

22/03/2002

ASS. REC. BY:

REF:

CS3 / ASM19001959/Gcd3ep

Special Instruction:

Surveyor:

GQ

ASSIGNMENT (Office)

From (Person):

Liu Yiwen

of

ASM(AXA)

Date/Time:

29/01/2019 12:34pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SME 99K

Insured:

SBH 100Z

at Workshop m/s

Precision Motorworks

Tel:

8742 7247

of

68 Kaki Bukit Ave 6 # 01-03

Policy No:

Claim No:

S9MOIC6M

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28012019

CA / REV / REP. / REV 24 HRS WP

H.O.P. Endorsement:

Date/Time:

30/01/19 10:40am

Person Contacted:

John

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

SME 99K - X

SBH 100Z - X

◀ Service Request Details

Claim

S9M01C6M

Reference

None 

Loss Date

January 28, 2019

Request Date

January 29, 2019

Due Date

February 7, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SME99K

Make

TPVD MERCEDES-BENZ

Service Address

...

Primary Contact/Insured

NG KIM ENG
BLK 538 HOUGANG STREET 52, #08-76, 530538, Singapore
97851035

Claim Handler

LIU Yiwen

yiwen.liu@axa.com.sg

Additional Instructions

-
- Messages
 - Invoices
 - History
 - Documents
 - Assessment
 - Metrics
 - Notes

New Message

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1388I
Vehicle Details	
Vehicle No.:	SME99K
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 AMG
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	27091031072160
Chassis No.:	WDD1173422N414038
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,807.00
Original Registration Date:	25 Jan 2017
First Registration Date:	25 Jan 2017
Transfer Count:	1
Actual ARF Paid:	\$28,730.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2027
PARF Rebate Amount:	\$21,547.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jan 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$56,000.00
COE Rebate Amount:	\$42,035.00
Total Rebate Amount:	\$63,582.00

The information contained herein is correct as at 31 Jan 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	28/01/2019 16:14
Date Of Accident	28/01/2019 10:40
Exact Location Of Accident	CARPARK TE 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME99K
Insured/Policyholder	
Name Of Registered Owner	HO SEIH CHEN
NRIC No	S7831388I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88130099
Alternative Phone No	OFFICE-88130099

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102488929
Cover Note Number	

Driver

Name of Driver	HO SEIH CHEN REBECCA
NRIC No	S7831388I
Date Of Birth	22/10/1978
Occupation	INDOOR
Date Of Driving Pass	11/07/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88130099
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 145 JALAN BUKIT MERAH #03-1104
Postcode	160145
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - -
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

ON 28/01/2019 AT AROUND 10.40AM, I WAS TRAVELLING AT CARPARK TE25. SUDDENLY, A WHITE CAR (SBH1010Z) DASHED OUT FROM THE CARPARK LOT. I TRIED TO AVOID BUT NOT IN TIME. I IMMEDIATELY WENT DOWN FROM MY CAR AND FOUND OUT MY CAR FRONT PORTION WAS DAMAGED. I ALSO OFFER TO EXCHANGE PARTICULARS WITH THE OTHER PARTY BUT HE DIDN'T WANT TO. I FELT SOME PAIN ON MY RIGHT NECK AND RIGHT SHOULDER.

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	SBH1010Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 HO SEIH CHEN REBECCA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SME99K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

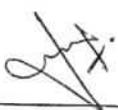
SKETCH PLAN

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) to comply 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.:



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

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PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD		Ref: CS3/ASM19001959/Gcd3e2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE		Date: 12-02-2019	
068811			
ATTN : LIU YIWEN		Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SBH 1010Z	Veh. Inspected	SME 99K
Policy No.		Coverage (\$)	0.00
Claim No.	S9M01C6M	Excess (\$)	0.00
Assign From	LIU YIWEN	Assign Date	29/01/2019
2. Vehicle Particulars & Condition			
Make & Model	MER BENZ CLA180 AMG	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	WDD1173422N414038	Colour	BLACK
Odometer	29955 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/40 R18	CONTINENTAL	6 mm
L/H Front Tyre	225/40 R18	CONTINENTAL	6 mm
R/H Rear Tyre	225/40 R18	CONTINENTAL	6 mm
L/H Rear Tyre	225/40 R18	CONTINENTAL	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.			
5. General Information			
Accident Date	28/01/2019	Inspect Date / Time	30/01/2019 (04:00 PM)
Survey held at	PRECISION MOTORWORKS - 68 KAKI BUKIT AVE 6 #01-02		
Repairer	-		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B)THE REPAIR EST WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE EST. C)ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D)THE EST REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$7,000-\$8,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days	

Report Ref No. CS3/ASM19001959/Gcd3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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