

22/03/2002

ASS. REC. BY:

REF:

CS3/ASM18021309/Jcd302

Special Instruction:

Surveyor:

Hwee Jie

ASSIGNMENT (Office)

From (Person):

Cynthia Boh

of

ASM(AXA)

Date/Time:

28/11/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLA 3329K

Insured:

SKV 1670M

at Workshop m/s

Teamwork Garage

Tel:

6844 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

88M0130C

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20/11/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS <sup>up</sup>

H.O.D. Endorsement:

Date/Time:

28/11/18 @ 10:00am

Person Contacted:

Damen

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

Dismantle parts: 28.11.18

PRS  
Huee Jie

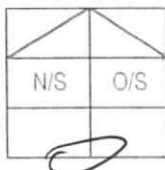
REF: AXA

# 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.



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: SLA 3329K Yr Regn: 26 Feb 2016  
 Type: ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Nissan c.c 1197  
 Colour: white A/C: Insured / Std / NI / NA  
 Sp. Reading: 43109 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: SJNFEEAJ11U1590162  
 Gen. Cond: ☒ Good / Fair / Poor / Burnt  
 Steering: ☒ In order / Jammed / Leaked / Burnt or  
 Brake: ☒ In order / Jammed / Leaked / Burnt or  
 Modi: Nil / ☒ R / STD A/Rim or  
 Tyre Size: F: 215/60 R17  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / ☒ 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. 20/11/18	D.O.I. 28/11/18 @ 1014am
Survey held at Teamwork @ 1020	

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

Range: \$3,500 - \$4,500  
 5 days

*[Signature]*  
 29/11/2018

Date/Time. File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + PS \$

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

100

100

## Service Request Details

### Claim

S8M013QC

### Reference

None 

### Loss Date

November 20, 2018

### Request Date

November 26, 2018

### Due Date

December 3, 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 WorkAccept Work

### Vehicle Information

#### Incident Vehicle Registration #

SLA3329K

#### Make

TPVD NISSAN

#### Model

QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

### Service Address

Removal @ 2:58pm - VAN  
DO PRS  
\* Kindly change ref \*

## Primary Contact/Insured

LIM CHOON KHAI

BLOCK 926, #02-133, JURONG WEST STREET 92, 640926, Singapore

96376459

kelvinlck17@hotmail.com

## Claim Handler

LOH Cynthia

6568804843

cynthia.loh@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

## 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	21/11/2018 16:33
Date Of Accident	20/11/2018 09:35
Exact Location Of Accident	TPE TWDS KPE BEFORE KPE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3329K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH TIAN SENG WILLIAM
NRIC No	S1373812B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96630852
Alternative Phone No	OFFICE-96630852
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT109164
Cover Note Number	
<b>Driver</b>	
Name of Driver	SOH TIAN SENG WILLIAM
NRIC No	S1373812B
Date Of Birth	05/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96630852
Fax Number	
Contact Number	OFFICE-96630852
EMail Address	NOEMAIL

Address	BLK 617A PUNGGOL DRIVE #12-795
Postcode	821617
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SKV1670M
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)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJZ3429Y
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)	

## Accident Sketch Plan

### 1. POLICYHOLDERS' DECLARATION

- (a) I hereby declare that the information provided in this report is given by the driver(s) and/or the Reporting Centre Person(s) and/or the Insurer(s) and/or the Police.
- (b) Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow the Insurer(s) to consider the **policy void and voidable**.
- (c) I warrant that I am not, and I do not intend to, use this report for any purpose other than to file a claim with the Insurer(s) and/or the Police.
- (d) This report will be reviewed by the Insurer(s) of the RAC Roadside Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by the Insurer(s).
- (e) In the signature of this report as the Insurer, you hereby consent to the archiving of this report at the centre and to copies of this report being made available as stated.
- (f) I warrant that I am aware of the Personal Data Protection Act (PDPA).
- (g) I hereby declare that I understand, agree and consent that:
  - (i) My Insurer(s) and/or the General Insurance Association of Singapore ("GIAS") may/are permitted to collect, use, disclose and transfer 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 Insurer's lawyers/law firms, the Secretary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - (A) processing, handling and/or dealing with my claim including the settlement of the claims and any necessary investigations relating to the claims;
    - (B) investigating the accident and/or my claims;
    - (C) carrying out and/or dealing with my instructions or responding to any inquiries by me;
    - (D) 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
    - (E) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - (ii) 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
  - (iii) 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;
  - (iv) 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;
  - (v) the information so collected under (i) above may be shared / disclosed:
    - (A) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
    - (B) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
    - (C) for complying with requirements under any regulations, laws or court orders.

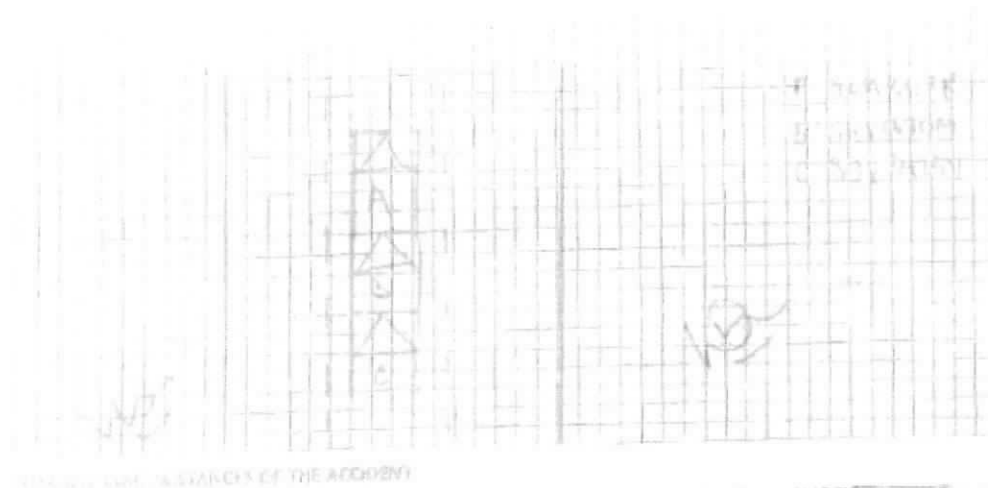
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:  
NRIC/TIN No.:



# Accident Sketch Plan



I was travelling along TPE towards KPE(City) before Kpe Tunnel on the 2<sup>nd</sup> lane. The car in front of me came to a stop and I stopped at a safe distance. Suddenly I felt a huge impact from the rear portion of my vehicle. When I came down the car I realised it was a chain collision.

DECLARATION

(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:  
RSC/FRN No.:

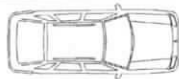
**LKK Auto Consultants Pte Ltd**

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

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PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM18021309/Jcd3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 03-12-2018		
ATTN: CYNTHIA LOH		Code: ASM		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SKV 1670M	Veh. Inspected	SLA 3329K	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M013QC	Excess (\$)	0.00	
Assign From	CYNTHIA LOH	Assign Date	28/11/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SJNFEAJ11U1590162	Colour	WHITE	
Odometer	43109 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
R/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	20/11/2018	Inspect Date / Time	28/11/2018 ( 10:14 AM )	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934			
<b>5a. Remarks</b>				
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 \$3,500-\$4,500				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/ASM18021309/Jcd3e2

Inspected By

ONG HWEI JIE

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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