



22/02/2018

ASS. REC. BY:

REF: CS3 / ASM18003915 / WBS21

Special Instruction:

SUPERVISOR:

Smart Dam

ASSIGNMENT (Office)

From (Person):

Stacy Ng

of

ASM

Date/Time:

26.02.2018 2.10 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKM 4252P

Insured:

SLK 7710M

at Workshop m/s

N-51 Automotiv

Tel:

of

No. 2 Makl Bukit Ave 7 #01-12

Policy No:

Claim No:

S8M00939

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26022018

CA / REV / REP. / REV 24 HRS

2802.2018

H.O.D. Endorsement:

Date/Time:

2018 5pm

Person Contacted:

Hui Xin

Vehicle IN OUT

Date/Time	Action/Instruction ( X ) Estimate
	SKM 4252P - NA / 11/11/18 26/02/24
	SLK 7710M - X
	Demand/L: 23/2018
	After repair: 12/3/2018 (Gao Xiang)

PRS

REF: Agm

ASSIGNMENT

Ref: Date 28/2/2018

Estimated Cost:

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

To inspect Vehicle No: SKM 4251P  
at Workshop No: N-51  
of: 2 Kaki Bukit Ave 3 #01-17

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.

<del>NS</del>	<del>OS</del>
NS	OS

Est. or Market Value:

DAC Accident Report Consistent? Yes or No:

GR PR Seen Consistent? Yes or No:

Est. Repairs days Res: Yes or No:

Lump Sum % 3/Val: Yes or No:

CA / REV / REP. / 24 HRS

Date Person Contacted

Vehicle IN / OUT

Vehicle: SKM 4251P  
Type:  Car /  Cycle Bus / Van / Lorry / Taxi / Pallet Mover

Truck / Trailer:

Make: Nissan / Alenza 1499

Colour: Blue A/C Insured: Std / Nil / NA

Se Reading: 66899 T-Ratio Insured: Std / Nil / NA

Eng No:

C No:

Gen Cond: Good / Fair / Poor / Burnt

Steering:  In order / Jammed / Leaked / Burnt or

Brake:  In order / Jammed / Leaked / Burnt or

Mod: Nil /  Rim / STD A/Rim or

Tyre Size: F 195 / 55 R16  
R 195 / 55 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI

TOYO / YOKO or Falken

Front Rear

R Bal 4 --- R Sp 4 ---

L Bal 4 --- L Sp 4 ---

D.O.A. 26/2/2018 D.O.I. 28/2/2018

Survey held at: As Above 3:45pm

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

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

Date	Time	Action / Instruction
12/4		Submit PRS report

RECEIVED 12 APR 2018

Core Time File Pass:  Preli. Report  
 Final Report

Days Of Repair:  
Resurvey No. of Trio

Gen Time File Return:

Add Fee:  Site Intc \$  
 Manly \$  
 Tech \$  
 Photo \$

Survey Fee  
Transporter

Report Format: PRS  
Lump Sum: 1.B

Empty rectangular box for signature or stamp.

**Catherine Chong (LKK Auto)**

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**From:** Chee Kiong <cheekiong@seahong.com.sg>  
**Sent:** Monday, 7 January, 2019 9:25 PM  
**To:** 'Admin-D (LKKAuto)'; 'Admin A'  
**Cc:** 'Xin Yi'; samson@seahong.com.sg; amanda@seahong.com.sg; 'Sharon'  
**Subject:** RE : URGENT - SURVEY REPORT ? VEHICLE SKM 4252P : 18.25542 PD-O  
**Attachments:** PRE-REPAIR INSPECTION REPORT-LKK.pdf; TPPD LITIGATION LOD XU XIN GIAO.pdf

Dear Catherine

We refer to your PRS report.

Claimant's LOD is enclosed.

Please let us know if you have conducted post-repair inspection. If so, please let us have your survey report urgently.

Thanks v much !

Yours  
Chee Kiong

# VISION LAW LLC

Advocates & Solicitors - Notaries Public - Commissioners for Oaths  
(Incorporated with limited liability)

ERIC NG CHING BOON  
WONG KENG LEONG RAYNE  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALI D O MUNIANDY  
SEGA PARLAM  
ANG KIM NOI DIANE  
RAVENDRA KRISHNASAMY  
JANICE HAN JIA LIN  
TAN YINGXIAN, SELWYN  
CHEONG YUNHUI, CLARISSA  
EDISON TAM CHYI EU

Unique Entity Number: 200721148H



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#18-01/02 Chinatown Point  
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh  
#03-11 HDB Hub (Biz 3 Lobby 1)  
Singapore 310490

Main  
TEL : (65) 6534 2811 (Hunting)  
FAX : (65) 6535 6802  
E-MAIL : annatan@visionlawllc.com

Branch  
TEL : (65) 63580703

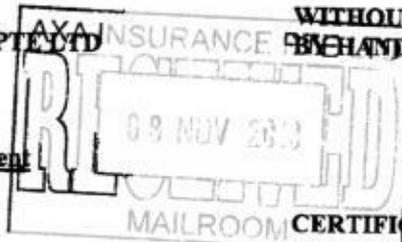
WHEN REPLYING, PLEASE QUOTE OUR REFERENCE Please to **HEAD OFFICE** for this matter

Our Ref : AKN-atv-Ins-T140-106064-18  
Your Ref : SLK 7710 M

3019561030 - - -

Date: 5 November 2018

AXA INSURANCE SINGAPORE PTE LTD  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811  
Attn: Motor Claims Department



WITHOUT PREJUDICE

60118866

XIA YINYAN  
Apt Blk 724 Woodlands Avenue 6  
#11-506  
Singapore 730724

CERTIFICATE OF POSTING  
[For your information only]

Dear Sir,

CLAIMANT : XU XINQIAO  
ACCIDENT INVOLVING SKM 4252 P & SLK 7710 M & SLJ 8406 R ON 26-FEB-2018 ALONG PIE TOWARDS TUAS BEFORE KJE EXIT AT ABOUT 0725HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 26-FEB-2018 ALONG PIE TOWARDS TUAS BEFORE KJE EXIT AT ABOUT 0725HOURS involving our client's vehicle registration number SKM 4252 P and vehicle registration number SLK 7710 M driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured 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:-

01.	Cost of Repair	\$20,651.00
02.	Rental fees	\$ 1,920.00
03.	Survey report fees	\$ 1,237.00
04.	Towing fees	\$ 100.00
05.	GIA & LTA search / report fees	\$ 57.98
06.	Cost Contribution (at this stage)	\$ 1,605.00
07.	Disbursements (at this stage)	\$ 50.00

TOTAL \$25,620.98

.../2 to be continued next page



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# VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AKN-atv-Ins-T140-106064-18  
Your Ref : SLK 7710 M

Date: 5 November 2018

## AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

**Attn:** Motor Claims Department

## XIA YINYAN

Apt Blk 724 Woodlands Avenue 6  
#11-506  
Singapore 730724

---

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA report lodged by driver of SKM 4252 P;
- (b) Handwritten note;
- (c) Photographs taken at scene of accident
- (d) LTANet Search;
- (e) Certificate of Insurance;
- (f) Registration Card;
- (g) Towing receipt;
- (h) Rental agreement, rental invoice & rental receipt;
- (i) Final Repair Bill;
- (j) Surveyor's report & invoice; and
- (k) **187 coloured photographs** depicting the damages to motor vehicle SKM 4252 P.  
(P.S:- Original photographs will be sent to insurance co. only)

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

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 of this letter 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. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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



(HEAD OFFICE)

Enc.

cc: client: Xia Xinqiao

*As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.*

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## 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 willful 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	26/02/2018 16:33
Date Of Accident	26/02/2018 07:25
Exact Location Of Accident	P[IE (TUAS) BEFORE KJE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4252P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	XU XINQIAO
NRIC No	S6880996G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91598016
Alternative Phone No	OFFICE-91598016
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100365547-03000
Cover Note Number	
<b>Driver</b>	
Name of Driver	GU MINGMIN
NRIC No	S6978082B
Date Of Birth	23/07/1969
Occupation	INDOOR
Date Of Driving Pass	10/03/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97616508
Fax Number	
Contact Number	OFFICE-97616508
EMail Address	NOEMAIL

Address 87 WEST COAST DRIVE  
 #02-14  
 Postcode 128015  
 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 CHAIN COLLISION  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident 3  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

**Details of Police Action**

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

**Circumstances of Accident**

REFER TO STATEMENT.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLK7710M  
 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) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLJ8406R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

GU MINGMIN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKM4252P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

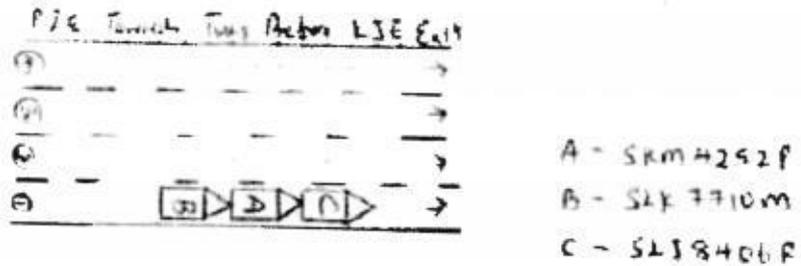
Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
NRIC/IN No.

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time I was travelling on the extreme right lane of a 4 lane traffic. The vehicle in front of me stopped & I also stopped very close. Suddenly I felt an impact on my rear thus the great impact pushed my vehicle forward & hit into the rear of vehicle "C".

### 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 Person's Signature  
Name  
A/C No

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



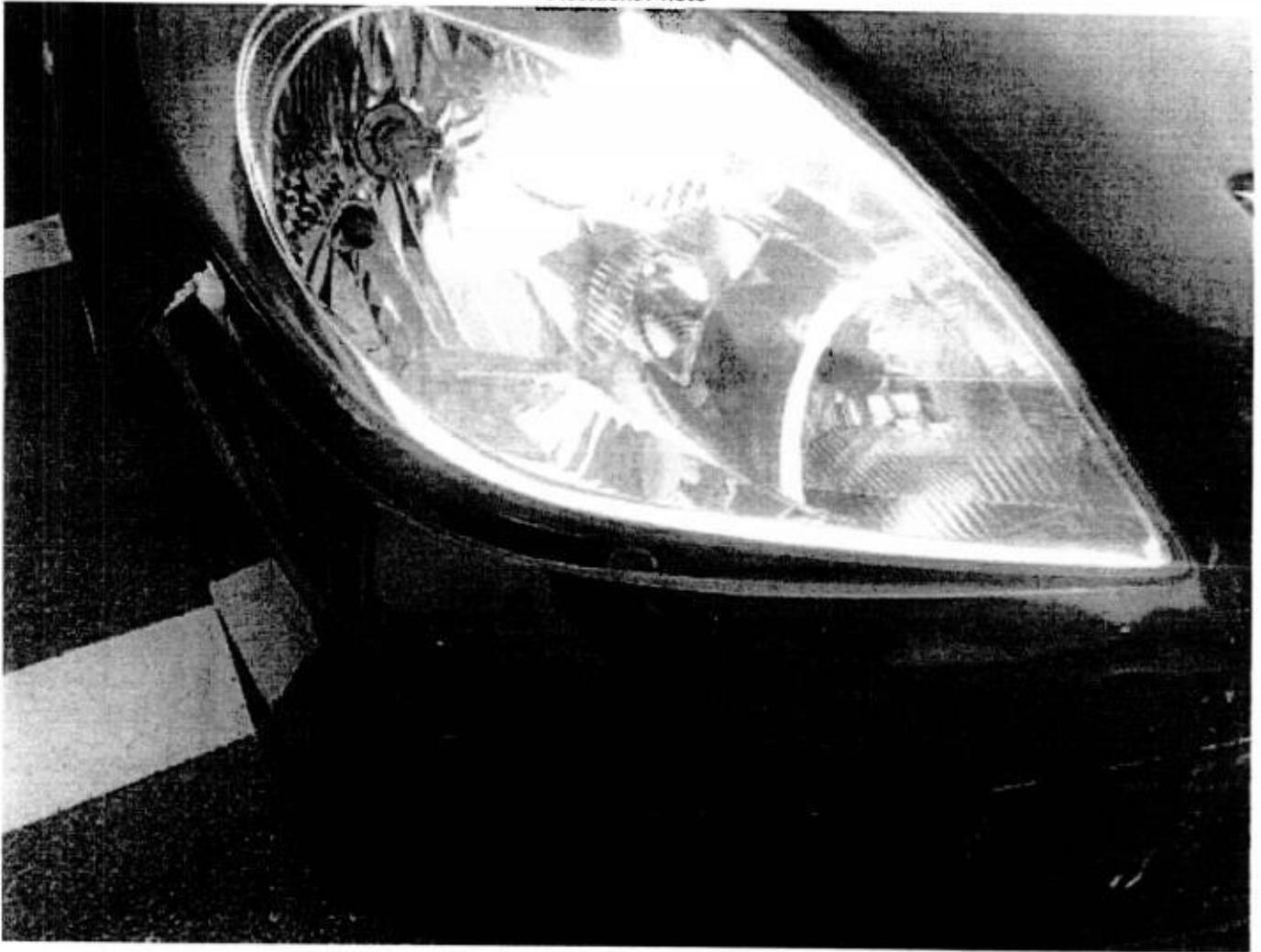
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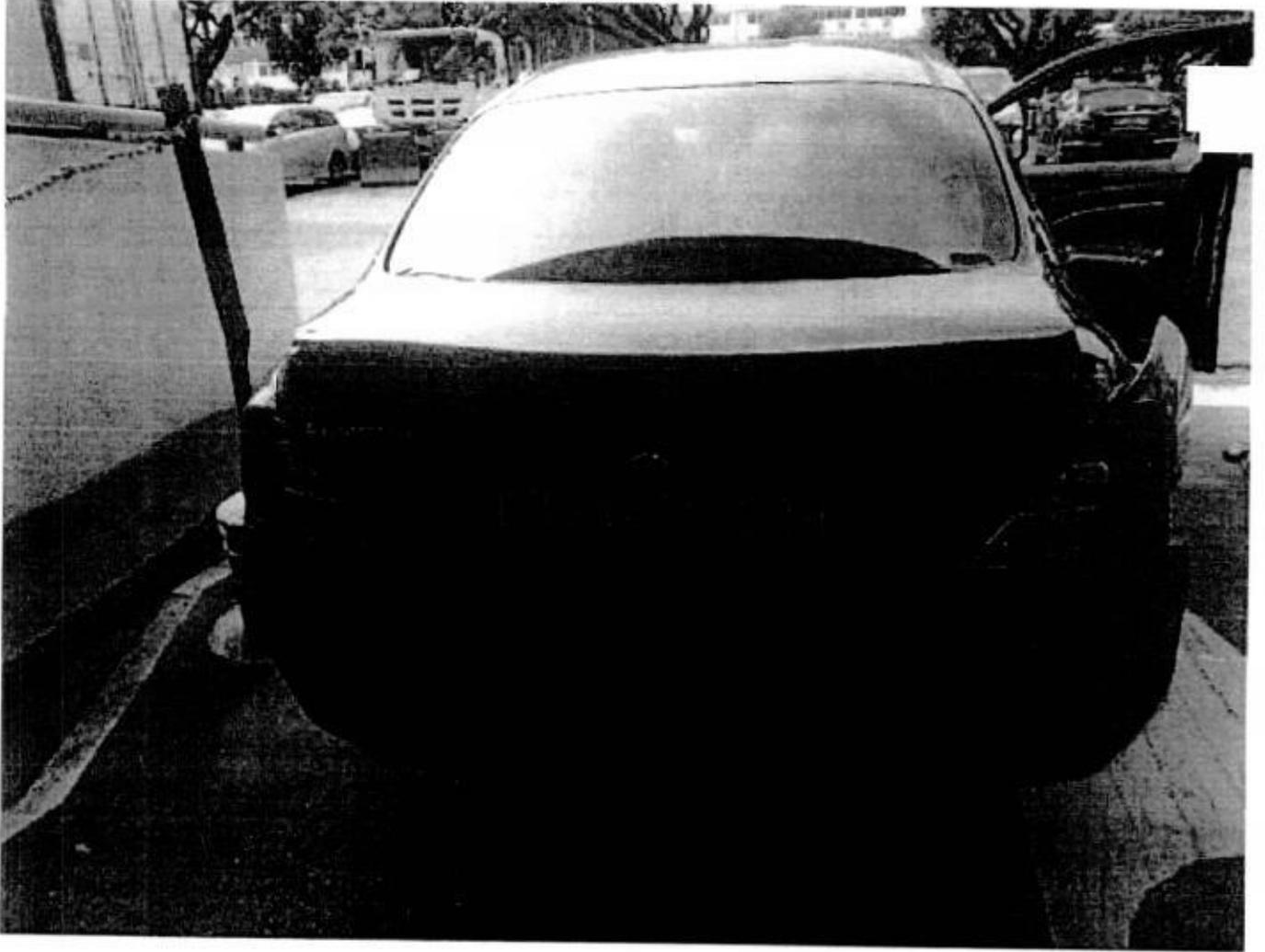
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



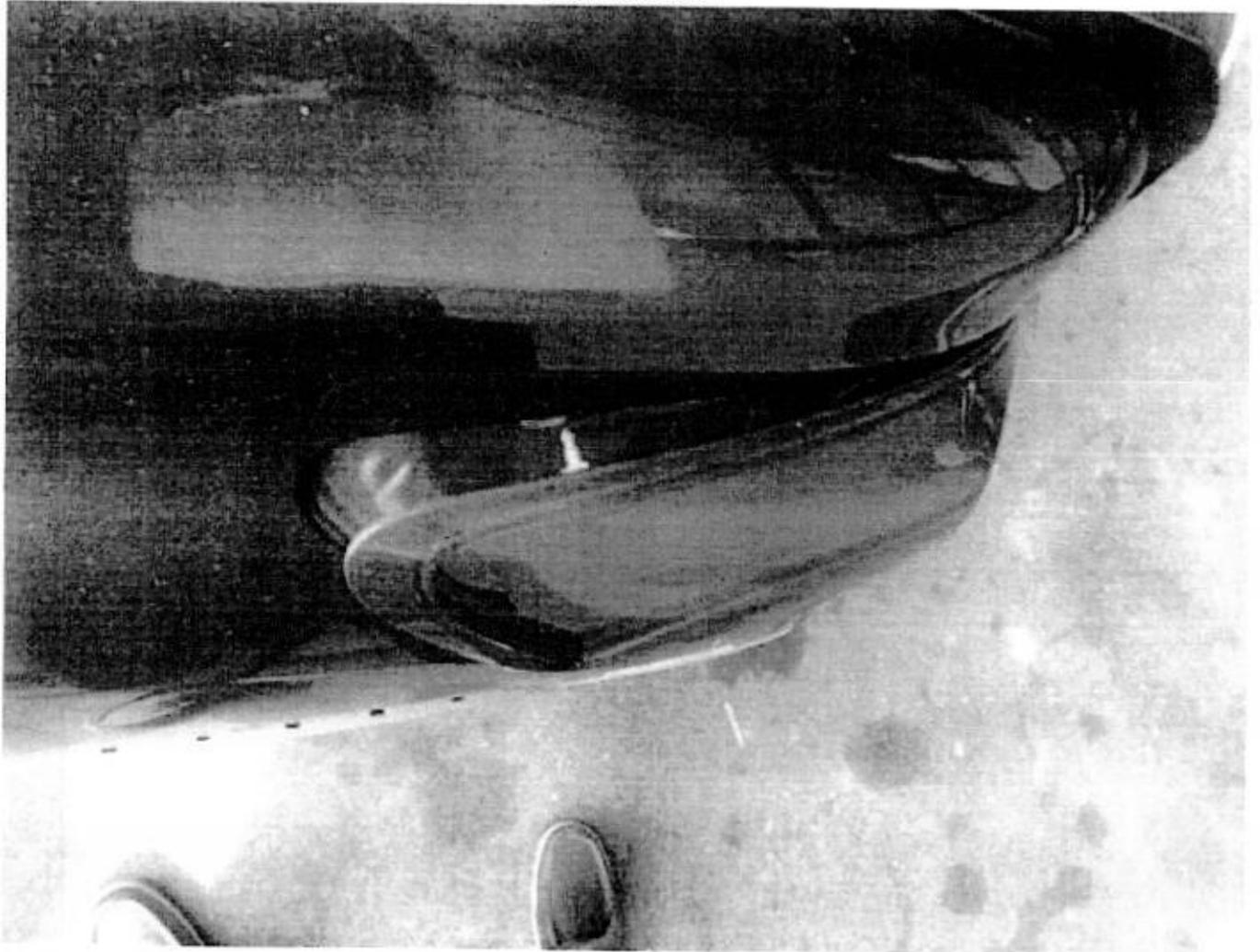
Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Enquire Vehicle & Owner Information ( Vehicle No. SLK7710M As At 26 Feb 2018 / 07:25:00 )

### Law Firm Search Details:

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: T140-106064-18

### Current Owner Details

Owner ID Type: Singapore NRIC  
Owner ID: S7473822E  
Owner Name: XIA YINYAN  
Registered Address Type: HDB / HUDC  
Registered Block/House No.: 724  
Registered Street Name: WOODLANDS AVENUE 6  
Registered Unit No.: # 11 - 506  
Registered Building Name: -  
Registered Postal Code: 730724

### Current Vehicle Details

Vehicle No.: SLK7710M  
Make Description/Model: MAZDA / MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT  
Insurance Company Name: AXA INSURANCE PTE LTD

Date:

Sun. Mon. Tue. Wed. Thu. Fri. Sat

Notes

26 Feb 18 7:23 am.

1st car owner Sam Young  
93299830

2nd car owner Gan Ming Min  
97616508

3rd car owner  
97526066

We drive a PIE before KJE exit.

1st car brake

2nd ~~car~~ brake on time.

3rd car didn't manage brake on time and hit the 2nd car. push the 2nd car to hit the 1st car.

