

ASS. REC. BY:

REF:

CS3/ASM/19 002655/Gcd307

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Johnny Yong

of

ASM (AXA)

Date/Time:

13/2/19 @ 11:40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBG 1887R

Insured:

SHC 5634C

at Workshop m/s:

Motor Intel

Tel:

of

13 kaki Bkt Road 4 #01-20

Policy No:

P1680520

Claim No:

89M0105H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

7/2/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:30pm @ 13/2/19

Person Contacted:

Wilson

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

GBG 1887R - X

SHC 5634C - CC3 / AIG 18017246 / Kp43

DOA: 19/2/18

Disassemble: 26/2/2019

After repair: 27/2/2019

08/1-09  
Surveyor

PLS  
Khe

REF:

AXA

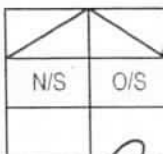
C7093K

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s Motor Intel  
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: \$59k  
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: 615G1887R Yr Regn: 16 Jun 2017  
Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Tyota Dyna 150 c.c 2982  
Colour: White A/C: Insured / Std / NI / NA  
Sp. Reading: 41726 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JTFAT 35Y00K 207866  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Modi: N/S / S/Rim / STD A/Rim or  
Tyre Size: F: 195/75R15  
R: 155R12  
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. 22-02-19  
Survey held at w/s 4:40pm  
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~~ \$3000 - \$4000

RECEIVED 20 MAR 2019

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\_\_\_\_\_ \$ + RS. \_\_\_\_\_ SI

Photos

Others

TOTAL

Report Format : PRE

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)



## Service Request Details

Claim

S9M01D5H

Reference

CS3/ASM19002655/d3 

Loss Date

February 7, 2019

Report Date

Feb 13, 2019 9:17:00 AM

Request Date

February 13, 2019

Due Date

February 13, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

### Actions

Next Step

Finish the work

Complete Work

More ▾

### Vehicle Information

Incident Vehicle Registration #

GBG1887R

**Nivitha (LKK Auto)**

**From:** Shu Pei (LKKAuto) <shupeilkkauto.com>  
**Sent:** Wednesday, 13 February 2019 11:44 AM  
**To:** assignments  
**Cc:** Admin A  
**Subject:** FW: PRI - Acc Inv: GBG 1887 R & SHC 5634 C ON 7 FEBRUARY 2018  
**Attachments:** GBG 1887 R - LTA Search.pdf

\*\*\*SMARTCLAIM NEW CASE\*\*\*

Kindly arrange.TQ

Services -Pre-Repair Survey

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupeilkkauto.com](mailto:shupeilkkauto.com) | fax: 6741-4108

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

**From:** bonnie kwok <litigation@bonniekwok.com>  
**Sent:** Tuesday, 12 February 2019 4:35 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>  
**Subject:** PRI - Acc Inv: GBG 1887 R & SHC 5634 C ON 7 FEBRUARY 2018

Dear Sir,

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle GBG 1887 R at M/s Motor Intelligence Automo Pte Ltd., No. 13 Kaki Bukit Road 4 #01-20 Bartley Biz Centre Singapore 417807.

Please contact Mr. Wilson at 88383318 or Mr. Daniel at 93858911.

Regards,

June

**BONNIE KWOK LLC**

Advocates & Solicitors

101A Upper Cross Street

#08-12 People's Park Centre

Singapore 058358

TEL: 6536 6026

FAX: 6536 2279

email : [litigation@bonniekwok.com](mailto:litigation@bonniekwok.com)

GST Reg. No.: 201203547Z

We do not accept service of documents by facsimile or email. Our business hours are from Mondays to Fridays from 9 am to 6 pm and we are closed on Saturday, Sundays and Public Holidays.

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> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7093K
Vehicle Details	
Vehicle No.:	GBG1887R
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2694858
Chassis No.:	JTFAT35Y00K207866
Maximum Power Output:	-
Open Market Value:	\$26,436.00
Original Registration Date:	16 Jun 2017
First Registration Date:	16 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$1,322.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Jun 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$30,600.00
COE Rebate Amount:	\$25,413.00
<b>Total Rebate Amount:</b>	<b>\$25,413.00</b>

The information contained herein is correct as at 26 Feb 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	13/02/2019 11:24
Date Of Accident	07/02/2019 15:40
Exact Location Of Accident	KPE TWDS BARTLEY AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG1887R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CM MARINE SERVICES PTE LTD
Co Reg No	200307093K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67447729
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG18002153
Cover Note Number	
<b>Driver</b>	
Name of Driver	VELUCHAMY KIRUBANATHI
NRIC No	G3193331K
Date Of Birth	04/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91128533
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) involved in the accident	2
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

I WAS DRIVING AT KPE TOWARDS BARTLEY AFTER PAYA LEBAR EXIT. OF THE 3 LANES TRAFFIC, I WAS AT THE THIRD LANE. SUDDENLY, I GOT AN IMPACT ON MY REAR. SO, I STOPPED MY LORRY AND ALIGHTED AND SAW VEHICLE B FROM LANE 2 CUT INTO MY LANE AND COLLIDED ONTO MY REAR RIGHT SIDE. WITNESS FROM VEHICLE B PASSENGER MUHD.

#### 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 Witness 1

Name	MUHD
Phone Number	98773214
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5634C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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**

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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.
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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.

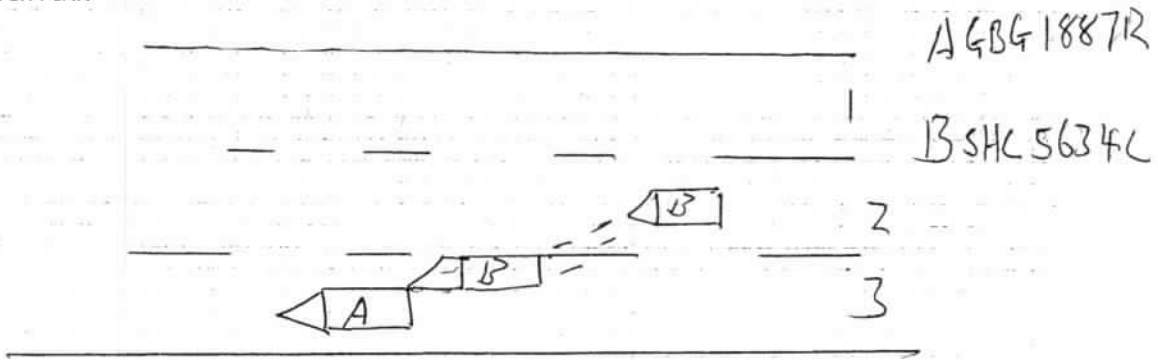


Policyholder's Signature  
Date & Time:

*Kishanahy*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at KPE toward Bartly after Payer Lebar exit of the 3 lane traffic I was at the 3rd lane suddenly I got a impact on my rear so I stop my lorry and alighted and saw vehicle B from 2nd lane cut into my lane and collided onto my rear right side. witness from vehicle B passenger (198773214) MUAD.



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

Policyholder's Signature  
Date & Time:

*Kubumahy*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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


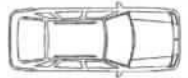
**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM19002655/Gcd3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 21-03-2019		
ATTN : JOHNNY YONG		Code: ASM		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SHC 5634C	Veh. Inspected	GBG 1887R	
Policy No.	P1680520	Coverage (\$)	0.00	
Claim No.	S9M01D5H	Excess (\$)	0.00	
Assign From	JOHNNY YONG	Assign Date	13/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA DYNA 150	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTFAT35Y00K207866	Colour	WHITE	
Odometer	41726 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/75 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195/75 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	155 R12	BRIDGESTONE	6 mm	
L/H Rear Tyre	155 R12	BRIDGESTONE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	07/02/2019	Inspect Date / Time	22/02/2019 ( 04:40 PM )	
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

Report Ref No. CS3/ASM19002655/Gcd3e2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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