

22/03/2002

ASS. REC. BY:

REF:

CS3 / ASM18020119 / Gcb02

Special Instruction:

Surveyor:

EQ

ASSIGNMENT (Office)

Smart claim

From (Person):

Winnie Ho

of

ASM

Date/Time:

07-11-2018 11:47am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLA 8883T

Insured:

SKK 1003Y

at Workshop m/s

Trium Heng Huat

Tel:

of

176 sin ming Drive # 05-14

Policy No:

Claim No:

SSM0110F

Sum Insured:

Excess:

Make of Veh:

D.O.A.

02/11/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

07-11-2018 2.13pm

Person Contacted:

Steven

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLA 8883T - CS/MSG18012292 / Kvd3

Qua: J90613

SKK 1003Y - X

Dismantle part : 08/11/2018

Surveyor: PRS
XHLREF: AXA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Thiam Heng Huat

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: \$115K

IDAC Accident Rpt.: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA8883TYr Regn: Mar / 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Merce GLA180c.c. 1595Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 22573

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDC1569422J143722Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S.Rim / STD A/Rim orTyre Size: F: 235/50 R18R: 11

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 07-11-18Survey held at W/S4:30pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

| Date / Time | Action / Instruction |
|-------------|--------------------------------|
| | Range <u>6,000/- - 7,000/-</u> |
| | Repair days <u>4</u> |
| | RECEIVED 13 NOV 2018 |
| | <u>9/11/2018</u> |
| | <u>TGim</u> |
| | <u>9/4/18</u> |

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 5

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee: 100

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS, SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format: PRQ

Lump Sum / I.B.I. (\$) _____

100




Service Request Details

Claim

S8M011OF

Reference

None 

Loss Date

November 2, 2018

Request Date

November 7, 2018

Due Date

November 14, 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 #

SLA8883T

Make

TPVD MERCEDES-BENZ

Model
GLA

Service Address

'''

Primary Contact/Insured

TAN HWEE LIN DAPHNE
BLK 99A LORONG 2 TOA PAYOH, #14-39, 310099, Singapore
90094818

Claim Handler

HO Winnie
6568804833
winnie.ho@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

Catherine Chong (LKK Auto)

From: Thiam Heng Huat <thh176@yahoo.com>
Sent: Monday, 5 November, 2018 5:02 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Subject: REQUEST FOR PRS - SLA8883T
Attachments: SLA8883T_02112018.pdf; receipt-20181105-164718.pdf

Categories: Raghav

Dear Motor Claims Team,

We refer to the attachments.

Kindly assist to register our client's TP claim and let us have your list of nominated surveyors within the next 2 working days from date of this email.

Please respond soonest possible.

Warmest regards,
Steven
Thiam Heng Huat Pte Ltd
82636295

> Back to OneMotoring

Enquire Transfer Fee

| Vehicle Details | | | |
|--|----------------------------|---------------------|---------------------------|
| Vehicle No. : | SLA8883T | | |
| Vehicle Type : | P10 - Passenger Motor Car | | |
| Vehicle Attachment 1 : | No Attachment | | |
| Vehicle Scheme : | Normal | | |
| Vehicle Make : | MERCEDES BENZ | | |
| Vehicle Model : | GLA180 | | |
| Chassis No. : | WDC1569422J143722 | | |
| Propellant : | Petrol | | |
| Engine No. : | 27091030696703 | | |
| Engine Capacity : | 1595 cc | | |
| Maximum Power Output : | 90.0 kW (120 bhp) | | |
| Maximum Laden Weight : | 1755 kg | | |
| Unladen Weight : | 1480 kg | | |
| Year Of Manufacture : | 2015 | | |
| Original Registration Date : | 03 Mar 2016 | | |
| Lifespan Expiry Date : | - | | |
| COE Category : | E - Open Category | | |
| Quota Premium : | \$45,009.00 | | |
| COE Expiry Date : | 02 Mar 2026 | | |
| Road Tax Expiry Date : | 02 Mar 2019 | | |
| PARF Eligibility Expiry Date : | 02 Mar 2026 | | |
| Inspection Due Date : | 02 Mar 2019 | | |
| Intended Transfer Date : | 08 Nov 2018 | | |
| CO2 Emission : | 144.00 (g/km) | | |
| CEV/VES Rebate Utilised Amount : | - | | |
| CO Emission : | - | | |
| HC Emission : | - | | |
| NOx Emission : | - | | |
| PM Emission : | - | | |
| Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable. | | | |
| Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred. | | | |
| Amount Payable | | | |
| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
| Transfer Fee : | 25.00 | - | 25.00 |
| Total Amount Payable : | | | 25.00 |

You may print this page for reference.

OK Print

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

| | |
|-------------------------------------|--------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 0247A |
| Vehicle Details | |
| Vehicle No.: | SLA8883T |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 08 Nov 2018 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | GLA180 |
| Primary Colour: | White |
| Manufacturing Year: | 2015 |
| Engine No.: | 27091030696703 |
| Chassis No.: | WDC1569422J143722 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$31,188.00 |
| Original Registration Date: | 03 Mar 2016 |
| First Registration Date: | 03 Mar 2016 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$35,664.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 02 Mar 2026 |
| PARF Rebate Amount: | \$26,748.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 02 Mar 2026 |
| COE Category: | E - Open Category |
| COE Period(Years): | 10 |
| QP Paid: | \$45,009.00 |
| COE Rebate Amount: | \$31,454.00 |
| Total Rebate Amount: | \$58,202.00 |

The information contained herein is correct as at 08 Nov 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 | 05/11/2018 10:00 |
| Date Of Accident | 02/11/2018 14:30 |
| Exact Location Of Accident | MEDIACORP PTE LTD CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLA8883T |
| Insured/Policyholder | |
| Name Of Registered Owner | SOH WEE BENG |
| NRIC No | S6830247A |
| Email Address | BENNYSOH1968@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96558313 |
| Alternative Phone No | OTHERS-96558313 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | GLA |
| 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 | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A 80460692 QMY |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | SOH WEE BENG |
| NRIC No | S6830247A |
| Date Of Birth | 15/08/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/07/1992 |
| Driving Experience | 26 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96558313 |
| Fax Number | |
| Contact Number | OTHERS-96558313 |
| Email Address | BENNYSOH1968@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | 80 JALAN DAUD #09-02 SINGAPORE |
| Postcode | 419591 |
| 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 - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | 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) | 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

REFER ATTACHED

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 | SKK1003Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| 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


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

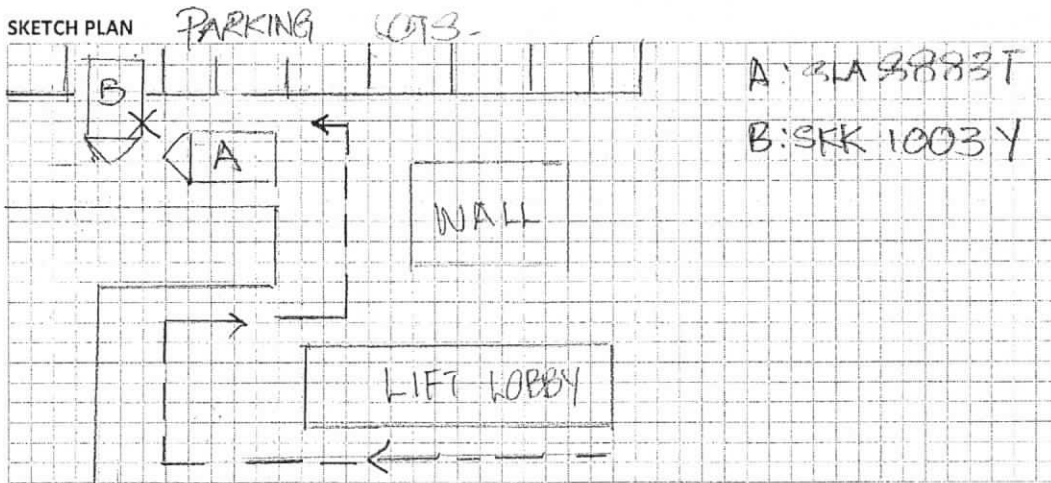
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time: approx 2:30pm.

Venue: Mediatara midground Car Park.

Driving in car park B2, Car came out from parking lot, collided into front passenger side

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.:

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT

AXA INSURANCE PTE LTD

Ref: CS3/ASM18020119/Gcbe2

8 SHENTON WAY #24-01 AXA TOWER
SINGAPORE 068811

Date: 16-11-2018



ATTN : WINNIE HO

Code: ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|-----------|----------------|------------|
| Insured Veh. | SKK 1003Y | Veh. Inspected | SLA 8883T |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | S8M011OF | Excess (\$) | 0.00 |
| Assign From | WINNIE HO | Assign Date | 07/11/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|----------------------|--------------|------------|
| Make & Model | MERCEDES BENZ GLA180 | c.c | 1595 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | WDC1569422J143722 | Colour | WHITE |
| Odometer | 22573 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|-------------|---------|
| R/H Front Tyre | 235/50 R18 | CONTINENTAL | 6 mm |
| L/H Front Tyre | 235/50 R18 | CONTINENTAL | 6 mm |
| R/H Rear Tyre | 235/50 R18 | CONTINENTAL | 6 mm |
| L/H Rear Tyre | 235/50 R18 | CONTINENTAL | 6 mm |

4. Description of Damages

| | |
|---|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. | |
|---|--|

5. General Information

| | | | |
|----------------|---|---------------------|-------------------------|
| Accident Date | 02/11/2018 | Inspect Date / Time | 07/11/2018 (04:30 PM) |
| Survey held at | THIAM HENG HUAT PTE LTD 176 SIN MING DRIVE #05-14 SINGAPORE 575721 | | |

5a. Remarks

| |
|---|
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$6,000-\$7,000 |
|---|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 5 Working Days |
|-------------------------------------|----------------|

Report Ref No. CS3/ASM18020119/Gcbe2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.