

22/03/2002

ASS. REC. BY:

REF:

C93 / III 18020127 / Jcbcz

Special Instruction:

Surveyor

Machmen

ASSIGNMENT (Office)

From (Person):

Joel Nuh

of

III

Date/Time:

07-11-2018 251pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGL 5011P

Insured:

SHC 8372M

at Workshop m/s

Topmax Auto

Tel:

8371 4982

of

81k 3007 Ubi Rd 1 #01-410

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

03-11-2018

(Client's Record)

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

08-11-2018 @ after 10.30am

H.O.D. Endorsement:

Date/Time:

07-11-2018 3:14pm

Person Contacted:

Carmen

Vehicle In / OUT

Date/Time

Action/Instruction (X) Estimate

SGL 5011P - CC4 / AXA 12123026 / Gwdv2

DUA: 26-11-12

SHC 8372M - CC4 / ASM 18013529 / Klugsg

DUA: 22-02-18

PPS
Hwee Jia
Mufman

REF:

III

ASSIGNMENT

From: Date: 08/ND018

Estimated Cost:

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

To Inspect Vehicle No: SGL 5011 P

at Workshop m/s

of

Topmax Auto
3007 Ubi Rd 1 #01-410

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

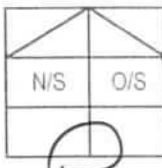
(Client's Record)

Make of Veh:

after 10:30am

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 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: SGL 5011 P Yr Regn: 19 Sep 2006

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

Truck / Trailer or

Make: Toyota Altis C.C. 1598

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

Sp. Reading: 359444 T/Radio: Insured / Std / NI / NA

Eng/No: 32Z 4596893

C/No: MR0532EC107129654

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/70 R14

R: -

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

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

D.O.A. D.O.I. 8/11/18

Survey held at Topmax Auto @ 1045

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

Rear

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

Date / Time Action / Instruction

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

) S + RS SI

) Photos

) Others

) -

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech Invs (\$

☐ Weekend (\$

Report Format: PPS

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

120

10

130

Catherine Chong (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Wednesday, 7 November, 2018 2:51 PM
To: Catherine Chong (LKK Auto)
Cc: Natalie Ng; Mekavathanan Sarangapani; Sherini Pillai
Subject: RE: PRE-REPAIR INSPECTION FOR VEHICLE NO. SGL5011P (Accident involving SGL5011P and SHC8372M on 3.11.2018)
Attachments: 2018.11.05- PRI Letter.pdf; 2018.11.05 -GIA report of SGL5011P.pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SGL5011P and let us have your report urgently.

This claim will be handled by Ms Sherini.

*Kindly upload this survey request email to merimen.

Thank You.

Joel Nah

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

From: Natalie Ng [mailto:natalie_ng@rssolomon.com]

Sent: Wednesday, 7 November, 2018 2:41 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Subject: Re: PRE-REPAIR INSPECTION FOR VEHICLE NO. SGL5011P (Accident involving SGL5011P and SHC8372M on 3.11.2018)

Dear Joel,

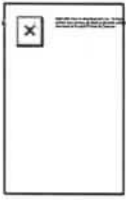
We apologise for not replying to your earlier email today.

We write to inform that our client will be appointing his own Surveyors.

In this respect, please arrange your Surveyors to contact Ms Carmen of Topmax Auto Body Shop at mobile no. 8371 4982 for a pre-repair survey of our client's vehicle located at Blk 3007 Ubi Road 1 #01-410 Singapore 408701.

Best Regards and Thank you,

Natalie Ng | Office Manager 人事与行政经理



R. S. Solomon LLC | 正氣律師事務所

Head Office: 300 Beach Road The Concourse #12-03/04 Singapore 199555 | **Branch:** Blk 184 Toa Payoh Central #02-354 Singapore 310184

t +65 6817 7498 | **f** +65 6292 2665 | **e** natalie_ng@rssolomon.com | **w** www.rssolomon.com

The contents of this email (including any attachment) are strictly confidential and may contain privileged information. If you are not the intended recipient, please notify us IMMEDIATELY and delete this email (including attachment) from your computer system. Thank you.

On Wed, 7 Nov 2018 at 13:33, Motor Claim - III <motorclaim@iii.com.sg> wrote:

Hi Natalie,

Please reply to my email this morning regarding appointment of surveyors.

Because you did not select vicom or LKK.

tHanks

Joel.

From: Natalie Ng [mailto:natalie_ng@rssolomon.com]

Sent: Wednesday, 7 November, 2018 12:26 PM

To: Mekavathanan Sarangapani <mekavathanan@iii.com.sg>

Cc: Motor Claim - III <motorclaim@iii.com.sg>; Natalia Lim <NataliaLim@iii.com.sg>; Joel Nah Shern Ern <JoelNah@iii.com.sg>

Subject: Re: PRE-REPAIR INSPECTION FOR VEHICLE NO. SGL5011P (Accident involving SGL5011P and SHC8372M on 3.11.2018)

Hi Mr. Mekavathanan,

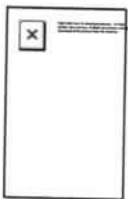
.Thank you for your email.

No reply from your side for the appointment of surveyors.

Hope to hear from your side soonest.

Thank you and Best Regards,

Natalie Ng | Office Manager 人事与行政经理



R. S. Solomon LLC | 正氣律師事務所

Head Office: 300 Beach Road The Concourse #12-03/04 Singapore 199555 | Branch: Blk 184 Toa Payoh Central #02-354 Singapore 310184

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On Wed, 7 Nov 2018 at 12:10, Mekavathanan Sarangapani <mekavathanan@iii.com.sg> wrote:

Have we appointed panel surveyors for this case

Best Regards,

Mekavathanan

HOD

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711
DID: 6347 6105 Fax: 6224 4174

From: Natalie Ng [mailto:natalie_ng@rssolomon.com]

Sent: Wednesday, November 07, 2018 11:44 AM

To: Motor Claim - III <motorclaim@iii.com.sg>

Subject: Re: PRE-REPAIR INSPECTION FOR VEHICLE NO. SGL5011P (Accident involving SGL5011P and SHC8372M on 3.11.2018)

Hi Gabriel,

I'm not sure if you are the officer in charge for the above case.

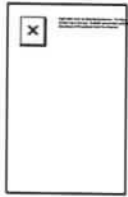
We have faxed over our letter for PRI on Monday, 5th November 2018 at about 1518hrs. But till not have not received a reply from your side.

Please see attached our aforesaid letter and our client's GIA report.

Please let us hear from you soonest on an urgent basis.

Best Regards,

Natalie Ng | Office Manager 人事与行政经理



R. S. Solomon LLC | 正氣律师事务所

Head Office: 300 Beach Road The Concourse #12-03/04 Singapore 199555 | Branch: Blk 184 Toa Payoh Central #02-354 Singapore 310184

t +65 6817 7498 | f +65 6292 2665 | e natalie_ng@rssolomon.com | w www.rssolomon.com

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If you are not the intended recipient, please notify us IMMEDIATELY and delete this email (including attachment) from your computer system. Thank you.

On Fri, 2 Nov 2018 at 11:17, Motor Claim - III <motorclaim@iii.com.sg> wrote:

Dear Sir / Mdm,

We acknowledge receipt of your letter.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

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India International Insurance Pte Ltd.

Registration No. 198703792-K

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7118E
Vehicle Details	
Vehicle No.:	SGL5011P
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	3ZZ4596893
Chassis No.:	MR053ZEC107129654
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$15,498.00
Original Registration Date:	19 Sep 2006
First Registration Date:	19 Sep 2006
Transfer Count:	0
Actual ARF Paid:	\$17,048.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Sep 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$26,670.00
COE Rebate Amount:	\$15,261.00
Total Rebate Amount:	\$15,261.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

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	03/11/2018 11:57
Date Of Accident	03/11/2018 11:10
Exact Location Of Accident	CTE SLIP ROAD TOWARDS ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL5011P
Insured/Policyholder	
Name Of Registered Owner	TAN BENG BENG (CHEN MING MING)
NRIC No	S7327118E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97990666
Alternative Phone No	OTHERS-97990666

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA061767
Cover Note Number	

Driver

Name of Driver	TAN BENG BENG (CHEN MING MING)
NRIC No	S7327118E
Date Of Birth	26/07/1973
Occupation	INDOOR
Date Of Driving Pass	16/06/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97990666
Fax Number	
Contact Number	OTHERS-97990666
EMail Address	NOEMAIL

Address	BLK 79E TOA PAYOH CENTRAL #31-73 SINGAPORE
Postcode	315079
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC8372M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN BENG BENG
Approximate Age	
Injuries Sustain	SLIGHT INJURIES
Injured person in which vehicle?	SGL5011P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

3/11/18
12pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

pram

Sketch Plan #2

SKETCH PLAN

	<p>Vehicle</p> <p>A - 3425011P</p> <p>B - SHC8372M</p>
<p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <small>Vehicle</small> </div> <div style="text-align: center;"> <small>Motorcycle</small> </div> </div>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03/11/18 AT ABOUT 11:09AM, I WAS STOPPED MY CAR AT THE TRAFFIC JUNCTION OF THE SLIP ROAD ON THE TOWARDS ANG MO KIO AVE 3. SO WHILE WAITING FOR THE TRAFFIC TO TURN GREEN FOR ME TO MOVE, A TAXI SHC8372M BANG MY CAR FROM THE BACK. LUCKY I HAVE STEPPED ON MY BRAKE SO THAT MY CAR DID NOT BANG INTO THE CAR IN FRONT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 2pm
 3/11/18

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

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

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1) Date of accident 3/11/18 1110		2) Exact location of accident CTE Slip Road towards Arg Mo CTO Ave 3		To be signed by BOTH drivers	
3) Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4) Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5) Witness' name, address and tel no. (to be underlined if he/she is a passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
6) To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		7) To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. SGL5011P
(VEHICLE A)

1) Insured / policyholder (see insurance cert.)
Name: Tan Beng Beng
(capital letters)
Address: Chen Mengming
NRIC / Passport no. S7327118E
Tel no. (from Singapore) 97990666
HP 97990666
2) Vehicle
Make, type Toyota Ahiu
3) Insurance company
AMA
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy no. BA061767
4) Driver
Name: Chen Mengming
(capital letters)
NRIC / Passport no. 3
HP
Gender: Male ☒ Female ☐

10) Indicate the point of initial impact with an arrow (→)

11) Visible damage to vehicle A

12) My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information thereof

12) CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

1) Driver's License	2) Driver's License
3) Driver's License	4) Driver's License
5) Driver's License	6) Driver's License
7) Driver's License	8) Driver's License
9) Driver's License	10) Driver's License
11) Driver's License	12) Driver's License
13) Driver's License	14) Driver's License
15) Driver's License	16) Driver's License
17) Driver's License	18) Driver's License
19) Driver's License	20) Driver's License
21) Driver's License	22) Driver's License
23) Driver's License	24) Driver's License
25) Driver's License	26) Driver's License
27) Driver's License	28) Driver's License
29) Driver's License	30) Driver's License
31) Driver's License	32) Driver's License
33) Driver's License	34) Driver's License
35) Driver's License	36) Driver's License
37) Driver's License	38) Driver's License
39) Driver's License	40) Driver's License
41) Driver's License	42) Driver's License
43) Driver's License	44) Driver's License
45) Driver's License	46) Driver's License
47) Driver's License	48) Driver's License
49) Driver's License	50) Driver's License
51) Driver's License	52) Driver's License
53) Driver's License	54) Driver's License
55) Driver's License	56) Driver's License
57) Driver's License	58) Driver's License
59) Driver's License	60) Driver's License
61) Driver's License	62) Driver's License
63) Driver's License	64) Driver's License
65) Driver's License	66) Driver's License
67) Driver's License	68) Driver's License
69) Driver's License	70) Driver's License
71) Driver's License	72) Driver's License
73) Driver's License	74) Driver's License
75) Driver's License	76) Driver's License
77) Driver's License	78) Driver's License
79) Driver's License	80) Driver's License
81) Driver's License	82) Driver's License
83) Driver's License	84) Driver's License
85) Driver's License	86) Driver's License
87) Driver's License	88) Driver's License
89) Driver's License	90) Driver's License
91) Driver's License	92) Driver's License
93) Driver's License	94) Driver's License
95) Driver's License	96) Driver's License
97) Driver's License	98) Driver's License
99) Driver's License	100) Driver's License

State TOTAL number of boxes marked with a cross

13) Sketch of accident when impact occurred
1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. the position of the line of impact - 4. the road signs - 5. number of the vehicle or sign

REFER TO ATTACHED

14) Signature of driver A

A

15) Signature of driver B

B

Do not alter anything in this statement after signing. Subsequently, each driver should take out costs.

For insured's individual statement (Part II) see overleaf

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)																					
To be completed and submitted within 24 hours to your insurer or Tdax or appointed workshop (Use a separate sheet of paper where necessary)																							
Insured	1 Occupation (if more than one, state all)		Email: <u>TOPmax 3007@yahoo.com</u>																				
	2 Vehicle registration no. <u>CC</u>		If commercial vehicle, state permissible carrying capacity																				
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Reference of Driver with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)																				
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire																						
	<input type="checkbox"/> Others - please specify																						
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no																						
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A																						
	<input type="checkbox"/> B																						
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																						
	7 Date of birth: <u>26/7/73</u> Occupation: <u>Indoor</u> <u>Outdoor</u> Date of license pass: <u>16/6/98</u> Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability																						
	9 Full details of all driving convictions including pending prosecutions in the last 36 months																						
Driver or person in charge of vehicle at the time of accident (including insured)	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty																	
	Date	Offence	Penalty																				
	10 Name(s), address(es) and approximate age(s)																						
Injuries sustained																							
If vehicle occupants, state in which vehicle																							
Were seat belts being worn?																							
Was insured conveyed to hospital by ambulance?																							
Injured persons	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Yes	No	Yes	No																
	Yes	No	Yes	No																			
11 Name(s) and address(es) of owner(s)																							
Vehicle registration no. or details of proximity																							
Nature of damage																							
Insurer's name and address (if known)																							
Damage to property & vehicles (other than vehicles A and B)																							
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
	If yes, please state which Police station																						
	13 Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
	If yes, against whom?																						
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Others																						
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others																						
	16 Speed of vehicles A <u> </u> km/hr B <u> </u> km/hr																						
	17 What warnings were given by driver or other party?																						
	18 Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
	19 What lights were displayed on your vehicle/the other vehicle(s)?																						
	20 If your vehicle is commercial, state weight of load carried at time of accident																						
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)																						
	22 State number of Passengers (including Driver) <u>1</u>																						
	Declaration	I/We declare the foregoing particulars are true in every respect																					
Policyholder's signature <u> </u> Date <u>3/11/18 11:55am</u>																							
Driver's signature (if driver is not the policyholder) <u> </u> Date <u> </u>																							



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2018 15:13	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars

Name of Informant: TAN BENG BENG			Address: APT BLK 79E TOA PAYOH CENTRAL #31-73 SINGAPORE 315079		
ID Type / ID No.: NRIC NO / S7327118E			Contact No.: Home/Office: Mobile: 97990666		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 26/07/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Locksmith			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2018 11:10	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY ANG MO KIO AVENUE 3 CTE slip road towards Ang Mo Kio Avenue 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL5011P	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Slightly Damaged	0
SHC8372M	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20181106/2057

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL5011P	AXA INSURANCE SINGAPORE PTE LTD	GA061767	19/09/2018	18/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN BENG BENG		ID No.	S7327118E
Related Vehicle	SGL5011P (Car)		Contact No.	97990666
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/11/2018		Date Discharge	06/11/2018
No. of Days granted Medical Leave		07	Degree of Injury	Slight
Driver				
Name	AFFANDI BIN AHMAD		ID No.	S8007027F
Related Vehicle	SHC8372M (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 03/11/2018 at about 1115hrs, I was driving my vehicle bearing registration number SGL5011P along CTE and had stopped at a red traffic light. My car was stationary at the slip road of CTE towards Avenue 3, waiting for the traffic light to turn green when a vehicle(SHC8372M) from behind, abruptly collided against the rear of my vehicle. I then alighted from my vehicle to exchange particulars with the driver and to take photos of scene. No one was injured at that point of time and no government property involved. No ambulance or Traffic Police came to scene. The rear of my car was dented due to the collision. Subsequently, both the driver and myself drove off.

On 05/11/2016, I woke up and felt pain on my right foot and went to see to see the doctor. I was then given 7 days MC.



**SINGAPORE
POLICE FORCE**



T/20181106/2057

3 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20181106/2057

CONTINUATION OF REPORT



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20181106/2057


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: E / Sgt 2 SITI NADIA BINTE ROSLI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172

Signature Of Informant: 
Date/Time: 06/11/2018 15:13
Classification Of Case: SN 168

Authentication Stamp
NP168



SIGNATURE

...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Nov 2018 11:55 Edit Reg		07 Nov 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured: -, Co. Reg. No.: -

Main Claimant: **TAN BENG BENG (CHEN MING MING)**, ID: S7327118E

Vehicle Reg. No.: SGL5011P	Date of Loss: 03/11/2018 11:00 - :59 [145 Months and 15 Days From LTA Reg Date (Man Yr)]
Claim Type: TP	Policy/Cover Note No.:
Vehicle Reg. No. (Insured): SHC8372M	Policy No. (Claimant):
	Excess:

Repairer: **Topmax Auto Body Shop (HQ)** Blk 3007 Ubi Road 1 #01-410, 408701 Ubi - Tel: 90622722

Handling Insurer: **India International Insurance Pte Ltd (HQ)** - Tel: 63476100 ... [Handled by **Sherini Pillai**]

Adjuster: **LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **ONG HWEE JIE**] ... [Final Rpt due 16/11/2018]

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)



There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SGL5011P**
[SHC8372M]
TP
TAN BENG BENG (CHEN MING MING)
Nov 3 2018 11:00AM
[-]
Topmax Auto Body Shop

Upload Documents Upload Photos Compose New Letter			View View in Browser <input type="button" value="v"/>	
Photos/Images			3 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	08/11/18 16:21	General View	 Load PDF	
Documentation			1 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
1	08/11/18 09:07	Singapore Accident Statement	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Show Remarks To: <input type="checkbox"/> Handling Insurer	
<small>Note: Remarks are private unless you show it to other parties.</small>	

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/III18020127/JCBE2

Date: 09/11/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle No : SGL5011P

Insured Vehicle No : SHC8372M

Date of Loss: 03/11/2018

Nature of Claim: TP

Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SGL5011P

Make & Model: TOYOTA COROLLA ALTIS, 1.6 (A)

Reg. Date: 19/09/2006 (Man. Year: 2006)

Colour: Black

Engine Capacity: 1598 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): Market Value/New Car Price

Engine No: 3ZZ4596893

Chassis No: MR053ZEC107129654

Odometer: 359444 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 185/70 R14

Rear Tyre Size:

185/70 R14

Front Left Side: Michelin 6 mm

Rear Left Side:

Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side:

Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 07/11/2018

Date Inspected: 08/11/2018 Inspected At:

Topmax Auto Body Shop (HQ)
Blk 3007 Ubi Road 1 #01-410
Singapore 408701

Estimated Period of Repair: 0.0 days

Adjuster: ONG HWEE JIE

Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- 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.

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 09 Nov 2018)

Parts: 143 TOYOTA COROLLA ALTIS 1.6 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SGL5011P)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >