

15/02/00

INS. CASE OWNER:

Slaney

CC

AXA1801

7746

VJB32

LKK:

IDAC:

72624

Surveyor:

Marrins

DOI:

ASSIGNMENT

1/10/18

Date / Time:

1/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFC 2726B

Name of Insured:

SWAPNA

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

26/10/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8M0VXY1 72624

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VL: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

S7267777

INSRS:
WSP:
Tel:
Liability:
RMKS:Lup
makerINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

1/10/18

S7267777-X

SFC2726B-X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

20.11.18

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

17-10-18

450PM OI DISPUTE BOTH
LIABILITY & COR
DESPITE EXPLANATION

9-1-19

MANDATE FROM RC/AXA
TO REJECT SINCE OI
DISPUTED LIABILITY & COR.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

NIL

Repair Cost:

SS

Loss of Rental (LOR):

SS

(days)

Loss of Use (LOU):

SS

(S x days)

Loss of Income (LOI):

SS

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT

GREEN LIGHT IN
TP'S FAVOUR.

1/4 350

(08/11/13) wef

ASS. REC. BY: Marius

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 5JZ6733Z

at Workshop m/s Hyundai

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: 24

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: ✓ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 5JZ6733Z Yr Regn: 1210

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

Truck / Trailer or CA

Make: Toyota Vios c.c. 1497

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

Sp. Reading: 173492 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053HY9325172767

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/55R15

R: _____

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

TOYO / YOKO or

Front 6 Rear 6

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 26/9/18 D.O.I. 1/10/18

Survey held at _____

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

N/S Rf.

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

Date / Time Action / Instruction

1/10/18 conf. with final by \$800 with David.
have video at folder

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: (\$ _____)



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 : CC4/ASM18017746/Ujb3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 01-10-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKC 2736B	Veh. Inspected	SJZ 6733Z
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/10/2018

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

--

5. General Information

Accident Date	26/09/2018	Inspection Date	
Survey held at	HUP MOTOR TRADING & SERVICE BLK 9004 TAMPINES ST 93 #01-120 SINGAPORE 528838		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

哈 汽 車 貿 易 服 務

HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 2924/09/18

Your Ref:

Date: 28th Sep 2018

MR SOO MENG HAN
61, Kaki Bukit Avenue 1,
#04-23, Shun Li Industrial Park,
Singapore 417943

Estimate cost of repair to TOYOTA VIOS 1.5 (A) Saloon - SJ4 6733 Z

1 pc front bumper		2 \$	407.20 X
8 pcs front bumper top clips	€ \$ 3.60	AA	28.80 X
8 pcs front bumper lower clips	€ \$ 3.80	AA	30.40 X
1 pc front bumper n/s side retainer		11	54.80 X
1 pc front bumper n/s top bracket		11	112.60 X
1 pc front bumper logo emblem		11	47.60 X
1 pc n/s head lamp assy		11	525.30 X
1 pc n/s head lamp bracket		11	18.50 X
1 pc front n/s fender		11	530.10 X
1 pc front n/s fender emblem		11	38.40 X
1 pc front n/s fender inner shield		11	148.90 X
8 pcs front n/s fender inner shield clips	€ \$ 3.80	11	30.40 X
1 pc front n/s sport rim		11	580.00 X
1 pc front n/s shock absorber shaft		11	352.50 X
1 pc front n/s lower arm		11	792.30 X

\$ 3,697.80

Less 25% \$ 924.45

\$ 2,773.35

To wiring check up & adjust headlight alignment.

40.00 20

To check & adjust front wheel alignment & balancing.

120.00 80

To remove & refix front n/s shock absorber shaft, lower arm, wheel bearing hub & necessary parts.

11 200.00 X

To Tuff-Kote on all affected accident parts.

11 60.00 X

Labour charge to remove & cut out damaged parts, to jack, straighten & knocking out necessary parts, to weld, renew & align above parts.

600.00 250

To putty & respray painting on all affected accident parts.

850.00 450

\$ 4,643.35

Dollars : Four Thousand Six Hundred Forty Three And Cents Thirty Five Only

HUP MOTOR TRADING & SERVICE

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

哈 汽 車 貿 易 服 務

HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 2924/09/18

Your Ref:

Date: 28th Sep 2018

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1 pc front bumper logo emblem		11	47.60	X
1 pc n/s head lamp assy		11	525.30	X
1 pc n/s head lamp bracket		11	18.50	X
1 pc front n/s fender		2	530.10	X
1 pc front n/s fender emblem		11	38.40	X
1 pc front n/s fender inner shield		11	148.90	X
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Less 25% \$ 924.45

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40.00

To check & adjust front wheel alignment & balancing.

120.00

To remove & refix front n/s shock absorber shaft, lower arm, wheel bearing hub & necessary parts.

200.00

To Tuff-Kote on all affected accident parts.

60.00

Labour charge to remove & cut out damaged parts, to jack, straighten & knocking out necessary parts, to weld, renew & align above parts.

600.00

To putty & respray painting on all affected accident parts.

850.00

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- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Reparer

Signature:


Date:

Service Request Details

Claim

S8M00XEY

Reference

None 

Loss Date

September 26, 2018

Request Date

October 1, 2018

Due Date

October 8, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

01.10.2018 @ 1059am
David veh. not in

Actions

Next Step

Agree to perform service

Vehicle Information

Incident Vehicle Registration #

SJZ6733Z

Make

TPVD

Model

Service Address

...

Primary Contact/Insured

SWAPNA

BLK 596D ANG MO KIO STREET 52, #02-305, 564596, Singapore

UNIQ304@SINGNET.COM.SG

Claim Handler

NG Stacey

6568804351

stacey.ng@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

01 Oct 2018

**SWAPNA
BLK 596D ANG MO KIO STREET 52, #02-305,
Singapore 564596**

Dear Sir,

**OUR REF : CC4/ASM18017746/Ujb3
YOUR REF : SKC 2736B**

**ACCIDENT INVOLVING SKC 2736B & SJZ 6733Z ALONG JUNCTION OF
WOODLANDS ROAD TOWARDS JOHOR ON 26/09/2018**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to Joylrene@lkkauto.com or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/ commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact us at 6841 2409 if you have any further enquiries.

Yours sincerely,
Claim department

This is a computer generated letter and no signature is required.

CC: AXA INSURANCE PTE LTD

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108

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

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Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Tuesday, 16 October 2018 3:31 PM
To: uniq304@singnet.com.sg
Cc: Admin A
Subject: 1ST REMINDER. NON-REPORTING- SKC 2736B ON 26/09/2018
Attachments: Non reporting letter -SKC2376B.pdf

SWAPNA

BLK 596D ANG MO KIO STREET 52
#02-305
564596, Singapore

Dear Sir,

Your Ref : SKC 2736B
Our Ref : S8M00XEY

ACCIDENT INVOLVING SKC 2736B A & SJZ 6733Z ON 07/02/2018

We refer to our letters of 01 October 2018 requesting for your reporting of the above accident.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 05 days, i.e by noon of 20 October 2018.**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please take note that we shall inform the **Traffic Police** of the non-reporting if we do not hear from you then.

Furthermore, the owner of vehicle **SJZ 6733Z** has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by **20 October 2018**, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

If you need any clarification, please do not hesitate to contact the undersigned.

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 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. 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	18/10/2018 16:13
Date Of Accident	26/09/2018 15:00
Exact Location Of Accident	JUNCTION OF WOODLANDS RD TO JOHOR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKC2736B
Insured/Policyholder	
Name Of Registered Owner	SWAPNA
NRIC No	S7971627H
Email Address	RECRUITDIVA@LIVE.COM
Mobile Phone No	(LOCAL) +65-92710100
Alternative Phone No	OTHERS-92710100
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250-1.8 BLUE EFFICENCY (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA084080/1
Cover Note Number	04/01/2018 - 03/01/2019
Driver	
Name of Driver	SWAPNA
NRIC No	S7971627H
Date Of Birth	08/01/1979
Occupation	INDOOR
Date Of Driving Pass	07/06/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92710100
Fax Number	
Contact Number	OTHERS-92710100
Email Address	RECRUITDIVA@LIVE.COM

Address	BLK 596D ANG MO KIO ST 52 #02-305
Postcode	564596
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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: : HEMANTH GENDER: : MALE

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 THE SKETCH PLAN BY DRIVER

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	SJZ6733Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOO MENG HAN
NRIC/Passport Number	F7034449K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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:

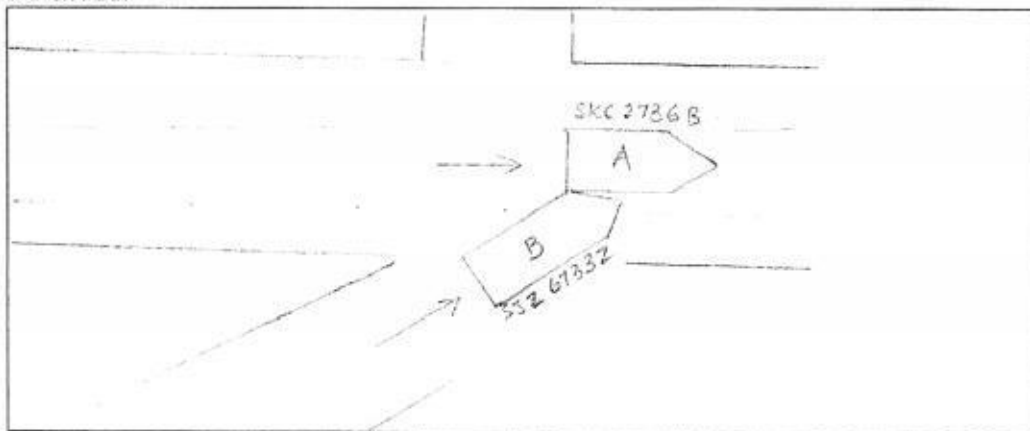


Reporting Centre Personnel's Signature
Name: ☒ Y
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 26/09/18 Time: 15:00 Location: Junction of Wajid Rd with Johor.
 My Vehicle A: SKC 2736B Vehicle B: SJ267332 Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26th of Sept 2018 I was driving to JB in my car SKC2736B. As I passed the straight road a Malaysian driver driving a Singapore car SJ267332 drove in & hit the right back of my car. He just got his license on the 2nd March 2018 & was not displaying his 'P' Plate license on his car. Moreover he was using his phone while driving. His license number is #70344991. His name is Soo Meng Han. After the accident happened we assessed the damages & agreed to settle it by ourselves since it's just minor scratches. But the next day his insurance agent called me & harassed me & spoke to me in a threatening manner. I called the driver immediately & he apologised & said no issues & he will close this case but again in the evening the driver started texting me & harassing me to pay \$250 which I refused to give. Now he is claiming \$4000 from my insurance which I am not willing to approve.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: recruitment@live.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

哈 汽 車 貿 易 服 務

HUP MOTOR TRADING & SERVICE

Email : hupmotor@gmail.com

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 WEB SITE: <http://hupmotor.com.sg> Reg. No. 378091/00W

Our Ref: TP 2924/09/18

Your Ref:

Date: 10th NOV 2018

The Claim's Manager
Motor Claims Dept.
AXA INSURANCE SINGAPORE PTE. LTD.
8, Shenton Way, #27-01, AXA Tower,
Singapore 068811

Dear Sirs,

RE : ACCIDENT ON 26/09/18 ALONG JUNCTION OF WOODLANDS RD INTO JOHOR
INVOLVING : SJZ 6733 Z & YOUR INSURED : SKC 2736 B

We act for Mr Soo Meng Han., (F7034449K)
Who is the registered owner of Veh. No : SJZ 6733 Z Which was involved
in the above accident with Veh. No : SKC 2736 B Which we understand
is insured with you.

Your appointed surveyor had surveyed our client's damaged vehicle and
we had repaired the vehicle.

The accident was clearly caused by your insured's negligence, I am,
therefore, seeking compensation from you for my financial losses as
itemised below : -

Cost of repair	\$ 800.00
Car rental for 3 days (1 day X \$ 100.00)	300.00
LTA Search Fee & GIA-RMC Search Fee	2.00
Survey Fee	0.00

\$ 1,102.00

=====

We have enclosed copies of relevant documents to support my client's
claim, There was no receipt enclosed, as my client's did not pay us
any single amount.

Your prompt settlement of our claim would be much appreciated.

Yours faithfully,

HUP MOTOR TRADING & SERVICE

Mr David Ang B. Y.

Encl : Final Bill, Car Rental Bill, LTA Search Fee, Owner Authorisation
Letter, GIA Report, Survey Report & Ins. Cert.

Remark : Kindly acknowledge receipt.

TO : AXA INSURANCE SINGAPORE PTE. LTD.


AUTHORIZATION TO ACT

I, SOO MENG HAN (F7034449K) ("the third party claimant")
of 61, Kaki Bukit Ave 1, #04-23, S (417943) (address),
owner of SJZ 6733 Z (vehicle no.) hereby authorize
Hup Motor Trading & Service,
("The workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
Vehicle No. SJZ 6733 Z that was damaged pursuant to the
accident which occurred on 26/09/18 (date) along Junction Of
Woodlands Rd Towards Johor (location)
involving Vehicle No/s SKC 2736 B
("The accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 7th day of November (month) 20 18 (year)


Mr Soo Meng Han (F7034449K)
Signed by "the third party claimant"

HUP MOTOR TRADING & SERVICE


Signed by "the workshop"

哈 汽 車 貿 易 服 務

HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 2924/09/18

Your Ref:

Date: 10th NOV 2018

MR SOO MENG HAN
61, Kaki Bukit Ave 1,
#04-23, Shun Li Ind. Park,
Singapore 417943

Cost of repair to TOYOTA VIOS 1.5 (A) Saloon - SJZ 6733 Z

Labour charge to remove & cut out damaged parts, to jack,
straighten & knocking out front n/s fender & necessary parts,
to weld, renew & align necessary parts, including wiring check
up, front wheel alignment & balancing.

To putty & respray painting on all affected accident parts.

Total repair under part by part : \$ 800.00

=====

Dollars : Eight Hundred Only.

HUP MOTOR TRADING & SERVICE

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專營達善必甲出租
汽車修理
汽車保險賠償服務
嘉實多授權服務中心

國家汽車服務

NATIONAL AUTOMOBILE SERVICE

Block 5033, Ang Mo Kio Industrial Park 2, #01-279
(off Ang Mo Kio Avenue 3) Singapore 569536
TEL: 6482 5577 (3 Lines) FAX: 6482 5000
TOWING SERVICE: 6858 4067 (After 10.30pm)
Reg. No: 062389/00M



TRUCK RENTAL
MOTOR REPAIR
INSURANCE CLAIMS
AGENCY
AUTHORISED CASTROL
SERVICE CENTRE

車輛出租合同 VEHICLE RENTAL AGREEMENT

Date: 7th NOV 2018

Owner: NATIONAL AUTOMOBILE SERVICE ("the owner")

Hirer: MR SOO MENG HAN (Owner of SJZ 6733 Z)

Address: 61, Kaki Bukit Ave 1, #04-23, Shun Li Industrial Park, S (417943)

NRIC / Co. Reg. No: F7034449K

Tel: Fax: H/P: 94231079

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: SLK 5130 A TOYOTA ALTIS 1.6 (A) Saloon		Agreement No.: 56620-G	
Driver's Particulars		Odometer: 22617 (Full Tank Fuel)	
Name: MR SOO MENG HAN		Date & Time Out: 07/11/18 (09:30hrs)	
Address: AS ABOVE		Date & Time In: 10/11/18 (09:15hrs)	
I/C No: F7034449K	Dr/Licence No: S7034449K	Hour @\$	
Date of Issue: 18/03/18 YOD : 13/03/96	Occupation: Sales	3 Days @\$ 100-00	\$ 300-00
Date of Birth: 03/01/72	Tools: One Set Spare Tyre: One	Wks @\$	
		Mths @\$	

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 3,500/- comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$ 3,000/- excess for collision/damage to first party, (i.e.) NATIONAL AUTOMOBILE SERVICE (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable): NIL

Sub-Total: \$ 300-00

Balance To Pay: \$ 300-00

PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY

NATIONAL AUTOMOBILE SERVICE

Authorised Signature

Hirer's Signature

Third Party Insurer Enquiry

Our Ref No: GR-18-150038

Date of Request: 28/09/2018

Your Ref No:

Online Purchase

Hup Motor Trading & Service
Blk 9004 Tampines Street 93
#01-120
Singapore 528838

Dear Sir/Madam,

Enquiry Date 28/09/2018
Enquiry By David Ang Beng Yeow
TP Vehicle No. SKC2736B
Accident Date 26/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKC2736B	AXA Insurance Pte Ltd	04/01/2018-03/01/2019	6338 7288

Thank You.

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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 : CC4/ASM18017746/Ujb3s2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811 ATTN: STACEY NG		Date : 14-01-2019		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKC 2736B	Veh. Inspected	SJZ 6733Z	
Policy No.	GA084080/1	Coverage (\$)	0.00	
Claim No.	S8M00XEY	Excess (\$)	0.00	
Assign From	STACEY NG	Assign Date	01/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA VIOS (A)	c.c	1497	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	MR053HY9305172767	Colour	GREY	
Odometer	173492	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/55R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195/55R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	195/55R15	BRIDGESTONE	6 mm	
L/H Rear Tyre	195/55R15	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	26/09/2018	Inspection Date	01/10/2018	
Survey held at	HUP MOTOR TRADING & SERVICE BLK 9004 TAMPINES ST 93 #01-120 SINGAPORE 528838			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJZ 6733Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER (CONSISTENT)	TO REPAIR SEE LABOUR	407.20	-
8	FRONT BUMPER TOP CLIPS @ \$3.60 (CONSISTENT)	NOT NECESSARY	28.80	-
8	FRONT BUMPER LOWER CLIPS @ \$3.80 (CONSISTENT)	NOT NECESSARY	30.40	-
1	FRONT BUMPER N/S SIDE RETAINER (CONSISTENT)	NOT NECESSARY	54.80	-
1	FRONT BUMPER N/S TOP BRACKET (CONSISTENT)	NOT NECESSARY	112.60	-
1	FRONT BUMPER LOGO EMBLEM (CONSISTENT)	NOT NECESSARY	47.60	-
1	N/S HEAD LAMP ASSY (CONSISTENT)	NOT NECESSARY	525.30	-
1	N/S HEAD LAMP BRACKET (CONSISTENT)	NOT NECESSARY	18.50	-
1	FRONT N/S FENDER (CONSISTENT)	TO REPAIR SEE LABOUR	530.10	-
1	FRONT N/S FENDER EMBLEM (CONSISTENT)	NOT NECESSARY	38.40	-
1	FRONT N/S FENDER INNER SHIELD (CONSISTENT)	NOT NECESSARY	148.90	-
8	FRONT N/S FENDER INNER SHIELD CLIPS @ \$3.80 (CONSISTENT)	NOT NECESSARY	30.40	-
1	FRONT N/S SPORT RIM (CONSISTENT)	TO REPAIR SEE LABOUR	580.00	-
1	FRONT N/S SHOCK ABSORBER SHAFT (CONSISTENT)	NOT NECESSARY	352.50	-
1	FRONT N/S LOWER ARM (CONSISTENT)	NOT NECESSARY	792.30	-
	LESS 25% DISCOUNT		-924.45	-
			2,773.35	-
<u>LABOUR</u>				
	TO WIRING CHECK UP & ADJUST HEADLIGHT ALIGNMENT.		40.00	20.00
	TO CHECK & ADJUST FRONT WHEEL ALIGNMENT & BALANCING.		120.00	80.00
	TO REMOVE & REFIX FRONT N/S SHOCK ABSORBER SHAFT, LOWER ARM, WHEEL BEARING HUB & NECESSARY PARTS.	NOT NECESSARY	200.00	-
	TO TUFF-KOTE ON ALL AFFECTED ACCIDENT PARTS.	NOT NECESSARY	60.00	-
	LABOUR CHARGE TO REMOVE & CUT OUT DAMAGED PARTS, TO JACK, STRAIGHTEN & KNOCKING OUT NECESSARY PARTS, TO WELD, RENEW & ALIGN ABOVE PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER, FRONT N/S FENDER AND FRONT N/S SPORT RIM.		600.00	250.00

Report Ref No. CC4/ASM18017746/Ujb3s2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PUTTY & RESPRAY PAINTING ON ALL AFFECTED ACCIDENT PARTS.		850.00	450.00
			1,870.00	800.00
GRAND TOTAL			4,643.35	800.00
RECOMMENDED COST OF REPAIRS				800.00

Report Ref No. CC4/ASM18017746/Ujb3s2

CHUA KANG SENG

Licensed Appraiser

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