketch Plan Pg. 1


SKETCH PLAN**IMPORTANT NOTICE**

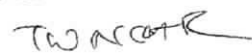
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

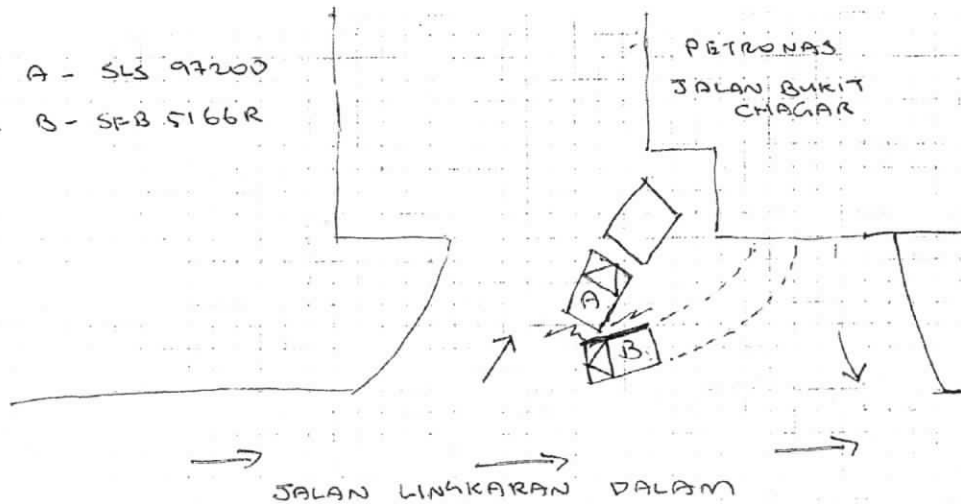

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

Sketch Plan #2 Pg. 1

SKETCH PLAN

VEHICLE A - SLS 97200
 VEHICLE B - SFB 5166R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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AS THERE WAS VEHICLE IN FRONT OF ME, I COULDN'T SHIFT MY VEHICLE TO AVOID THE COLLISION, AND THE SUDDEN TURNED BY THE VEHICLE (SFB 5166R) TO MY DIRECTION, WAS TOO SUDDEN THAT I ALSO COULDN'T REACT ON TIME.

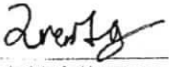
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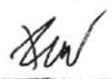
VEHICLE A - SLS 97200

VEHICLE B - SFB 5166R

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.: