

1552010

INS. CASE OWNER:

Richard CC 4 ACN 1040, A Whh⁵²

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

2/10/18

Date / Time :

19/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

FDM 975U

Claim No.:

98M00724/76125

Name of Insured:

SAMAT MUHAMMAD KHAIK HIN

Policy No.:

Insured Tel No.:

HP:

Make / Model :

Excess Sec II :\$S

D.O.A.:

18/10/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SMA 9403C

INSRS:
WSP:
Tel :
Liability :
RMKS:

Chew Motor

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

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STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

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:

PRELIMINARY ADVICE

Date/Time:

02/11/18

Sent By:

VIC

FINALIZATION

Date/Time:

28/10/18

Confirm with:

50/01

Confirm by:

Repair Cost:

\$S

2,700.00 (5

days) Reduction:

63

%

Email

Call

FINAL SETTLEMENT

Date/Time:

28/10/18

Confirm with:

50/01

Email

Call

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia :

Repair Cost:

\$S

2,700.00

Loss of Rental (LOR):

\$S

-

(

days)

Loss of Use (LOU):

\$S

360.00

x

6 days)

Loss of Income (LOI):

\$S

-

(S

x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GLA/LTA Search

\$S

7.45

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

Total:

\$S

3,067.45

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

28/10/18

Confirm with:

50/01

Email

Call

Payee 1:

\$S

3,067.45

Name 1:

CHEW MOTOR PTE LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Email

Call

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

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.

N/S	O/S

Bal. or Market Value:

60K.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lump Sum:

10

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA9403C Yr Regn: 2018 / June

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

Truck / Trailer or

Make:

Hyundai Accent c.c. 1368

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading:

23766

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCH413TK4431373

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:

175/70R14

R:

175/70R14

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

TOYO / YOKO or

Kamho

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

22/10/18

Survey held at

Chow Mole

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

Rear o/s.

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

Date / Time

Action / Instruction

TPAXA.

L/G \$2,700.00

CRGP: \$4,551.40 (63%)

MV: 60K

PV: 353K

Nett: 247K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS \$

) Photos:

) Others:

Report Format:

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

TOTAL



CHEW MOTOR PTE. LTD.

1 Kaki Bukit Avenue 6, Blk A #01-11 Autobay@Kaki Bukit Singapore 417883

Tel: 6509 5545

Fax: 6509 5567

Website: www.chewmotor.com

Registration No.: 201718369R

Blk 1 Kaki Bukit Ave 6

18/10/2018

01-43

Singapore 417883

TP AXA
vic.

Accident date: 18/10/2018

Estimated repair cost for vehicle no: SMA9403C HYUNDAI ACCENT 1.4 A '18

CHASSIS: KMHCU41BTKU431373

S/n	Qty	Items	U/price	Amount
1	1	Rear Boot Lid <i>dent</i>		\$1,223.90 ✓
2	2	Rear Boot Lid Hinge <i>new</i>	\$75.00	\$150.00 +
3	1	Rear Boot Lid Emblem Logo <i>green</i>		\$30.00 +
4	1	Rear Boot Lid Accent Logo <i>green</i>		\$38.00 +
5	1	Rear Boot Lid Centre Moulding <i>let</i>		\$60.00 ✓
6	1	Rear R/H Tail Lamp <i>cracked</i>		\$365.00 ✓
7	2	Rear R/H Tail Lamp Clip <i>new</i>	\$6.50	\$13.00 ✓
8	1	Rear R/H Tail Lamp Lower Bracket <i>new</i>		\$4.00 ✓
9	1	Rear Bumper <i>torn</i>		\$643.80 ✓
10	8	Rear Bumper Clip <i>new</i>	\$6.80	\$54.40 30
11	1	Rear R/H Bumper Side Retainer <i>new</i>		\$38.00 +
12	1	Rear R/H Bumper Side Reflector <i>let</i>		\$44.00 ✓
13	1	Rear R/H Fender <i>Repair</i>		\$1,218.60 +
14	1	Rear Windscreen Seal <i>green</i>		\$50.00 +
15	1	Rear Windscreen Moulding <i>green</i>		\$85.80 +

2379.7

1903.76

Subtotal :- \$3,891.40

Labour charges

To remove & refit cushion & trim board	\$280.00 60
To remove & refit roof lining	\$380.00 +
To remove & refit reverse sensor	\$100.00 40
To remove & refit rear camera	\$180.00 50
To remove & refit rear windscreen	\$120.00 +

Gum

nn \$50.00 x

To check wiring

\$100.00 30

Tuff kote

1460.

\$150.00 x

Panel beating

\$1,000.00 500

Spray painting

\$1,000.00 600

7. transfer bottled fittings

~~180~~ 80.

Subtotal :- \$3,360.00

Total:- \$7,251.40

2554.00

total: 3363.76

h/s: 2.7K

Adrian Lin

h/s 22/10/18

04 Days

2.7K

05 Days

LKK Auto Consultants hereby 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 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:

Service Request Details

Claim

S8M00ZU4

Reference

None 

Loss Date

October 18, 2018

Request Date

October 19, 2018

Due Date

October 26, 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 #

SMA9403C

Make

TPVD

19.10.2018 @ 11am
Sukyi leh not in.

Model

Service Address

Primary Contact/Insured

SAMAT MUHAMMAD KHAIR BIN

BLK 334 JURONG EAST AVE 1, #01-1588, 600334, Singapore

Claim Handler

ANG Richard

richard.angbs@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

19 October, 2018

SAMAT MUHAMMAD KHAIR BIN
BLK 334 JURONG EAST AVE 1, #01-1588
Singapore 600334

Dear Sir,

OUR REF : CC4/ASM18019040/Ahb3
YOUR REF : FBM 975U

ACCIDENT INVOLVING FBM 975U & SMA 9403C ON 18/10/2018 ALONG/AT LORNIE ROAD TOWARDS FARRER ROAD DIRECTION ADAM ROAD

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 vicalpeh@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 2096 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
Motor Claim Department



Auto
Consultants
Pte Ltd

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

8 November, 2018

2ND REMINDER

**SAMAT MUHAMMAD KHAIR BIN
BLOCK 334 JURONG EAST AVENUE 1
#01-1588
SINGAPORE 600334**

Dear Sir/Madam,

Your Ref: FBM 975U

Our Ref: CC4/ASM18019040/Ahb3

Accident involving FBM 975U & SMA 9403C ALONG LORNIE ROAD TOWARDS FARRER ROAD ON 18/10/2018

We refer to our letter of 19 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 15 November 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 **SMA 9403C** 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 **15 NOVEMBER 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 us at 6841 8625 at our operating hours 9:00am to 5:30pm or send to our email as below. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours faithfully,
Vic Alpeh
Tel : 6841 2096
Email : vicalpeh@lkkauto.com

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

*c.c. AXA Insurance Pte Ltd
(Motor Claims Dept)*

MSME18135522 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 18/10/2018 17:32
 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 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 17:32
Date Of Accident	18/10/2018 11:15
Exact Location Of Accident	LORNIE RD TWDS FARRER RD DIRECTION ADAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9403C
Insured/Policyholder	
Name Of Registered Owner	TEE BOK TIAN
NRIC No	S2537256E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93887723
Alternative Phone No	OFFICE-93887723

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102859517
Cover Note Number	

Driver

Name of Driver	TEE BOK TIAN
NRIC No	S2537256E
Date Of Birth	18/07/1954
Occupation	INDOOR
Date Of Driving Pass	18/10/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93887723
Fax Number	
Contact Number	OFFICE-93887723
EEmail Address	NOEMAIL

Address BLK 208 PASIR RIS ST 21 #07-346
 Postcode 510208
 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? 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: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20181018/2073.

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 FBM975U
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category MOTORCYCLE
 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 PLANIMPORTANT 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.:

21/03/2018 Sketch Plan Pg. 1

NEW floor 1000

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refw police report no: T/2018/018/2073 

I/We declare the foregoing particulars are true in every respect.

18/10/18 4.30 PM
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181018/2073

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No.: T/20181018/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2018 14:44	Vide Report No.: E/20181018/0099	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: TEE BOK TIAN			Address: APT BLK 208 PASIR RIS STREET 21 #07-346 SINGAPORE 510208		
ID Type / ID No.: NRIC NO / S2537256E			Contact No.: Home/Office: Mobile: 93887723		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 18/07/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2018 11:15	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD FARRER ROAD LORNIE ROAD TOWARDS FARRER ROAD DIRECTION ADAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM975U	Motorcycle					0
SMA9403C	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Sketch Plan #4 Pg. 1



SINGAPORE
POLICE FORCE



T/20181018/2073

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20181018/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA9403C	NTUC Income Insurance Co-Operative Limited	5102859517	03/08/2018	22/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEE BOK TIAN		ID No. S2537256E
Related Vehicle	SMA9403C (Car)		Contact No. 93887723
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

ON THE 18/10/2018 AT AROUND 1115HRS ALONG LORNIE ROAD TOWARDS FARRER ROAD
DIRECTION ADAM ROAD

THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE DRY. I WAS TRAVELLING ON THE 2ND LANE FROM THE LEFT OUT OF 4 LANES. ON THE 4TH LANE THERE WAS ROAD WORKS ON THAT LANE, THERE WAS A CAR CUTTING IN MY LANE AND I SLOWING APPLY MY BRAKE AND LET THE CAR ENTER INTO MY LANE. THE NEXT MOMENT I HEAR SMALL BANG FROM THE REAR AND MY PASSENGER ASK ME "WHAT JUST HAPPENED?". I TOLD HIM THAT SOMETHING HIT MY REAR, I MOVED ABIT FROWARD AND EXITED MY VEHICLE TO CHECK WHAT HAPPENED AND I SAW A MOTORCYCLIST COLLIDED ONTO MY REAR RIGHT SIGNAL AREA. THERE WAS PEOPLE ASSISTING HIM TO THE SIDE OF THE ROAD, I TOLD THE OTHER DRIVERS THAT I WILL DROP MY PASSENGER OFF FIRST AND WILL COME BACK LATER. I DROP MY PASSENGER AND PROCEEDED BACK TO THE LOCATION AND SAW THE TRAFFIC POLICE AT THE SCENE AND HE PASS ME A NOTED TO SEE THE IO IN CHARGE.

THAT'S ALL

Sketch Plan #5 Pg. 1

SINGAPORE
POLICE FORCE

T/20181018/2073

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181018/2073

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:

TP /

KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/10/2018 14:44

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

Signature:

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Tuesday, 27 November, 2018 4:37 PM
To: claims@chewmotor.com
Cc: Admin A; Vic (LKKAUTO)
Subject: RE: SMA9403C CLAIMING FBM975U DOA 18.10.18 CPL LKK REF CC4/ASM18019040/Ahb3
Attachments: DV.pdf

Without Prejudice

Dear Chloe,

We refer to your below email.

On a without prejudice basis and purely for an amicable settlement and without admission of any liability to our Insured's part, we have our principal's mandate and we confirm acceptance of your offer of **\$3,067.45** (all in) to settle your client's claim.

Kindly let the owner sign the attached DV and forward back a copy to us for payment processing.

The above amount is to be made payable to **CHEW MOTOR PTE LTD.**

Thank you.

"Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our Insured Driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters."

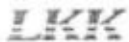
Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

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From: Shu Pei (LKKAUTO)
Sent: Friday, 23 November, 2018 10:39 AM
To: claims@chewmotor.com
Cc: Admin A; Vic (LKKAUTO)
Subject: FW: SMA9403C CLAIMING FBM975U DOA 18.10.18 CPL

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and revert to you in due course.

Please note that: -

LKK ref	Officer in charge
CC4/ASM18019040/Ahb3	Vic

To check availability of the case handler, you may contact the undersigned

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Chew Motor Pte. Ltd. <claims@chewmotor.com>

Sent: Friday, 23 November 2018 9:49 AM

To: Admin A <admin-a@lkkauto.com>

Subject: SMA9403C CLAIMING FBM975U DOA 18.10.18 CPL

Without Prejudice

Dear Motor Claims Department,

Enclosed LOD and supporting documents for your reference.

Please kindly advise officer in charge and hope to receive offer soon.

Thank you.

Regards,

Chloe



1 Kaki Bukit Ave 6 Blk C #01-41
Autobay@Kaki Bukit S(417883)
Tel: 6509 5545 Fax: 6509 5567

CHEW MOTOR PTE. LTD.

Vic (LKKAuto)

From: Chew Motor Pte. Ltd. <claims@chewmotor.com>
Sent: Wednesday, 28 November, 2018 2:19 PM
To: Vic (LKKAuto)
Subject: Re: SMA9403C CLAIMING FBM975U DOA 18.10.18 CPL LKK REF CC4/ASM18019040/Ahb3
Attachments: image002.jpg; SMA9403C DV.pdf

Without Prejudice

Hi Vic

So sorry for the miss out of the attachment.

Regards,

Sukyi Chong



CHEW MOTOR PTE. LTD.

On Wed, Nov 28, 2018 at 1:23 PM Vic (LKKAuto) <vicalpeh@lkkauto.com> wrote:

Without Prejudice

Dear Sukyi,

Please resend with attach DV.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



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From: Chew Motor Pte. Ltd. [<mailto:claims@chewmotor.com>]

Sent: Wednesday, 28 November, 2018 11:09 AM

To: Vic (LKKAuto)

Cc: Admin A

Subject: Re: SMA9403C CLAIMING FBM975U DOA 18.10.18 CPL LKK REF CC4/ASM18019040/Ahb3

Without Prejudice

Hi Vic

Enclosed signed discharge voucher for close case.

***Please highlight to AXA , payment under "Chew Motor Pte Ltd" ***

Regards,

Sukyi Chong



CHEW MOTOR PTE. LTD.

On Tue, Nov 27, 2018 at 4:36 PM Vic (LKKAuto) <vicalpeh@lkkauto.com> wrote:

Without Prejudice

Dear Chloe,

We refer to your below email.

On a without prejudice basis and purely for an amicable settlement and without admission of any liability to our Insured's part, we have our principal's mandate and we confirm acceptance of your offer of \$3,067.45 (all in) to settle your client's claim.

Kindly let the owner sign the attached DV and forward back a copy to us for payment processing.

The above amount is to be made payable to **CHEW MOTOR PTE LTD.**

Thank you.

"Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our Insured Driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters."

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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

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From: Shu Pei (LKKAuto)
Sent: Friday, 23 November, 2018 10:39 AM
To: claims@chewmotor.com
Cc: Admin A; Vic (LKKAuto)
Subject: FW: SMA9403C CLAIMING FBM975U DOA 18.10.18 CPL

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and revert to you in due course.

Please note that: -

LKK ref	Officer in charge
CC4/ASM18019040/Ahb3	Vic

To check availability of the case handler, you may contact the undersigned

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupei@lkkauto.com | fax: 6741-4108

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

From: Chew Motor Pte. Ltd. <claims@chewmotor.com>

Sent: Friday, 23 November 2018 9:49 AM

To: Admin A <admin-a@lkkauto.com>

Subject: SMA9403C CLAIMING FBM975U DOA 18.10.18 CPL

Without Prejudice

Dear Motor Claims Department,

Enclosed LOD and supporting documents for your reference.
Please kindly advise officer in charge and hope to receive offer soon.
Thank you.

Regards,

Chloe



CHEW MOTOR PTE. LTD.



**Re:<IA UPLOADED - PENDING OI GIA REPORT>
S8M00ZU4 ACCIDENT INVOLVING VEHICLES FBM
975U (OI) AND SMA 9403C(TP) ON 18/10/2018**

Type

🔔 Question

Message

Hi LKK, ins'd reported, pls proceed as per mandate.

Reply

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	FBM 975U (Insd veh)	Model:	HYUNDAI ACCENT
	SMA 9403C (TP veh)		
Date of Accident:	18/10/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	7,554.50
Final Repair Cost	:	\$	2,700.00
Loss of Use	:	\$	360.00
Rental (if any)	:	\$	6 days at \$60.00 per day
LTA / GIA Search Fee	:	\$	7.45

Others:	:	\$	
---------	---	----	--

	:	\$	
Final Settlement Sum	:	\$	3,067.45

Is Third Party Workshop GIA Registered?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	(Kindly indicate below)
A) For Non GIA Registered Workshop:		Agreed Liability ____ 100 ____ (%)		
B) For GIA Registered Workshop:		BOLA Applicable: Yes/ No BOLA Scenario No: ____		
BOLA Liability: ____ (%)		Assessed Liability (*): ____ (%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.				
Remarks _____ _____				

Payment Instruction: Payee's Breakdown			
1)	CHEW MOTOR PTE. LTD.	:	\$ 3,067.45

NUR SHAQILAH BTE ABDOL
WAHAB

03/12/2018
Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))



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/ASM18019040/Ahb3s2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811 ATTN: RICHARD ANG		Date : 03-12-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBM 975U	Veh. Inspected	SMA 9403C	
Policy No.	AN3166068	Coverage (\$)	0.00	
Claim No.	S8M00ZU4	Excess (\$)	0.00	
Assign From	RICHARD ANG	Assign Date	19/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI ACCENT	c.c	1368	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHCU41BTKU431373	Colour	GREY	
Odometer	23766	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	175/70R14	KUMHO	6 mm	
L/H Front Tyre	175/70R14	KUMHO	6 mm	
R/H Rear Tyre	175/70R14	KUMHO	6 mm	
L/H Rear Tyre	175/70R14	KUMHO	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/10/2018	Inspection Date	22/10/2018	
Survey held at	CHEW MOTOR WORKSHOP BLK 1 KAKI BUKIT AVE 6 #01-41 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
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:		5 Working Days		



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 9403C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BOOT LID (CONSISTENT)	DENTED	1,223.90	1,223.90
2	REAR BOOT LID HINGE @ \$75.00 (CONSISTENT)	NOT NECESSARY	150.00	-
1	REAR BOOT LID EMBLEM LOGO (CONSISTENT)	NOT NECESSARY	30.00	-
1	REAR BOOT LID ACCENT LOGO (CONSISTENT)	NOT NECESSARY	38.00	-
1	REAR BOOT LID CENTRE MOULDING (CONSISTENT)	CUT	60.00	60.00
1	REAR R/H TAIL LAMP (CONSISTENT)	CRACKED	365.00	365.00
2	REAR R/H TAIL LAMP CLIP @ \$6.50 (CONSISTENT)	NECESSARY	13.00	13.00
1	REAR R/H TAIL LAMP LOWER BRACKET (NPA) (CONSISTENT)	NOT NECESSARY	-	-
1	REAR BUMPER (CONSISTENT)	TORN	643.80	643.80
8	REAR BUMPER CLIP @ \$6.80 (CONSISTENT)	NECESSARY	54.40	30.00
1	REAR R/H BUMPER SIDE RETAINER (CONSISTENT)	NOT NECESSARY	38.00	-
1	REAR R/H BUMPER SIDE REFLECTOR (CONSISTENT)	CUT	44.00	44.00
1	REAR R/H FENDER (CONSISTENT)	TO REPAIR SEE LABOUR	1,218.60	-
1	REAR WINDSCREEN SEAL (CONSISTENT)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN MOULDING (CONSISTENT)	NOT NECESSARY	85.80	-
	LESS 20% DISCOUNT		-	-475.94
			4,014.50	1,903.76
SPECIAL NETT ITEMS				
1	GUM (CONSISTENT) (SN)	NOT NECESSARY	50.00	-
			50.00	-
LABOUR				
	TO REMOVE & REFIT CUSHION & TRIM BOARD.		280.00	60.00
	TO REMOVE & REFIT ROOF LINING.	NOT NECESSARY	380.00	-
	TO REMOVE & REFIT REVERSE SENSOR.		100.00	40.00
	TO REMOVE & REFIT REAR CAMERA.		180.00	50.00
	TO REMOVE & REFIT REAR WINDSCREEN.	NOT NECESSARY	120.00	-
	TO CHECK WIRING.		100.00	30.00
	TUFF KOTE.	NOT NECESSARY	150.00	-

Report Ref No. CC4/ASM18019040/Ahb3s2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR R/H FENDER.		1,000.00	600.00
	SPRAY PAINTING.		1,000.00	600.00
	TO TRANSFER BOOTLID FITTINGS. (ADDITIONAL)		180.00	80.00
			3,490.00	1,460.00
GRAND TOTAL			7,554.50	3,363.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,700.00

Report Ref No. CC4/ASM18019040/Ahb3s2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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