23/03/2003 ASS, REC, B	The VIII I I I I I I I I I I I I I I I I I
Surveyor	ASSIGNMENT (Office)
From (Perso	(ii) Chen kin then of AM (AXA) Detertions 27/1/18
Terminater C	OSC Pill to:
OD (Tr)/W	VS/TP RES/OD RES/EVA/INV/MV/CS
To Inspect V	/ehicle No: SFJ 395 L Insured: SJL 21807 m/s Precise Auto Tel: 67457367
at Workshop	m/s Precise Auto Tel: 6745 7367
of	1 Kaki BKH Ave 6 # 00-33
Policy No:_	Claim No: S8MO14AA
Sum Insured	Excess:
Make of Veh (Client's Recon	E 04/4/10
CA / REV	/ REP. / REV 24 HRS (LP)
Date/Time:	24/11180 4.03pm Person Contacted: Arive Vehicle IN OUT
Date/Time	Action/Instruction (×) Estimate
	SFJ 395L-NBA/INC/8012098/Y 2011:30/6/18
	SJL 21801- C83/CTI 18003884/ Bt de 2-1 DUA: 20/2/18
	Dismarth: 29/11/2018
×	After apair: 3/12/2018
	Renge 7,000/2 - 8,000/2
	5,000/2

Add Fee:

Site Insp (\$ Interview (\$

Tech. Invs (\$

Weekend (\$

Date/Time, File Return to?

Report Format:

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

PRC

Transportation

) S+RS. SI

100

) Photos

) Others

TOTAL

Menii



Service Request Details

Claim

S8M014AA

Reference

None 🧷

Loss Date

November 24, 2018

Request Date

November 27, 2018

Due Date

December 4, 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

Accent Work

Vehicle Information

Incident Vehicle Registration # SFJ395L

Make

TPVD HONDA

Model

VEZEL HYBRID-1 5 RS (A)

Service Address

Primary Contact/Insured

KENT AUTO SERVICES
2 KAKI BUKIT AVE 2, #01-21 KAKI BUKIT AUTOHUB, 417921, Singapore
67412539
HONGYEN.CHONG@ALLINK.COM.SG

Claim Handler

CHAN Kian Chuan 6568804269 kianchuan.chan@axa.com.sg

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

Year Lindson

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	4287A
Vehicle Details	ON THE RESIDENCE OF THE PROPERTY OF THE PROPER
Vehicle No.:	SFJ395L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID SENSING 1.5X A
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	LEB5962625
Chassis No.:	RU31262608
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$25,194.00
Original Registration Date:	29 Nov 2017
First Registration Date:	29 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Nov 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	28 Nov 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,414.00
COE Rebate Amount:	\$45,931.00
Total Rebate Amount:	\$49,681.00

The information contained herein is correct as at 28 Nov 2018

HESTONY

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App Store

Google play

that this information is accurate, complete or current, sgCarMart.com does not assume any responsibility for errors or omissions or warrant the accuracy of this information.

MVA118152526 / VAC - Bukit Batok ENTRY DATE & TIME: 25/11/2018 10:03 SUBMITTED BY: SUSAN SEAH SOH ENG

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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	25/11/2018 10:03
Date Of Accident	24/11/2018 17:35
Exact Location Of Accident	JURONG WEST ST 65
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFJ395L
Insured/Policyholder	
Name Of Registered Owner	LEXUS LIMOUSINE SERVICES
Co Reg No	53354287A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98556654
Alternative Phone No	OFFICE-98556654
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID-1.5 RS (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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096319153 (CLASSIC)
Cover Note Number	
Driver	
Name of Driver	WONG KOK KWONG
NRIC No	S1479603G
Date Of Birth	19/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98556654
Fax Number	

OFFICE-98556654

NOEMAIL

Address 640 JURONG WEST STREET 61

#13-06

Postcode S640640

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 YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

JURONG NPP

Police Station Address
Police Station Contact

ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: - FAX NO:

If Yes, against whom?

NO

ii res,against whomi

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SENT TO INSURANCE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJL2180T

Vehicle Make/Model/Colour

TOYOTA ALLION

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver LAI CHUI FUN
NRIC/Passport Number S8430589H

Contact Number

84995777

Address Postcode

Insurance Company Name

Page 2 of 15

DETAILS OF INJURED PERSON 1

Name

WONG KOK KWONG

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

SFJ395L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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 invoive 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.

2 E NOV COLS

NRIC/FIN No.

Singapore 659545 Tel: 6560 3312 Fax: 6560 0722 Email: vacbb@singnet.com.sg

IDAC BUKIT BATOK (VAC)

511 Bukit Batok Street 23

Policyholder's Signature Date & Time:

54

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: (1914-22)

Sketch Plan #2 Pg. 1

SKETCH PLAN	
	201
(4)	
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DESCRIBE CIRCUIVISTANCES OF THE ACCIDENT	
ALTERNATION OF THE STATE OF THE	
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	5. 30%
	S/Arse.
DECLARATION	
/We declare the foregoing particulars are true in every respect.	511 Bukit Batok Street 23
SUSINE PE	IDAC BUKIT BATOK (VA -) 511 Bukit Batok Street 23 Singapore 859515 Tel: 6560 3312 Fax: 6569 07722 Email: vachb@singn
	Email: vacbb@singn * 1 - 1
Policyholder's Signature	Reporting Centre Personnel's Signature
Date & Time: (If driver is notithe policyholder)	Name:

Date & Time:

NRIC/FIN No .:





Date of Expiry:

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

GRAB DRIVER

1 of 3 Report No. T/20181124/2117

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Station Diary No.: Vide Report No .: 24/11/2018 20:49 44 Informant's Particulars Name of Informant: Address: WONG KOK KWONG APT BLK 640 JURONG WEST STREET 61 #13-06 SINGAPORE 640640 ID Type / ID No.: Contact No .: NRIC NO / S1479603G Home/Office: Mobile: 98556654 Nationality: Email: SINGAPORE CITIZEN Sex: Date of Birth: Type of Informant: Age: Male 57 19/09/1961 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information:

Class: 3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2018 17:35	Type of Location Straight Road	
Location: Along Road 1 JURONG WE Weather: Clear	ST STREET 65	Road Surface:	F	Road Speed Limit:	
Traffic Flow: One Way				Traffic Volume: Moderate	
	0.00	Traffic Control:			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFJ395L	Car				Slightly Damaged	0
SJL2180T	Car				Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				





Police Station Of Origin:

Report No. T/20181124/2117

2 of 3

158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

Jurong NPP

CONTINUATION OF REPORT

Driver Name	WONG KOK KWONG	S	The state of the state of the state of	ID No.	MODIFICATION.	S1479603G
				L. K. CHILLIAN ST. C. C.		
Related Vehicle	SFJ395L (Car)			Conta	ct No.	98556654
Hospital/Clinic PROHEALTH MEDICAL GROUP @ TAMAN JURONG PTE LTD			@	Class Driving Licent Expiry	g -	Class: 3 Date of Expiry: NIL
Date Treatment	Date Treatment 24/11/2018			harge 24/11/2018		/2018
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight	
Driver						
Name	LAI CHUI FUN			ID No		S8430589H
Related Vehicle	SJL2180T (Car)			Contact No.		84995777
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	*

Brief Details.

On 24/11/18, around 1735hrs, I was travelling along JW St 65 turning left into JW St 62 in my vehicle V1) SFJ395L. I stopped after the filter lane to give way into oncoming traffic. Subsequently, V2) SJL2180T collided into rear of V1. I was injured and went to Prohealth Clinic Taman Jurong for treatment and received 3 days MC. No police or ambulance attended to me. I am lodging this report for insurance claims purposes.





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999 3 of 3 Report No. T/20181124/2117

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:	Signature Of Informant:
Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN	
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2018 20:49
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	



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 INSI	PECTI	ON REPORT		
AXA	INSURANCE PTE	LTD	Ref:	CS3/ASM18021391	/Acd3e2	
8 SH 0688	2011	-01 AXA TOWERSINGAPORE	Date:	02-01-2019		
ATT	N : CHAN KIAN CH	HUAN	Code:	ASM		
1.		Policy Particulars	:- (THIF	D PARTY CLAIM)		
	Insured Veh.	SJL 2180T	Veh. I	nspected	SFJ 395L	
	Policy No.	CHAN KIAN CHUAN	Cover	age (\$)	0.00	
	Claim No.	S8M014AA	Exces	s (\$)	0.00	
	Assign From		Assig	n Date	27/11/2018	
2.		Vehicle Parti	culars	& Condition		
	Make & Model	HONDA VEZEL HYBRID	c.c		1496	
	Engine No.	HIDDEN	Year o	f Reg.	2017	
	Chassis No.	RU31262608	Colou	r	GREY	
	Odometer	77742 KM	Steeri	ng	IN ORDER	
	Brakes	IN ORDER	Modifi	cation	SPORTS RIM	
	General	GOOD				
3.		Condit	ions of	Tyres		
		Size	Make		Balance	
	R/H Front Tyre	215/60 R16	MICHE	LIN	6 mm	
	L/H Front Tyre	215/60 R16	MICHE	LIN	6 mm	
	R/H Rear Tyre	215/60 R16	MICHE	LIN	6 mm	
	L/H Rear Tyre	215/60 R16	MICHE	LIN	6 mm	
1.	. Description of Damages					
	THE VEHICLE SUSTAINED DAMAGES AT THE REA			TION.		
5.		Genera	al Infor	mation		
	Accident Date	24/11/2018	Insped	t Date / Time	28/11/2018 (09:15 AM)	
	Survey held at	PRECISE AUTO SERVICE				
	NO.1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883					
ia.		R	emark			
	B) THE REPAIR E THE REPAIRER W C) ENCLOSED PL	ON WAS CONDUCTED ON A "WI STIMATE WAS NOT PRESENTED WAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE ED REPAIR COST OF THE DAMA	AT TH TIMATE PHOTO	E TIME OF INSPECT GRAPHS.	ION.	
b.		Estimate	Days	of Repair		
	ESTIMATED NORMAL PERIOD FOR REPAIR: 5 Working Days					

Report Ref No. CS3/ASM18021391/Acd3e2

Inspected By

X.S.

ADRIAN LING WAI PING

K.K.LAU CPT(RET)

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

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

Licensed Appraiser

REGD Auto Consultant-SAE, Licensed Appraiser

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