

22/03/2002

ASS. REC. BY:

REF: CS3/ASM 19004114/Ecd312 Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Smart claim of Afm Date/Time: 6/8/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: 8JG7101R Insured: XD 6185Eat Workshop m/s Teamwork Tel: _____of 53 ubi Ave1Policy No: _____ Claim No: SQM01FW1

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 1/3/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

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

| Date/Time | Action/Instruction () Estimate |
|-----------|---------------------------------|
| | <u>8JG7101R-X</u> |
| | <u>XD6185E-X</u> |
| | <u>Dismantle: 13/3/2019</u> |
| | |
| | |
| | |
| | |
| | |

Steve

REF:

ASSIGNMENT

From
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:

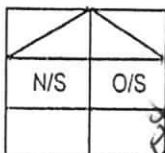
Excess:

(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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

W SJG 7191 R

Yt Regn.

14/97/08

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

Truck / Trailer or

Make:

Mazda 6

CC

2-0

Colour

white

A/C

Insured / Std / NI / NA

Sp. Reading

168957

T/Radio: Insured / Std / NI / NA

Eng/No:

Ci/No:

JM6G H-1 10F 189 107 704

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

11/3/19

D.O.I.

12/3/19

Survey held at

Team work

4.58 pm

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

Rear RH

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time : Action / Instruction

MV - 25,000
PV - 15,944
AV - 9056

Repair range 5K-6K, -6 days

27/3/2019

Date/Time: File Pass to?

☐

: Preli. Report

4)

☐

: Final Report

Date/Time: File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Days Of Repair:

6

Resurvey No. of Trip:

1

Survey Fee:

100

Transportation

) \$ + R.S. SI

) Photos

) Other

)

TOTAL

100

Report Format :

PRE

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



Service Request Details

Claim

S9M01FW1

Reference

None

Loss Date

1 March 2019

Report Date

5 Mar 2019 8:50:36 AM

Request Date

5 March 2019

Due Date

12 March 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Vehicle Information

Incident Vehicle Registration #

SJG7101R

Make

TPVD

Model

MAZDA

Teamwork
- YN1, take photo.

Primary Contact/Insured

CHUAN LIM CONSTRUCTION PTE LTD
20 SENOKO DRIVE, 758207, Singapore

INSURANCE@SCCREDIT.COM.SG

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)

Document Type

Document SubType

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NAME

 XD6185E INS GIA.PDF

TYPE

Reports & Statement

SUB-TYPE

GIA Report

AUTHOR

KUMAR Shailendra

DATE UPLOADED

5 March 2019

NAME

 PRI FROM WORKSHOP WITH TP GIA SJG7101R.msg

TYPE

Forms / Claim Documents

SUB-TYPE

Claim Form

AUTHOR

KUMAR Shailendra

DATE UPLOADED

5 March 2019

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 | 02/03/2019 09:23 |
| Date Of Accident | 01/03/2019 16:30 |
| Exact Location Of Accident | NEAR THE START OF SLE FROM KRANJI |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJG7101R |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA CHIN TONG |
| NRIC No | S7324392J |
| Email Address | CHINTONGCHUA@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92731681 |
| Alternative Phone No | OFFICE-92731681 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | MAZDA6 2.0L SDN V |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT/00582822 |
| Cover Note Number | 14/01/2019-13/01/2020 |
| Driver | |
| Name of Driver | CHUA CHIN TONG |
| NRIC No | S7324392J |
| Date Of Birth | 15/07/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/07/1993 |
| Driving Experience | 25 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92731681 |
| Fax Number | |
| Contact Number | OFFICE-92731681 |
| EMail Address | CHINTONGCHUA@GMAIL.COM |

| | |
|---|------------------------------|
| Address | BLK 10 JAL;AN BATU #04-24 |
| Postcode | 431010 |
| 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 - CHANGE/CROSS LANE |
| 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? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | YES |
| 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? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | XD6185E |
| Vehicle Make/Model/Colour | SCANIA |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LEONG KUAN YAN |
| NRIC/Passport Number | G0013523U |
| Contact Number | 93590946 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

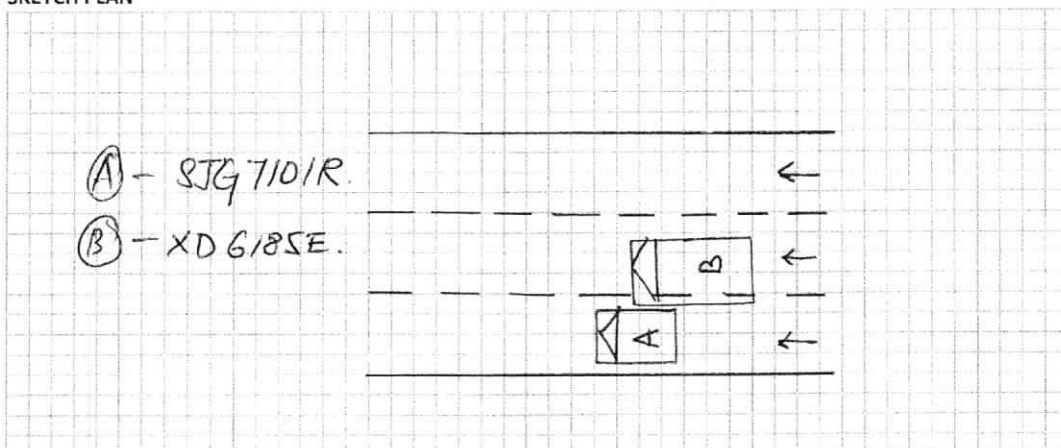
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling with my lane along SLE. Suddenly I felt a strong impact on my rear right hand side.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

| | |
|---|---------------------------------|
| | Reporting Only |
| | Claim OD |
| | Claim TP |
| ✓ | Claim OD / TP at other workshop |

DECLARATION

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

Chris

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.: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 4392J |
| Vehicle Details | |
| Vehicle No.: | SJG7101R |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 12 Mar 2019 |
| Vehicle Make: | MAZDA |
| Vehicle Model: | MAZDA6 2.0L SDN V |
| Primary Colour: | White |
| Manufacturing Year: | 2008 |
| Engine No.: | LF20223285 |
| Chassis No.: | JM6GH10F180107704 |
| Maximum Power Output: | 108.0 kW (144 bhp) |
| Open Market Value: | \$22,022.00 |
| Original Registration Date: | 14 Jul 2008 |
| First Registration Date: | 14 Jul 2008 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$22,022.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 13 Jul 2023 |
| COE Category: | B - Car (1601cc & above) |
| COE Period(Years): | 5 |
| PQP Paid: | \$18,444.00 |
| COE Rebate Amount: | \$15,994.00 |
| Total Rebate Amount: | \$15,994.00 |
| Message | |
| Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. | |

The information contained herein is correct as at 12 Mar 2019

OK

- MObike Cancels license
- What Did You Makan Today PT 6
- Esso discount voucher

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\$2000 Down Monthly From \$56
GV Credit Pte Ltd StarAd

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20 results/page

1 vehicles

Mazda 6

Advanced Search

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|---|----------------|---|-----------------|--------------------|--------------------|-----------------|-------------------|---------------|------------------|
| Search Selection | Mazda 6 | | Any | Any | > 10 year(s) old | Any | Any | Any | Available |
|  | | Mazda 6 2.0A SP (COE till 08/2022) | \$20,998 | \$6,100 /yr | 21-Aug-2007 | 1,999 cc | 128,000 km | Luxury | Available |
| 2 Owners. High Paper Value At \$17,264. Car Body For Only \$98/Month. Value For Money! Very Low Quantum For Powerful 2.0L Car. Free Balance 6 Months Road Tax. No Hassle And In Good Condition, Genuinely ... | | | | | | | | | |
| Posted: 07-Mar-2019 Tags: 2007 Mazda 6, 2007 mazda 6, Mazda 6, mazda 6, Mazda, 6, Used Mazda | | | | | | | | | |

Save this search criteria, to get email alerts whenever a match is found.

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|--|------|-------|-------|--------------|----------|---------|---------|----------|--------|
|--|------|-------|-------|--------------|----------|---------|---------|----------|--------|

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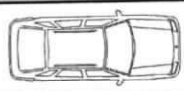
**LKK Auto Consultants Pte Ltd**

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/ASM19004114/Ecd3e2 | | |
| 8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811 | | Date: 05-04-2019 | |  |
| ATTN: PETER WANG | | Code: ASM | | |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | | |
| Insured Veh. | XD 6185E | Veh. Inspected | SJG 7101R | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | S9M01FW1 | Excess (\$) | 0.00 | |
| Assign From | PETER WANG | Assign Date | 06/03/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | MAZDA 6 | c.c | 1999 | |
| Engine No. | HIDDEN | Year of Reg. | 2008 | |
| Chassis No. | JM6GH10F180107704 | Colour | WHITE | |
| Odometer | 168957 KM | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 205/60 R16 | MICHELIN | 7 mm | |
| L/H Front Tyre | 205/60 R16 | MICHELIN | 7 mm | |
| R/H Rear Tyre | 205/60 R16 | MICHELIN | 7 mm | |
| L/H Rear Tyre | 205/60 R16 | MICHELIN | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. | | |  | |
| 5. General Information | | | | |
| Accident Date | 01/03/2019 | Inspect Date / Time | 12/03/2019 (04:58 PM) | |
| Survey held at | TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934 | | | |
| 5a. Remarks | | | | |
| 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 \$5,000-\$6,000 | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 6 Working Days | | |

Report Ref No. CS3/ASM19004114/Ecd3e2

Inspected By



CHEN TSUE YEE

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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