

REF: C33 / ASM18008397 / Avb⁶²¹

Special Instruction:

From (Person): Heng Xinyi of Seah Ong Date/Time: 14/2/2018
Estimated Cost: Bill to

Third Parties

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SFM 9779M Insured: SKT 2151Z

at Workshop m/s United St Automobile
of 53 Ubi Ave 1 #01-56

Tel:

Policy No: _____ Claim No: 18-25864 PD-0

Sum Insured: _____ Expense: _____

Make of Veh: _____ D.O.A. 30.04.2018

(Client's Record)

H.O.D. Enrolment/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 24/7/18 Confirmed with Tepeke Final Fig LS 2000, 2 days (Red S 857.90 / 81 %; Original days)

Date/Time: _____ Submit Final Fig _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time	Action/Instruction
SFM 9779m - C33 / NSM15008397 / Nallez	DOT: 30042018
SKT 0151Z : C04 / NSM13018914 / Klebs	DOT: 13102018
RECEIVED 07 JAN 2018	

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
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Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

150

[illegible]

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

151

1) Date/Time 7/1- typist File Pass to

2) Date/Time

File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time

File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time

File Return to

SECRET

REF: CAS/ASM18003397/A Zuber Special Instructions

ASSIGNMENT (Office)

Smart claim

From (Person)

Ernest Tay

of

ASM

Date/Time

208 052018

Estimated Cost

Bill to

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

To Inspect Vehicle No

Sfm 9779M

Insured

SKT 2151Z

at Workshop no

United SG Automobile

Tel

6747 11454

at

53 Ubi Ave 1 #01-56

Policy No

Claim No

38M0056E

Sum Insured

Excess

Make of Veh

D.O.A 50042018

(If Rent's Record)

CA / REV / REP / REV 24 HRS up

09.052018

Date/Time

08052018 1302pm

Person Contacted

Vicky

H.O.D. Endorsement

Vehicle IN / ~~OUT~~

Date/Time

Action/Instructions (X) [Stamp]

208 052018

208 052018

Dismantle Ref: 10052018

After repair: 11052018

Catherine Chong (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Friday, 14 December, 2018 5:16 PM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SFM 9779M [Our file ref: 18.25864 PD-O]

Dear Catherine,

CLAIMANT :	NEO KEE CHOON THOMAS
VEHICLE NUMBER :	SFM 9779M
ALLEGED ACCIDENT DATE :	30 APRIL 2018
AXA VEHICLE NUMBER :	SKT 2151Z

We refer to the above and to the tele-conversation between our goodselves this afternoon.

As spoken, you informed us that your Mr Adrian has conducted the following inspections:-

1. Pre repair inspection on 9 May 18;
2. Dismantled part inspection on 10 May 18; and
3. After repair inspection on 11 May 18.

You also informed us that you were not an SJE in this case as there is no agreement on the repair costs with the Claimant's workshop.

In this regard, kindly let us have your post repair inspection report and invoice, for our further action. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)
Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877

Tel: 6536 5369
Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

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From: Xin Yi <xinyi@seahong.com.sg>
Sent: Thursday, 13 December 2018 4:30 PM
To: 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>

Cc: 'Chee Kiong (cheekiong@seahong.com.sg)' <cheekiong@seahong.com.sg>; 'samson@seahong.com.sg' <samson@seahong.com.sg>; 'amanda@seahong.com.sg' <amanda@seahong.com.sg>; 'sharon@seahong.com.sg' <sharon@seahong.com.sg>

Subject: SFM 9779M [Our file ref: 18.25864 PD-O]

Dear Catherine,

CLAIMANT :	NEO KEE CHOON THOMAS
VEHICLE NUMBER :	SFM 9779M
ALLEGED ACCIDENT DATE :	30 APRIL 2018
AXA VEHICLE NUMBER :	SKT 2151Z

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD. A copy is enclosed. They appear to have agreed to you as the SJE or your recommended repair cost.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please arrange for post repair inspection with the claimant's solicitor and let us have your survey report thereafter.

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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DAVID NAYAR AND VARDAN ADVOCATES & SOLICITORS

49A TEMPLE STREET,
SINGAPORE 058594

NOTARY PUBLIC & COMMISSIONER FOR OATHS

TEL: (65) 6324 5545 FAX (65) 6324 1711 (NOT FOR SERVICE OF COURT DOCUMENTS) UEN NO. 53131372K

*Email Security: We reserve the right not to act on email until verification of the same

Email: dm:law@pacific.net.sg jadewv@outlook.sg

www.davidnayar.com.sg

60123507

Your Ref: -To be advised-
Our Ref: DNV/JW/10475.18

3 December 2018

ATTN: MOTOR CLAIMS DEPARTMENT
AXA INSURANCE PTE LTD

8 Shenton Way
#24-01 AXA Tower
Singapore 068811

HU JIE
16 West Coast Crescent
#01-04
Singapore 128044

Dear Sirs,

NAME OF CLAIMANT:
ADDRESS OF CLAIMANT:

MR NEO KEE CHOON THOMAS
C/O UNITED SG AUTOMOBILE PTE LTD
53 UBI AVENUE 1
#01-56
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934



BY AIR REGISTERED MAIL &
FAX 6880 5501



BY CERTIFICATE OF POSTING



ACCIDENT INVOLVING SFM9779M AND SKT2151Z AT OPEN SPACE CARPARK AT BUKIT MANIS ROAD ON 30 APRIL 2018

1. We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 30 April 2018 at the open space carpark at Bukit Manis Road involving our client's vehicle registration number SFM9779M and vehicle registration number SKT2151Z owned by you and/or driven by you at the material time.
2. We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

	Particulars	S\$
a)	Costs of Repair	2,140.00
b)	Loss of Use (5 days x S\$200)	1,000.00
c)	Costs	1,000.00
d)	LTA Search Fee	7.49

IMPORTANT NOTICE

This facsimile transmission letter is intended for the addressee only and may contain confidential and/or privileged information. In the event you have received this facsimile letter in error, please do not disseminate it and we would be obliged if you would contact us immediately at 6324 5545.

THANKYOU

	Total	4,147.49
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3. A copy of each of the following supporting documents is enclosed:
- a) Our client's Singapore Accident Statement (including the Traffic Accident Report made on 1 May 2018);
 - b) The repairer's invoice; and
 - c) The LTA search.

A single joint expert ("SJE") motor surveyor was appointed to conduct the pre-repair survey of our client's vehicle and a copy of the motor surveyor's report had been made available to you and/or your insurers by the SJE.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,



David Nayar and Vardan

encs

cc client

United SG Automobile Pte Ltd

"We are always in your journey"

53 Ubi Ave 1, #01-56 Paya Ubi Industrial Park, Singapore 408934.

Tel : 6747 4454 | Fax : 6747 7752 | Email: claims@unitedsg.com.sg

UEN No. 201729521C | GST No: 201729521C

ESTIMATION QUOTE

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811
ATTN: MOTOR CLAIMS DEPARTMENT

W002078725046781

VEHICLE NO : SFM9779M
MAKE MODEL : MERCEDES E250
REFERENCE : USG-201805-02
DOA : 30-Apr-18
CLAIM TYPE : 3P CLAIM

PAGE 1 OF 2

LIST ITEMS	QTY	LIST PRICE (\$)	REMARKS
REAR BUMPER <i>del</i>	1	2,800.00 1459	
REAR BUMPER RETAINER <i>an</i>	2	250.00 125	
REAR BUMPER INNER GUIDE <i>an an</i>	1	419.00	*
REAR BUMPER REINFORCMENT <i>an an</i>	1	893.00	*
REAR BUMPER LOWER GARNISH <i>del</i>	1	609.00 365	
REAR LH TAILLAMP <i>3 an</i>	1	712.00	+
REAR LH BOOTLID LAMP	1	520.00	+
END PANEL <i>3 an</i>	1	1,023.00	+
END PANEL TOP GARNISH	1	495.00	+
PDC SENSOR <i>1 piece by 2</i>	4	2,020.00 250	
PDC HOLDER <i>an an</i>	4	240.00	+

\$ 8,981.00

LESS 10% \$ 898.10

SUBTOTAL \$ 8,082.90

BALANCE C/F \$ 8,082.90

SPECIAL NETT ITEMS	QTY	LIST PRICE (\$)	REMARKS
BALANCE B/F		\$ 8,082.90	

REAR BUMPER CLIP <i>an</i>	1 SET	50.00 30	
JOINT SEALANT <i>an an</i>	1	150.00	*

SUBTOTAL \$ 200.00

BALANCE C/F \$ 8,282.90

LABOUR	S/NO	LIST PRICE (\$)	REMARKS
BALANCE B/F		\$ 8,282.90	

CHECK REAR WIRING AND LIGHTNING SYSTEM	1	60.00 30	
REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	2	200.00	*
REMOVE AND RENEW REAR REVERSE SENSOR	3	150.00 50	
DIAGNOIS CHECK AND CLEAR FAULT CODE	4	200.00	+

30

ESTIMATION QUOTE

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811
ATTN: MOTOR CLAIMS DEPARTMENT

VEHICLE NO SFM9779M
MAKE MODEL MERCEDES E250
REFERENCE USG-201805-02
DOA 30-Apr-18
CLAIM TYPE 3P CLAIM

PAGE 2 OF 2

LABOUR	S/NO	LIST PRICE (\$)	REMARKS
PANEL BEATING ON AFFECTED AREAS	5	\$ 800.00	20
SPRAY PAINTING ON AFFECTED AREAS	6	\$ 800.00	20
APPLY ANTI RUST ON AFFECTED	7	\$ 80.00	X

SUBTOTAL \$ 2,290.00

480

GRAND TOTAL \$ 10,572.90

Adrian King
h/s 09/05/18.
02 Apr

total 2489.10
h/s: 2K.

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 ability.
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	02/05/2018 14:11
Date Of Accident	30/04/2018 19:30
Exact Location Of Accident	BUKIT MANIS ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM9779M
Insured/Policyholder	
Name Of Registered Owner	NEO KEE CHOON THOMAS
NRIC No	S1524839D
Email Address	TOMNEO28@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97843843
Alternative Phone No	OFFICE-97843843

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 CGI (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA186217
Cover Note Number	

Driver

Name of Driver	NEO KEE CHOON THOMAS
NRIC No	S1524839D
Date Of Birth	28/05/1962
Occupation	INDOOR
Date Of Driving Pass	06/08/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97843843
Fax Number	
Contact Number	OFFICE-97843843
Email Address	TOMNEO28@GMAIL.COM

Address	23 JALAN LIMAU MANIS
Postcode	468351
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2419999 - FAX NO: 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180501/2064. STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (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	SKT2151Z
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

SKETCH PLAN

	Vehicle No
	A - 5M1171/13
	B - 3KT2512
<p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Vehicle</p> </div> <div style="text-align: center;"> <p>Bike</p> </div> </div>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

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

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.:

GUAMC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20180501/2064

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

1 of 3

Report No. T/20180501/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2018 15:06		Vide Report No.:	Station Diary No.: 14
Informant's Particulars			
Name of Informant: NEO KEE CHOON THOMAS		Address: 23 JALAN LIMAU MANIS SINGAPORE 468351	
ID Type / ID No.: NRIC NO / S1524839D		Contact No.: Home/Office: Mobile: 97843843	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 28/05/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/04/2018 19:30	Type of Location: Car Park
Location: Along Road 1 BUKIT MANIS ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SFM9779M	Car	MERCEDES BENZ	E250 CGI A	Grey	Slightly Damaged	0
SKT2151Z	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFM9779M	AXA INSURANCE SINGAPORE PTE LTD	GA186217	12/04/2018	11/04/2019



**SINGAPORE
POLICE FORCE**



T/20180501/2064

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

2 of 3

Report No. T/20180501/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	NEO KEE CHOON THOMAS	ID No.	S1524839D
Related Vehicle	SFM9779M (Car)	Contact No.	97843843
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/04/2018 at about 1230hrs, I had parked my vehicle (SFM9779M) in one of the parking lot of the open space carpark located at Bukit Manis Road as I was attending a Golf tournament hosted by LTA at Sentosa Golf Club.

Subsequently, at about 2000hrs, I was alerted by the announcement made by the community members as my car plate number was mentioned. I was then informed by the community members that earlier at about 1930hrs, the car park marshal had informed the community members that she had witness a case of hit and run which involved one vehicle (SKT2151Z) and my vehicle. On the same day at about 2130hrs, I then went back to my vehicle and discovered that my rear left portion of the vehicle had scratches, dents and cracks.

On 01/05/2018 at about 0800hrs while I was at home located at 23 Jalan Limau Manis, I then went to view the footage from my rear in-build camera and discovered that on 30/04/2018 at about 1930hrs one vehicle (SKT2151Z) had reversed and collided onto the rear left portion of my vehicle. The driver (a male) was seen coming out of his vehicle and he had stood in front of my vehicle. Shortly after, he then went back into his vehicle and drove off.

I wish to state that I believed that the driver that had collided onto my vehicle could have be one of the club member or invited guest as only invited guest or club member had access to the open space car park. I had both front and rear in-build camera in my vehicle. The car park marshal (Bajyah Abu Bakar, Tel: 82332322) mentioned that she will be lodging a Police report as a witness to the hit and run.



**SINGAPORE
POLICE FORCE**



T/20180501/2064

Police Station Of Origin:

Bedok NPP

15 Bedok South Road #01-117 SINGAPORE
460015

Tel No: 1800-2419999

3 of 3

Report No. T/20180501/2064

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:

G /

Sgt 1 TAN EDMUND NEIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/05/2018 15:06

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

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.

Reporting Centre: Progressive Automotive Pte Ltd

1 Date of accident: 5/4/2018		2 Exact location of accident: A&H MANIS RD CAR PARK		To be signed by BOTH drivers	
3 Time: 15Z				3 Injuries given if slight	
4 Material damage		5 Witness' name, address and tel no. (to be undertaken if hostile is passenger in vehicle A or vehicle B)		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
To vehicles other than vehicles A and B				Vehicle Vandal	
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>				Covers Available	
To objects other than vehicles				No <input type="checkbox"/> Yes <input type="checkbox"/>	
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>					

Registration No. (VEHICLE A) SFM 9719M

Insured / policyholder (see insurance cert.)

Name: NEO KEE CHUAN THOMAS

Address: 33 SALAN LIMAN

Phone: 51455511

NRIC / Passport no: 31524254D

Tel no. (From Home or Work):

HP: 97843843

Vehicle

Make, type: Mercedes Benz

Insurance company

AXA ☒ C ☐ TPST ☐ TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☒

Policy No: YAI/60186217

Driver

Name: ☒ Same as Insured

Name (Capital letters):

NRIC / Passport no:

Class of licence: 6

HP:

Gender: Male ☐ Female ☐

12 CIRCUMSTANCES

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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Q1 Clean Collision |
| <input type="checkbox"/> | Q2 Collided into Object |
| <input type="checkbox"/> | Q3 Collided into Motorcyclist |
| <input type="checkbox"/> | Q4 Collided into Parked Vehicle |
| <input type="checkbox"/> | Q5 Collided into Pedestrian |
| <input type="checkbox"/> | Q6 Collided into Property |
| <input type="checkbox"/> | Q7 Collision - Change/Drive Lane |
| <input type="checkbox"/> | Q8 Collision - Cross Junction |
| <input type="checkbox"/> | Q9 Collision - Head on Collision |
| <input type="checkbox"/> | Q10 Collision - Head to Rear |
| <input type="checkbox"/> | Q11 Collision - Major/Minor Rd |
| <input type="checkbox"/> | Q12 Collision - Opening Door of vehicle |
| <input type="checkbox"/> | Q13 Collision - Roundabout |
| <input type="checkbox"/> | Q14 Collision - U-Turn |
| <input type="checkbox"/> | Q15 Drink Driving / Drug Influence |
| <input type="checkbox"/> | Q16 Rev. Engine or Ignition |
| <input type="checkbox"/> | Q17 Road |
| <input type="checkbox"/> | Q18 Hit and Run / Vandalism / Damaged vehicle Parked |
| <input type="checkbox"/> | Q19 Hit by Public Transport / Other Objects |
| <input type="checkbox"/> | Q20 No Collision |
| <input type="checkbox"/> | Q21 Side Swipe |
| <input type="checkbox"/> | Q22 Trunk |

Registration No. (VEHICLE B) SKT 2151Z

Insured / policyholder (see insurance cert.)

Name: _____

Address: _____

NRIC / Passport no: _____

Tel no. (From Home or Work): _____

HP: _____

Vehicle

Make, type: _____

Insurance company

C ☐ TPST ☐ TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available): _____

Driver (See driving licence)

(If different from insured B above)

Name: _____

NRIC / Passport no: _____

Class of licence: _____

HP: _____

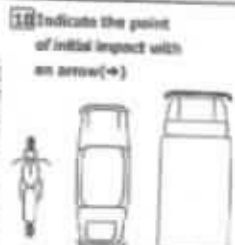
Gender: Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road width - 5. names of the streets or roads

REFER TO ATTACHED



15 Visible damage to vehicle A

15 Visible damage to vehicle B

16 My remarks

16 My remarks

17 Signatures of drivers

A _____

B _____

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

Do not start driving in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

DRIVER IC/DL

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)																				
To be completed and submitted within 24 hours to your insurer or J&S or appointed workshop (Use a separate sheet of paper where necessary)		6747752																				
Insured	1. Occupation (if more than one, state all)																					
	2. Vehicle registration no. <u>55H9 774M</u> CC <u>1.2</u> Email: <u>tom.ves 28@gmail.com</u>																					
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state relationship of driver with owner																					
	4. Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire																					
Of which vehicle are you the owner?	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present																					
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																					
	7. Date of birth: <u>28/5/1962</u> Occupation: <u>Indoor</u> Date of license pass: <u>6/8/1980</u> Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																					
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability																					
Driver or person in charge of vehicle at the time of accident (including insured)	9. Full details of all driving convictions including pending prosecutions in the last 36 months																					
	<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																						
Injured persons	If vehicle occupants, state in which subject																					
	Were seat belts being worn?																					
	Was injured conveyed to hospital by ambulance?																					
	<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																			
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)																					
	Vehicle registration no or details of property																					
Police action	Nature of damage																					
	Insurer's name and address (if known)																					
	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station: <u>SG 46 MPF</u>																					
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom?																					
Accident details	14. Weather conditions: Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Others <input type="checkbox"/>																					
	15. Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>																					
	16. Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr																					
	17. What warnings were given by driver or other party?																					
	18. Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																					
	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 road, speed limits, etc (Refer to attached)																					
	22. State number of Passengers (including Driver): <u>0</u>																					
	Declaration	I/we declare the foregoing particulars are true in every respect																				
Policyholder's signature: <u>[Signature]</u> Date: <u> </u> Driver's signature (if driver is not the policyholder): <u>[Signature]</u> Date: <u> </u>																						

488882



IC No: S1524839D



Date of issue
23-04-2013

Address
23 JALAN LIMAU MAHIS
SINGAPORE 488351

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	Valid Date
Class 0	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Aug 1960

IC No: S1524839D

HP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1524839D



Name
NEO KEE CHOON THOMAS

Race
CHINESE

Date of birth
28-05-1962

Country of birth
SINGAPORE

Sex
M

IC No
S1524839D

REPUBLIC OF SINGAPORE DRIVING LICENCE

IC No: S1524839D

Name
NEO KEE CHOON THOMAS

Date of birth
28 May 1962

Valid Date
20 Dec 2007



100048728C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	11/12/2018 10:56
Date Of Accident	30/04/2018 19:30
Exact Location Of Accident	BUKIT MANIS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2151Z
Insured/Policyholder	
Name Of Registered Owner	HU JIE
NRIC No	S8069075D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81868962
Alternative Phone No	HOME-81868962

Vehicle Particulars

Manufacturer	BMW
Model	523i-2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1635914
Cover Note Number	

Driver

Name of Driver	LEE YONG YEOW
NRIC No	S1284614B
Date Of Birth	04/05/1958
Occupation	INDOOR
Date Of Driving Pass	15/11/1978
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96888469
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16 WEST COAST CRESENT #01-04 SINGAPORE 128044
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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 TO SKETCH PLAN

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	SFM9779M
Vehicle Make/Model/Colour	MERCEDES
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:

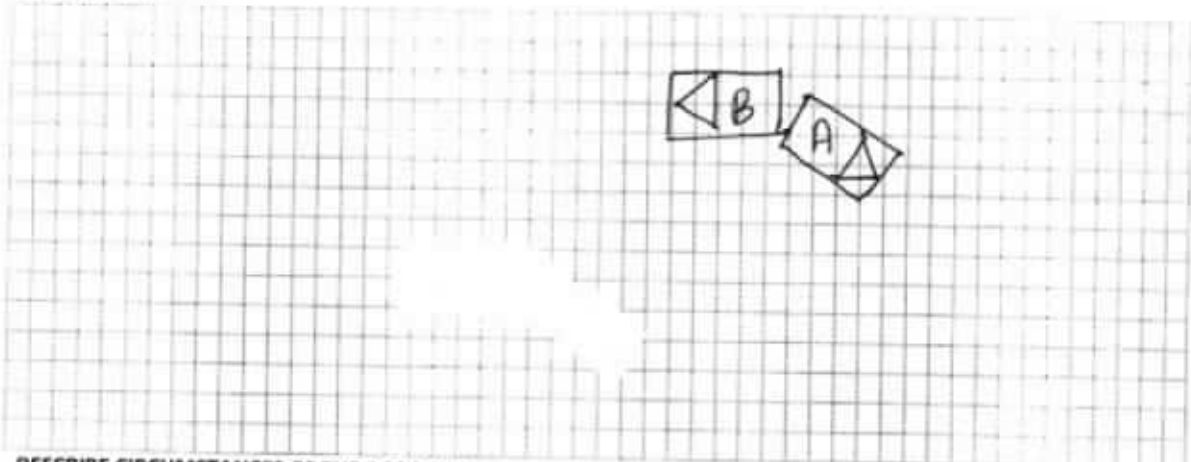
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Police Personnel's Signature
Name:
NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was dark and drizzling. I reversed my car and hit a car lightly. I got out of my car to inspect the knocked vehicle and found no visible damage to his bumper and mirror. I notified a car attendant present to note my car number in the event the other car driver wants to contact me. As it was drizzling, I drove off.

(Note A) *(Note B)*

Important:
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

<input checked="" type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time 11/12/18
10:30 am

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

Sketch Plan

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 8804888 Fax:
Website: www.axa.com.sg
GST Registration Number: 199803512M
customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

• Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) • Motor Vehicles (Third-Party Risks and Compensation) Rules, 1968 • Road Transport Act, 1987 (Malaysia) • Motor Vehicles (Third-Party Risks) Rules, 1998 (Malaysia)

CERTIFICATE NO. : VPA/P1635914 Account No. : 13854
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : HU JIE
Vehicle Registration No. : SKT21512
Period of Insurance : From 21/11/2018 To 20/11/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
(b) Any other person who is driving on the Policyholder's order or with his permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

Basic Own Damage Excess : SGD 500.00

An Additional Excess is applicable as follows:
S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.
S\$5,000.00 for Undeclared Young and Inexperienced Driver.
(Please refer to your policy on the terms & conditions)

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIJXIA2 on 17/10/2018

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1284614B



Name
LEE YONG YEOW

李榮耀

Race
CHINESE

Date of birth
04-05-1958

Sex
M

Country/Place of birth
SINGAPORE

S1284614B

REPUBLIC OF SINGAPORE DRIVING LICENCE



LEE YONG YEOW

Valid from: 04 May 1958

Valid until: 02 Jan 2008



NRIC No. S1284614B



Date of issue
10-05-2018

Address
16 WEST COAST CRESCENT
#01-04
SINGAPORE 128044

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

VALID DATE
10 Nov 1978

NP 426A



REPUBLIC OF SINGAPORE

ENTITY CARD NO. S8069075D



Name

HU JIE

胡 洁

Race

CHINESE

Date of birth

17-12-1980

Sex

F

Country of birth

CHINA



9199096



NRIC No. S8069075D

Nationality

AUSTRALIAN

Date of issue

22-04-2013

18 WEST COAST CRESCENT #01-04
SINGAPORE 128044

NRIC No: S8069075D

Date: 26/01/2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPORTING MILEAGE



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MOR118159746 Vehicle Registration No: SKT2151Z
Name (as shown in NRIC) : HU JIE NRIC/FIN/Passport No : S8069075D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 16 WEST COAST CRESENT #01-04 Singapore (128044)
Contact (Tel) : _____ Mobile No. : 96688469
Email Address : _____
Date of Accident : 30/04/2018 19:30 Time of Accident : 1930 HRS
Place of Accident : BUKIT MANIS ROAD
Insurance Company : AXA Insurance Pte Ltd


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVISE INSURED DRIVER DATE OF BIRTH FROM 15/11/1978 TO 04/05/1958



Policyholder / Driver's Signature
Date: _____



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

United SG Automobile Pte Ltd

"We are there in your journey"

53 Ubi Avenue 1 #01-56 Paya Ubi Industrial Park Singapore 408934
Tel : 6747-4454 | Fax : 6747-7752 | Email: claims@unitedsg.com.sg
UEN No : 201729521C | GST No : 201729521C

TAX INVOICE

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Invoice number

UI-1019

Date

4-Jul-18

Vehicle number

SFM9779M

Make Model

MERCEDES E250

Accident date

30-Apr-18

Reference number

USG-201805-02

Description		Amount SGDS
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump Sum Repair		2000.00
GST @ 7%		140.00
	Total	2140.00

Singdollars: Two Thousand One Hundred and Fourty



UNITED SG AUTOMOBILE PTE LTD

Enquire Vehicle & Owner Information (Vehicle No. SKT2151Z As At 30 Apr 2018 / 19:30:00)

1. and 2. from 30 Apr 2018

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: (2018) 70010456 10

3. and 4. from 30 Apr 2018

Owner ID Type: Singapore NRIC

Owner ID: S806907543

Owner Name: HU JIE

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complex

Registered Block/House No.: 16

Registered Street Name: WEST COAST CRESCENT

Registered Unit No.: #01-04

Registered Building Name:

Registered Postal Code: 120044

Current Vehicle Details:

Vehicle No.: SKT2151Z

Make Description/Model: 8 MYE / 5231 2.5 AT ABS DIAB TWO 4DR GAS/O HAW

Insurance Company Name: AXA INSURANCE PTE LTD

30/11/18

27.49



Your Ref: 18.25864 PD-O

Date: 07th Jan 2019

Our Ref : CS3/ASM18008397/Avbe2-1

M/s AXA Insurance Pte Ltd
C/O: Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SFM 9779M
INSURED VEHICLE: SKT 2151Z
ACCIDENT DATE: 30/04/2018

We thank you for your instruction on 14/12/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SFM 9779M from M/s United Sg Automobile Pte Ltd.
- b) Singapore Accident Statement and Police Report of Vehicles SFM 9779M and SKT 2151Z.

Pre-Repair Inspection Date : 09/05/2018 at M/s United Sg Automobile Pte Ltd, 53 Ubi Avenue 1 #01-56, Paya Ubi Industrial Park, Singapore 408934.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SFM 9779M
Make & Model	: Mercedes Benz E250
Year of Registration	: 2010
Chassis Number	: WDD2073472F046791
Engine Capacity	: 1796 cc
2. We recommend that the repairs of the entire damage require about 2 (Two) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFM 9779M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	2,800.00	1,459.00
2	REAR BUMPER RETAINER	NECESSARY	250.00	125.00
1	REAR BUMPER INNER GUIDE	NOT NECESSARY	419.00	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	893.00	-
1	REAR BUMPER LOWER GARNISH	BENT	609.00	365.00
1	REAR LH TAILLAMP	NOT NECESSARY	712.00	-
1	REAR LH BOOTLID LAMP	NOT NECESSARY	520.00	-
1	END PANEL	NOT NECESSARY	1,023.00	-
1	END PANEL TOP GARNISH	NOT NECESSARY	495.00	-
4	PDC SENSOR	DAMAGED-1PC ONLY	1,020.00	250.00
4	PDC HOLDER	NOT NECESSARY	240.00	-
	LESS 10% DISCOUNT		-898.10	-219.90
			8,082.90	1,979.10
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	50.00	30.00
1	JOINT SEALANT (SN)	NOT NECESSARY	150.00	-
			200.00	30.00
<u>LABOUR</u>				
	CHECK REAR WIRING AND LIGHTNING SYSTEM.		60.00	30.00
	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH.		200.00	-
	REMOVE AND RENEW REAR REVERSE SENSOR.		150.00	50.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE.	NOT NECESSARY	200.00	-
	PANEL BEATING ON AFFECTED AREAS.		800.00	200.00
	SPRAY PAINTING ON AFFECTED AREAS.		800.00	200.00
	APPLY ANTI RUST ON AFFECTED.	NOT NECESSARY	80.00	-
			-	-
			-	-
			2,290.00	480.00
GRAND TOTAL			10,572.90	2,489.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,000.00



Report Ref No. CS3/ASM18008397/Avbe2-1

ADRIAN LING WAI PING

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

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 relying on this Report, in whole or in part, does so at his or her own risk.