

REF: CS3/ASM18013116/Gvb-1²⁷

Special Instructions

Us: \$ 3300.00

ASSIGNMENT (Office)

From (Person): Heng Xinyi of Seah Ong Date/Time: 10-12-2018
Estimated Cost: _____ Bill to: _____

Third Parties

Claimant:

Surveyor

Workshop: Sze Klara Automobile

Workshop: Széklény Automobile

OD(TP Re-inspection) / Evaluation

To Inspect Vehicle No: SKX 17098 Insured: SDT 1382m

at Workshop m/s Sze Kung Automobile Tel: _____
of 81k 10 Amik Ind Park 2A #03-17

Policy No: _____ Claim No: 18.25819 PD-0

Sum Insured: _____ Expenses: _____

Make of Veh:	D.O.A.	17072018
--------------	--------	----------

(Client's Record)

09-01-2019 (Wednesday) @ 10~~am~~ 12^{pm}_{HO}

H.O.D. Erhöhterwert/Date:

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

Date/Time: 12/1/2017 Confirmed with [Signature] Final Fig [Signature], [Signature] days (Red \$ [Signature] / [Signature] %; Original 4 days)

Date/Time: 09/11 Submit Final Fig ¹⁵ 15ae, 2 days (Red \$ 1800 / 54 %; Original days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
------------------------------------	---

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)
--

RECEIVED 10 JUL 2019

Para(3) : Nett Value

Market Value : _____

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date _____

Basic & Add

150

Transport

Photos

Others

Total

150

1) Date/Time 10/1- 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 _____

Surrey

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured

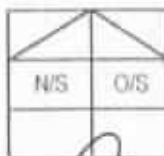
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKX1709B

Yr Regn:

(-2026)
27 Oct 2006

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

Truck / Trailer or

Make:

Toyota Lexus 6S300 cc 2895

Colour:

Black

A/C

Insured / Std / NI / NA

Sp. Reading:

159961

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTHBH965205047093

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRM / STD A/Rim or

Tyre Size:

F:

275 / 30 R19

R:

11

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.

09-01-19

Survey held at

w/s

12pm

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp. 1\$

☐

Interview 1\$

☐

Tech. Invs 1\$

☐

Weekend 1\$

Survey Fee:

Transportation:

1) 5 + 15 = 20

2) Photos

3) Other:

4)

TOTAL

Report Format :

Lump Sum / I.B.I. 1\$

[Signature]
 10/1/2019

REF: CS3/ASM18013116/GZ4bez | Special Instruction

ASSIGNMENT (Office)

From (Person): Wong Wee Fu of ASM Date/Time: 18/07/2018 4:48pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKX 1709 B Insured: SDT 1383M

at Workshop n/s: Sze Keng Automobile Tel: 8201 9979

of Blk 10 Amk Ind Park 2A #03-17

Policy No: _____ Claim No: S8M000R7

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS (wpx) 19/07/2018

Date/Time: 18/07/2018 5:46pm Person Contacted: Anthony H.O.D. Endorsement: _____

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SKX 1709B X
	SDT 1383M X
<u>26/7</u>	Submit PRS report.

(08/11/13) wel

ASS REC BY:

REF: ASM(AxA)

ASSIGNMENT

From

Date

19/7/18

Estimated Cost:

OP ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

SKX 1709B

at Workshop m/s

Sze Kung Automobile

of

Bik 10, AMK Ind. park 2A #03-17

Insured

Policy No.

Claims No.

Sum Insured:

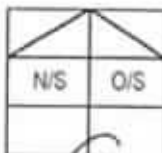
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

1 up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKX 1709B

Yr Regn:

Oct, 06

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

Truck / Trailer or

Make:

Lexus

c.c

2995

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTHB H96S 205047093

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ STD A/Rim or

Tyre Size:

F:

225/80R19

R:

11

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.

19-07-18

Survey held at

W/S

3.30pm

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

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

Date / Time

Action / Instruction

\$ 2000

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

100

100

Report Format:

PRG

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

Catherine Chong (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Monday, 10 December, 2018 7:56 AM
To: 'Catherine Chong (LKK Auto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SKX 1709B [Our file ref: 18.25819 PD-O]
Attachments: SDT1382M INSD GIA REPORT.PDF; SKX1709B TP GIA REPORT.PDF; TP LOD.pdf

Dear Catherine,

CLAIMANT :	LIM SHI HAO IVAN
VEHICLE NUMBER :	SKX 1709B
ALLEGED ACCIDENT DATE :	17 JULY 2018
AXA VEHICLE NUMBER :	SDT 1382M

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 and their surveyor's report is attached. A copy is enclosed.

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 let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

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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Catherine Chong (LKK Auto)

From: Chee Kiong <cheekiong@seahong.com.sg>
Sent: Saturday, 29 December, 2018 7:43 AM
To: 'Admin-D (LKKAuto)'; 'Xin Yi'
Cc: samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg;
'assignments'
Subject: RE: URGENT - RI DATE - SKX 1709B [Our file ref: 18.25819 PD-O]
Attachments: 80644 - re.pdf

Dear Catherine

Plaintiff's letter is enclosed.

Please reply to my secretary Xin Yi on the RI date / time urgently. Thanks !

Date : 9 January 2019 (Wednesday)

Time: 10:00 am

Venue : Sze Kang Automobile Spraying Services
10 Ang Mo Kio Industrial Park 2A
#03-17/09
Singapore 568047

Yours
Chee Kiong

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Monday, December 10, 2018 1:14 PM
To: 'Xin Yi' <xinyi@seahong.com.sg>
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg;
sharon@seahong.com.sg; assignments <assignments@lkkauto.com>
Subject: RE: SKX 1709B [Our file ref: 18.25819 PD-O]

Dear Xinyi,

Please be informed that no post-repair inspection done for SKX 1709B.

Kindly assist arrange Re-Inspection appointment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Xin Yi [<mailto:xinyi@seahong.com.sg>]
Sent: Monday, 10 December, 2018 7:56 AM
To: 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg;

Cheonghoh Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 Singapore 110005
Co. Reg No. 201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg



In reply please quote our Reference Number
Our Ref: LCH.lgr/AMK15-80644.18

2 August 2018

WITHOUT PREJUDICE

60101855

BY HAND

CERTIFICATE OF POSTING

3 0 1 9 4 5 6 9 9 6 - - -

AXA Insurance Singapore Pte Ltd
8 Shenton Way #27-01
AXA Tower
Singapore 068811

Tang Boon Cheng (dong Wenjun)
Blk 138C Tuan Ching Road
#11-145
Singapore 613138

Tang Boon Ting
9H Yuan Ching Road
#09-78 Lakeside Towers
Singapore 618650

Attn: Motor Claims Dept.
(Vehicle No. SDT 1382 M)

Dear Sirs

TRAFFIC ACCIDENT INVOLVING YOUR/YOUR INSURED'S VEHICLE SDT 1382 M AND SKX 1709 B ON 17 JULY 2018 AT 8:25 PM ALONG/AT THE AYE TOWARDS THE CITY

We act for the claimant **Llm Shi Hao Ivan**, the owner of the above said motor vehicle no. **SKX 1709 B**.

We are instructed to claim damages against you/your driver/your insured in connection with the above-captioned accident involving our client's vehicle registration number **SKX 1709 B** and vehicle registration number **SDT 1382 M** driven by you/your driver/your insured at the material time.

We are instructed that the accident was caused by you/your driver's/your insured's negligent driving and/or management of motor-vehicle **SDT 1382 M**. As a result, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as stated in Part 1 of the Annexure.

A copy each of the supporting documents as stated in Part 2 of the Annexure is enclosed.

We have on **18 July 2018** notified your insurer (abovenamed addressee) of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer on **19 July 2018**.

Please note that:

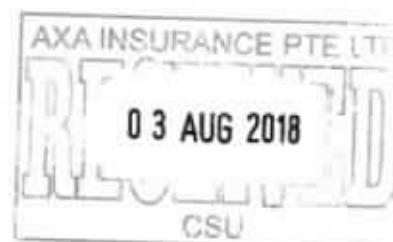
- if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer;
- you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your/your insurer receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer;
- if you have a counterclaim against our client arising out of this 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.

For the avoidance of doubt, unless otherwise indicated, this letter of claim is sent to the abovenamed addressees.

Yours faithfully

Lee Cheong Hoh
Cheonghoh Law Corporation

enc.: supporting documents in paragraph 4 enclosed in covering letter to insurers only
cc: client (via email shlim.ivan@gmail.com/fax only) - SKX 1709 B



ANNEXURE

Part 1 - particulars of loss and expense

Cost of repairs	\$3,300.00
Loss of use @ 4 days	600.00
Survey Report	450.00
GIA Reports/LTA, RCB searches	30.00
Incidentals	0.00
Costs Contribution	500.00
TOTAL	<u>\$4,930.00</u>

Part 2 - list of supporting documents enclosed in the letter of claim.

LTA search

GIA reports/Police reports & type-written transcripts

repairer's bill and evidence of payment (if any)

surveyor's report

photocopies of photos of damages to client's vehicle

the insurer has been notified of the accident and allowed to carry out a pre-repair inspection of claimant's vehicle

supporting documents for all other expenses claimed (if any)

correspondence with the potential defendant's insurer relating to pre-repair survey and/or post repair inspection of the claimant's vehicle

AUTO PERFORMANCE APPRAISAL

APA

TAX INVOICE

Lim Shi Hao van
C/O Sze Kang Automobile Spraying Services
10 Ang Mo Kio Ind. Park 2A
Ang Mo Kio Auto Point #03-17/09
Singapore 568047

INVOICE NO : APA18001620

DATE : 28/07/2018

VEHICLE NO : SKX1709B

JOB REFERENCE NO : 18/001715

ACCIDENT DATE : 17/07/2018

SURVEY DATE : 18/07/2018

DESCRIPTION

AMOUNT

Survey Fees Inclusive Of Transportation	\$410.00
Photographs (\$1) Per Copies : 49	\$49.00

TOTAL AMOUNT : \$459.00

Notes :

All cheque payment should be "Crossed" and made payable to "Auto Performance Appraisal"

Auto Performance Appraisal



AUTO PERFORMANCE APPRAISAL

APA

VEHICLE SURVEY REPORTS																																				
<p>Lim Shi Hao Ivan C/O Sze Kang Automobile Spraying Services 10 Ang Mo Kio Ind. Park 2A Ang Mo Kio Auto Point #03-17/09 Singapore 568047</p>																																				
1	Reference Job Reference No : 18/001715 Claim No : - Claim Type : Third Party Accident Date : 17/07/2018 Survey Date : 18/07/2018 Survey Report Date : 28/07/2018																																			
2	Particulars Of Vehicle Vehicle Registration No : SKX1709B Make & Model : Lexus GS300 Vehicle Registration Date : 27/10/2006 Chassis No : JTHBH96S205047093 Engine No : Blocked Colour : Black																																			
3	Condition Of Vehicle And Tyres <table border="0"> <tr> <td><u>Mileage (KM)</u></td> <td><u>Brakes</u></td> <td><u>Steering</u></td> <td><u>Modification</u></td> </tr> <tr> <td>Not Available</td> <td>Serviceable</td> <td>Serviceable</td> <td>None</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td><u>Tyres</u></td> <td><u>Make</u></td> <td><u>Size</u></td> <td><u>Balance (MM)</u></td> </tr> <tr> <td>Front RHS</td> <td>Yokohama</td> <td>275/30R19</td> <td>5</td> </tr> <tr> <td>Front LHS</td> <td>Yokohama</td> <td>275/30R19</td> <td>5</td> </tr> <tr> <td>Rear RHS</td> <td>Yokohama</td> <td>275/30R19</td> <td>6</td> </tr> <tr> <td>Rear LHS</td> <td>Yokohama</td> <td>275/30R19</td> <td>6</td> </tr> </table>				<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>	Not Available	Serviceable	Serviceable	None					<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>	Front RHS	Yokohama	275/30R19	5	Front LHS	Yokohama	275/30R19	5	Rear RHS	Yokohama	275/30R19	6	Rear LHS	Yokohama	275/30R19	6
<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>																																	
Not Available	Serviceable	Serviceable	None																																	
<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>																																	
Front RHS	Yokohama	275/30R19	5																																	
Front LHS	Yokohama	275/30R19	5																																	
Rear RHS	Yokohama	275/30R19	6																																	
Rear LHS	Yokohama	275/30R19	6																																	
4	Description Of Damages The vehicle sustained damages at rear portion. (For information of damages please refer to Parts/Labour/Photographs attached)																																			
5	Instruction This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.																																			

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex A

Ref No : 18/001715

Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop Estimate (\$)</u>	<u>Our Assessment (\$)</u>
<u>List Items</u>					
1	1	Rear bumper	Deformed/broken	864.00	864.00 ✓
2	2	Rear bumper side retainer	Deformed/necessary	136.00	136.00 X
3	1	Rear bumper inner foam	Broken	139.60	139.60 X
4	1	Rear bumper inner reinforcement	Bent/dented	507.98	507.98 X
5	1 set	Rear bumper clips	Broken/necessary	30.00	30.00 ✓
6	2	Taillamp *	Broken/cut	911.80	911.80 X
7	2	Rear taillamp lower bumper retainer	Deformed/broken	72.00	72.00 X
8	1	Rear boot outer garnish	To repair	282.95	- X
9	1	Rear boot centre top "LEXUS" logo	Necessary	75.25	75.25 ✓
10	1	Rear boot LH "LEXUS" emblem	Necessary	68.50	68.50 ✓
11	1	Rear boot RH "GS300" emblem	Necessary	57.00	57.00 ✓
12	1	Rear end panel	To repair	648.03	-
13	1	Rear end panel keyless sensor	Reuse	133.98	-
Less discount 10%				3,927.09	2,862.13
				392.71	286.21
Total :				3,534.38	2,575.92
<u>Special Nett Items</u>					
14	1 set	Reverse sensors	Malfunction	250.00	250.00
Total :				250.00	250.00
Total Spare Parts :				3,534.38	2,575.92

NN

NN

1094.75

385.28

200

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex B

Ref No : 18/001715

Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>	
1	To remove, straighten, panel beating, align and renew replaced parts.	1,000.00	600.00	300
2	To putty and respray painting on affected areas.	1,000.00	800.00	400
3	To remove, refix and reset reverse sensors.	80.00	50.00	40
4	To check wirings & lightings.	50.00	30.00	X
5	To supplied and applied anti rust treatments.	100.00	60.00	X
Total Labour :		2,230.00	1,540.00	740
Total Spare Parts :		3,534.38	2,575.92	
Total Labour :		2,230.00	1,540.00	
Total Repair Costs :		5,764.38	4,115.92	

Assessor's Recommendation

Repairer Estimate : 5,764.38
Our Adjustment : 4,115.92

Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$3,300.00, with a repair period of 4 working days.

Surveyed By:

Lek Boon Hwee
Automobile Appraiser

1925.28
20% = 1500

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4488F
Vehicle Details	
Vehicle No.:	SKX1709B
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jan 2019
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS GS300 AUTO MR
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	3GR0186213
Chassis No.:	JTHBH96S205047093
Maximum Power Output:	183.0 kW (245 bhp)
Open Market Value:	\$55,524.00
Original Registration Date:	27 Oct 2006
First Registration Date:	27 Oct 2006
Transfer Count:	5
Actual ARF Paid:	\$61,077.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Oct 2026
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$56,751.00
COE Rebate Amount:	\$44,241.00
Total Rebate Amount:	\$44,241.00

The information contained herein is correct as at 09 Jan 2019

OK

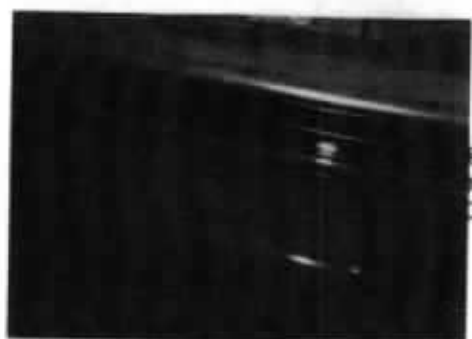
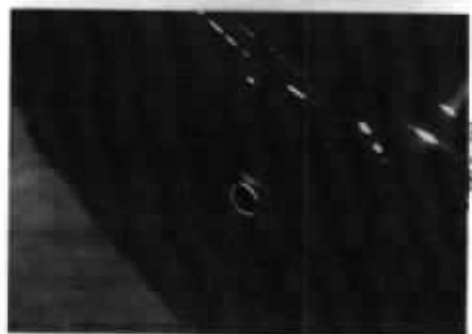
▶ Lexus GS300 Used Vehicle List (9 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availabi
Lexus GS300 Super Luxury (COE till 09/2025)	\$52,800	\$7,870 /yr	23-Sep-2005	2,994 cc	-	Mr Benz Traders	Availal
3.0L Powerful VVT-I V6 Engine, 6 Speed Tiptronic Auto Trans, With ABS, Cruise Control, Traction Control, 8 SRS Airbags, Front And Rear Fog Lamps, Auto Adjust Xenon Headlights, Integrated Audio-Bluetooth...							
Office No. - 63461282 Stanley Loo - 90012123 Ansel - 98607949 Bernard Foong - 96609891 Chester - 90676766							
Lexus GS300 (COE till 11/2025)	\$52,800	\$7,720 /yr	11-Nov-2005	2,994 cc	-	Mr Benz Traders	Availal
-							
Office No. - 63461282 Ansel Tan - 98607949							
Lexus GS300 Super Luxury (COE till 01/2026)	\$72,800	\$10,360 /yr	18-Jan-2006	2,994 cc	-	HTS Motor	Availal
Less Than 9k Yearly To Drive This Premium Luxury Marque. One Of Lexus All Time Favorite. Reluctant Sale By Owner. Cheaper Than A Japanese Saloon. 100% Accident Free. Loan Up To 90% Available. Call Or ...							
Office No. - - Jayson - 90298853							
Lexus GS300 Luxury (COE till \$60,800 06/2026)	\$8,160 /yr	22-Jun-2006	2,994 cc	130,000 km	AA Trust Automotive	Availal	
AA Trust Certified Pre-Own Vehicle! Extremely Well Maintained By Previous Owner! Beautifully Maintained Black Leather Interior With Grey Exterior Paintwork! Luxury Sedan Comfort With The Performance O...							
Office No. - 63450381 Wiley - 91692071 Clement - 93365036 Dave - 98500051 James Yew - 97975757							
Lexus GS300 Super Luxury (COE till 10/2026)	\$51,666	\$6,640 /yr	20-Oct-2006	2,995 cc	131,000 km	Creative Auto	Availal
High Loan Available With Upfront \$3000! Cheapest In The Market. Super Luxury Limited GS300, Showroom Condition, View It To Believe, Lo Mileage, Accident Free. Maintained By By Fussy Owner. Sms/Call F...							
Office No. - - Dennis Wong - 86939109 Alex Tan - 97556887 Terence Leow - 90290899							
Lexus GS300 (COE till 06/2026)	\$50,800	\$6,790 /yr	22-Dec-2006	2,995 cc	158,000 km	Boeki Auto & Marine	Availal
Trade In All Available, Interested Please Call For Viewing, Viewing By Appointment Only.							
Office No. - 65549390 Boeki - 82180500							
Lexus GS300 (COE till 02/2027)	\$62,000	\$7,680 /yr	05-Feb-2007	2,995 cc	138,000 km		Availal
Super Low Mileage! 100% Accident Free! Careful Owner. Fully Well Maintenance By Owner! Luxurious Black Leather Interior Seats And Pane Quite And Comfortable Yet Luxurious And Spacious! Responsive An...							
Office No. - - Kent Teo - 91152563							
Lexus GS300 (COE till 09/2028)	\$62,888	\$6,490 /yr	17-Sep-2008	2,995 cc	101,000 km	Cars 88 Pte Ltd	Availal
Up To 90% Loan! From \$900 Monthly. Celebrate The Festive Period With Extended 3 Years Warranty! Astonishing Built Quality, Build To Last One Of The Finest Candidate For A Reliable And Hassle Free Rid...							
Office No. - 63362808 Maggie - 91792808 Barry - 82828788 Alan - 82228828							
Lexus GS300 (New 10-yr COE)	\$67,800	\$6,770 /yr	10-Dec-2008	2,995 cc	81,000 km	Car Search	Availal











Enquire Vehicle & Owner Information (Vehicle No. SDT1382M As At 17 Jul 2018 / 08:25:00)

[Law Firm] [Law Firm Name]

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: LCH.LG/SM5KA-80644

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S8706604E

Owner Name: TANG BOON CHENG (DONG WENJUN)

Registered Address Type: HDB / HUDC

Registered Block/House
No.: 138C

Registered Street Name: YUAN CHING ROAD

Registered Unit No.: # 11 - 145

Registered Building Name: -

Registered Postal Code: 613138

Current Vehicle Details

Vehicle No.: SDT1382M

Make Description/Model: MERCEDES BENZ / E 200CGI

Insurance Company Name: AXA INSURANCE PTE LTD

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	17/07/2018 17:13
Date Of Accident	17/07/2018 08:25
Exact Location Of Accident	ALONG AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1709B
Insured/Policyholder	
Name Of Registered Owner	LIM SHI HAO IVAN
NRIC No	S8024488F
Email Address	SHLIM.IVAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90979197
Alternative Phone No	OTHERS-90979197

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS300 AUTO MR
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	COMPREHENS VE
Fleet Policy	NO
Policy Number	GA131105
Cover Note Number	27/10/2017 - 26/10/2018

Driver

Name of Driver	LIM SHI HAO IVAN
NRIC No	S8024488F
Date Of Birth	13/08/1980
Occupation	INDOOR
Date Of Driving Pass	20/11/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90979197
Fax Number	
Contact Number	OTHERS-90979197
Email Address	SHLIM.IVAN@GMAIL.COM

Address	BLK 164A YUNG KUANG ROAD #16-50
Postcode	611164
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	
	NAME: : LOW CHAI HOON
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PUNGGOL N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT1382M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG BOON TING
NRIC/Passport Number	S9435669E
Contact Number	81029112
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

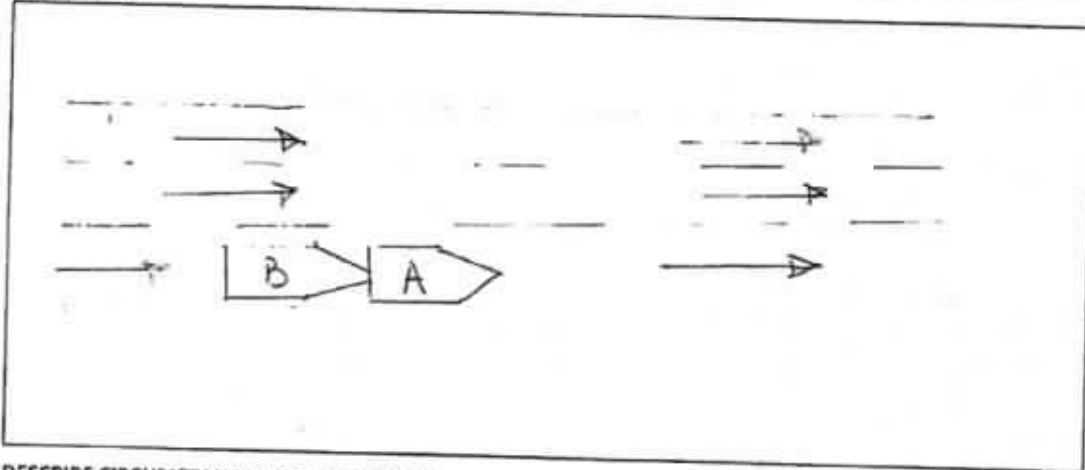
Name LIM SHI HAO IVAN
Approximate Age
Injuries Sustain MID & LOWER BACK
Injured person in which vehicle? SKX1709B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOW CHAI HOON
Approximate Age
Injuries Sustain CHEST PAIN & LOWER BACK
Injured person in which vehicle? SKX1709B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Date of accident: 11/7/18 Time: 8:25am Location: AYE Toward City
My Vehicle A: SKX1709B Vehicle B: SDT1382M Vehicle C: —
SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No: T/20180717/2116

☐ Claim CD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name: _____

NRIC/FIN No.1

REMARKS

SKETCH PLANIMPORTANT 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.:



**SINGAPORE
POLICE FORCE**



T/20180717/2116

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-8049999

1 of 4

Report No. T/20180717/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 16:19		Vide Report No.:		Station Diary No.: 59
Informant's Particulars				
Name of Informant: LIM SHI HAO IVAN		Address: APT BLK 164A YUNG KUANG ROAD #16-50 SINGAPORE 611164		
ID Type / ID No.: NRIC NO / S8024488F		Contact No.: Home/Office: Mobile: 90979197		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 37	Date of Birth: 13/08/1980	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: BANK MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

General information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2018 08:25	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDT1382M	Car	MERCEDES BENZ	E200	Gold	Slightly Damaged	0
SKX1709B	Car	TOYOTA	LEXUS GS300 AUTO MR	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180717/2116

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 4

Report No. T/20180717/2116

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKX1709B	AXA INSURANCE SINGAPORE PTE LTD	GA131105	27/10/2017	26/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TANG BOON TING		ID No.	S9435669E
Related Vehicle	SDT1382M (Car)		Contact No. 81029112	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LIM-SHI HAO IVAN		ID No.	S8024488F
Related Vehicle	SKX1709B (Car)		Contact No. 90979197	
Hospital/Clinic	W P SIM FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/07/2018		Date Discharge	17/07/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	LOW CHAI HOON		ID No.	G2257500M
Related Vehicle	SKX1709B (Car)		Contact No. 81110855	
Hospital/Clinic	W P SIM FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/07/2018		Date Discharge	17/07/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight



SINGAPORE
POLICE FORCE



T/20180717/2118

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 4

Report No. T/20180717/2118

CONTINUATION OF REPORT

Brief Details.

On 17/07/2018, at about 0827hrs, I was driving my vehicle, SKX1709B, along AYE towards City, on the right most lane. The traffic volume was moderate.

The vehicle in front of me then came to a stop and as such, I stopped my vehicle too. Suddenly, there was a bang from the rear and my vehicle surged forward.

I then alighted my vehicle and discovered that a vehicle, SDT1382M had hit onto the rear of my vehicle. The driver then alighted and we exchanged our particulars and continued on with our journey there after.

Due to the impact, my rear bumper dented and the LCD panel in my vehicle was not working anymore. My passenger had some chest pain and felt some pain on the lower back while I felt some pain on my mid and lower back.

I would like to state that I do have an in car camera. However, the footage when the accident happened had already been over written.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6048999



T/20180717/2116

4 of 4

Report No. T/20180717/2116

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 65474835 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 3 NOORHIDAYAH BINTE MOHAMAD NOOR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2018 16:19
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP188	Signature:  Singapore Police Force



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-112084

Date of Request: 23/07/2018

Your Ref No: LCH.LG/AMK15-80644.18

CHEONGHOH LAW CORPORATION
53 Chin Swee Road #03-05
Singapore 160053

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 17/07/2018

Place of Accident: AYE TOWARDS CITY

Client Vehicle No: SKX1709B

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-112089
Date of Request: 23/07/2018

Your Ref No: LCH.LG/AMK15-80644.18

CHEONGHOH LAW CORPORATION
53 Chin Swee Road #03-05
Singapore 160053

Dear Sir/Madam,

Date of Accident: 17/07/2018
Vehicle No: SKX1709B
Place of Accident: ALONG AYE TOWARDS CITY
Involving Vehicle No: SDT1382M

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SDT1382M	ALONG AYE TOWARDS CITY	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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	17/07/2018 12:42
Date Of Accident	17/07/2018 08:25
Exact Location Of Accident	AYE (ALONG CLEMENTI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT1382M
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	TANG BOON CHENG (DONG WENJUN)
NRIC No	S8706604E
Email Address	VERONICA.TANG@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-81029112
Alternative Phone No	OFFICE-81029112

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI

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	VA1/GA247961
Cover Note Number	28/07/2017-19/10/2018

Driver

Name of Driver	TANG BOON TING
NRIC No	S9435669E
Date Of Birth	23/09/1994
Occupation	INDOOR
Date Of Driving Pass	11/04/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81029112
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	9H YUAN CHING RD #09-78 LAKESIDE TOWERS
Postcode	618650
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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 ATTACHMENT

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	SKX1709B
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SHI HAO IVAN
NRIC/Passport Number	S8024488F
Contact Number	90979197
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

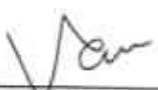
IMPORTANT NOTICE

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.
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

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



(A) - SDT/382M
(B) - SKX1709B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travelling along AYE -
Vehicle in front of mine slowed down and I couldn't stop in time hence I
bumped his rear.
There was no injury involved.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>Fourteen (14) days</u> clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<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 is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 3



redefining / insurance

Date: 17.07.18

To: Owner of Vehicle Number: SDT 1382M

The following has been advised to you via your workshop, Jonathan through their staff, Jonathan



Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Letter of Authorisation

I, Tang Boon Cheng, S8706604E, main driver of vehicle number SDT1392M hereby authorise official additional driver, Tang Boon Ting, S9435669E to make the accident report as she is the one driving the vehicle and got into an accident this morning 17/07/2018.

Signature of Main Driver:

A handwritten signature in black ink, appearing to read 'Boon Cheng', written in a cursive style.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CS3/ASM18013116/Gvbe2-1

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 11-01-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	SDT 1382M	Veh. Inspected	SKX 1709B
Policy No.		Coverage (\$)	0.00
Claim No.	18.25819 PD-O	Excess (\$)	0.00
Assign From	HENG XIN YI	Assign Date	10/12/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA LEXUS GS300	c.c	2995
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	JTHBH96S205047093	Colour	BLACK
Odometer	159961	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/30 R19	YOKOHAMA	6 mm
L/H Front Tyre	275/30 R19	YOKOHAMA	6 mm
R/H Rear Tyre	275/30 R19	YOKOHAMA	6 mm
L/H Rear Tyre	275/30 R19	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.
REPAIR CONDITION SEE DETAILS.

5. General Information

Accident Date	17/07/2018	Inspection Date	09/01/2019
Survey held at	SZE KANG AUTOMOBILE SPRAYING SERVICES BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #03-17 AMK AUTO POINT SINGAPORE 568047		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKX 1709B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	REPLACED	864.00	864.00
2	REAR BUMPER SIDE RETAINER	NOT NECESSARY	136.00	-
1	REAR BUMPER INNER FOAM	NOT NECESSARY	139.60	-
1	REAR BUMPER INNER REINFORCEMENT	NOT NECESSARY	507.98	-
1	SET REAR BUMPER CLIPS	REPLACED	30.00	30.00
2	TAILLAMP	NOT NECESSARY	911.80	-
2	REAR TAILLAMP LOWER BUMPER RETAINER	NOT NECESSARY	72.00	-
1	REAR BOOT OUTER GARNISH	NOT NECESSARY	282.95	-
1	REAR BOOT CENTRE TOP "LEXUS" LOGO	REPLACED	75.25	75.25
1	REAR BOOT LH "LEXUS" EMBLEM	REPLACED	68.50	68.50
1	REAR BOOT RH "GS300" EMBLEM	REPLACED	57.00	57.00
1	REAR END PANEL	REPAIRED SEE LABOUR	648.03	-
1	REAR END PANEL KEYLESS SENSOR	REUSE	133.98	-
	LESS 10% DISCOUNT		-392.71	-109.48
			3,534.38	985.27
SPECIAL NETT ITEMS				
1	SET REVERSE SENSOR (SN)	REPLACED	250.00	200.00
			250.00	200.00
LABOUR				
	TO REMOVE, STRAIGHTEN, PANEL BEATING, ALIGN AND RENEW REPLACED PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,000.00	300.00
	TO PUTTY AND RESPRAY PAINTING ON AFFECTED AREAS.		1,000.00	400.00
	TO REMOVE, REFIX AND RESET REVERSE SENSORS.		80.00	40.00
	TO CHECK WIRINGS & LIGHTINGS.	NOT NECESSARY	50.00	-
	TO SUPPLIED AND APPLIED ANTI RUST TREATMENTS.	NOT NECESSARY	100.00	-
			-	-
			-	-
			2,230.00	740.00
GRAND TOTAL			6,014.38	1,925.27
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,500.00

Report Ref No. CS3/ASM18013116/Gvbe2-1



Report Ref No. CS3/ASM18013116/Gvbe2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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