

22/03/2002

ASS. REC. BY:

REF: CS3/ASM18021589/Jcb22

Special Instruction:

Surveyor:

Small claim

ASSIGNMENT (Office)

From (Person):

Chan Kian Chuan

of

ASM

Date/Time:

28-11-2018 8:47am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJV 273U

Insured:

SHC 5361P

at Workshop m/s

Teamwork

Tel:

6844 2475.

of

53 Ubi Ave1 401-24

Policy No:

Claim No:

SBM014DT

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26-11-2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

29-11-2018

Person Contacted:

Darrin

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SJV 273U - NA/MS6180/1373/24 DUA: 26/11/2018
	SHC 5361P - CC3/AXA 13011149 / Kpb3U DUA: 19/06/2013
	Dismantle: 4/12/2018
	After repair: 11/12/2018

REF: ASM (AXA)

## ASSIGNMENT

From: Date: 30/11/18

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:

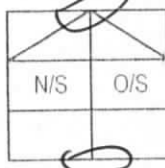
Excess:

(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: 10 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SJV 273U Yr Regn: 7 Jan 2010

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

Truck / Trailer or

Make: Mercedes

C.C. 1796

Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: 96815

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD2120472A117130

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: 245/45 R17

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. 30/11/18 @ 10:37am

Survey held at

@ 1040

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

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

Date / Time Action / Instruction

Range: \$14,000 - \$16,000  
10 days

11/12/2018

RECEIVED 13 DEC 2018

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: 2

Survey Fee:

100

Transportation:

Add Fee: ☐ Site Insp (\$)

) \$ + RS. \$

☐ Interview (\$)

) Photos

☐ Tech. Invs (\$)

) Others

☐ Weekend (\$)

) TOTAL

Report Format: PRE

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

TOTAL

100



## Service Request Details

Claim

S8M014DT

Reference

None 

Loss Date

November 26, 2018

Request Date

November 28, 2018

Due Date

December 5, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

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Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

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Incident Vehicle Registration #

SJV273U

Make

TPVD

Model  
MERCEDES-BENZ

Service Address

, , ,

Primary Contact/Insured



TRANS-CAB SERVICES PTE LTD  
No.2 ANG MO KIO STREET 63, 569111, Singapore

Claim Handler

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

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
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New Message

TYPE	
SENT	11/28/18 1:16 PM
FROM	CHAN Kian Chuan
SUBJECT	DS
BODY	PLS PROCEED DS WITH QUANTUM TO BE AGREED, REQ FOR ... 

**Catherine Chong (LKK Auto)**

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**From:** Teamwork Garage Pte Ltd <claims@teamworkgarage.com>  
**Sent:** Tuesday, 27 November, 2018 5:04 PM  
**To:** SG AXA Insurance SM Claims Service Team; SG AXA Insurance SM AXA SGP - Motor Survey  
**Subject:** YOUR REF : SHC5361P // OUR REF : 1811-36 ACCIDENT INVOLVING SHC5361P AND SJV273U ON 26.11.2018  
**Attachments:** 2018\_11\_27\_15\_33\_49.pdf  
**Categories:** Shailendra

WITHOUT PREJUDICE

OUR REF: 1811-36  
YOUR REF: SHC5361P

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SJV273U  
ACCIDENT INVOLVING SHC5361P AND SJV273U ON 26.11.2018

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction – Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Regards,

Letitia  
Teamwork Garage Pte Ltd  
Blk 53 Ubi Avenue 1  
#01-24  
Paya Ubi Industrial Park  
Singapore 408934  
Tel: 6844 2475  
Fax:6844 24745

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	2686G
<b>Vehicle Details</b>	
Vehicle No.:	SJV273U
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Dec 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 250CGI
Primary Colour:	Brown
Manufacturing Year:	2009
Engine No.:	27186030014904
Chassis No.:	WDD2120472A117130
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$55,057.00
Original Registration Date:	07 Jan 2010
First Registration Date:	07 Jan 2010
Transfer Count:	1
Actual ARF Paid:	\$55,057.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jan 2020
PARF Rebate Amount:	\$30,281.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	06 Jan 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$19,289.00
COE Rebate Amount:	\$2,084.00
<b>Total Rebate Amount:</b>	<b>\$32,365.00</b>

The information contained herein is correct as at 07 Dec 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	27/11/2018 13:07
Date Of Accident	26/11/2018 13:15
Exact Location Of Accident	CHANGI AIRPORT BLVD BEFORE PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV273U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LILIS KOSASI
NRIC No	S2742686G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90286739
Alternative Phone No	OFFICE-90286739

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250CGI
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	D29086525QMX
Cover Note Number	

### Driver

Name of Driver	LILIS KOSASI
NRIC No	S2742686G
Date Of Birth	18/09/1958
Occupation	INDOOR
Date Of Driving Pass	19/01/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90286739
Fax Number	
Contact Number	OFFICE-90286739
EMail Address	NOEMAIL

Address	33 AMBER GARDENS #03-07
Postcode	439968
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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?	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	SHC5361P
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5766E
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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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLK4169X

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 4

Vehicle Registration Number

SLH9805B

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 INJURED PERSON 1

Name

LILIS KOSASI

Approximate Age

Injuries Sustain

NECK & CHEST

Injured person in which vehicle?

SJV273U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Accident Sketch Plan

### 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:

26/11/13

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A: SJV273U	
B: SHC5361P	
C: SHC5766E	
D: SLK4169X	
E: SLH9805B	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Changi Airport Blvd before PIE on the 3rd lane. While I was travelling straight, the vehicle in front of me suddenly stop, so I follow to stop as well without any contact with the front vehicle. All of a sudden, I felt an huge impact from my vehicle rear position and the impact caused my car to swerve forward and hit into the vehicle in front.

## DECLARATION

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

Policyholder's Signature

Date & Time:

26/11/18  
GUANIC (Singapore) Pte Ltd

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**

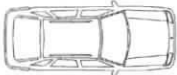
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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/ASM18021589/Jcbe2	
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 02-01-2019	
ATTN : CHAN KIAN CHUAN		Code: ASM	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHC 5361P	Veh. Inspected	SJV 273U
Policy No.		Coverage (\$)	0.00
Claim No.	S8M014DT	Excess (\$)	0.00
Assign From	CHAN KIAN CHUAN	Assign Date	28/11/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ E 250CGI	c.c	1796
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WDD2120472A117130	Colour	RED
Odometer	96815 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	245/45 R17	MICHELIN	6 mm
L/H Front Tyre	245/45 R17	MICHELIN	6 mm
R/H Rear Tyre	245/45 R17	MICHELIN	6 mm
L/H Rear Tyre	245/45 R17	MICHELIN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
<b>5. General Information</b>			
Accident Date	26/11/2018	Inspect Date / Time	30/11/2018 ( 10:37 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 \$14,000-\$16,000			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days	

Report Ref No. CS3/ASM18021589/Jcbe2

**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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