

REF: CS3/ASM19000214/Kvd3-1^{er}

Special Instructions:

From (Person): Xin Yi of Sea Hong Date/Time: 9/3/19
Estimated Cost: _____ Bill to: _____

L/S: \$ 6850.00

Third Parties:

Claimant:

Surveyor: Absolute Appraisals

Workshop: Lian Hong Painter

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKA 8286Z Insured: SKB 168ET
at Workshop m/s Lian Heng Painter Tel: -
of 160 Sin Ming Drive # 06-10

Policy No: _____ Claim No: 19-26578 PD-0

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) D.O.A. 2/12/2018

H.O.D. Endorsement/Date: _____

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

Date/Time: 2/1/19 Confirmed with 5/1/19 Final Fig days (Red \$ / %; Original 5 days)

Date/Time: 24/4/19 Submit Final Fig 5400, 5 days (Red \$ 750 / 40 %; Original days)

[illegible]

24/4/2019

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

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

RECEIVED 25 APR 2019

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add	
Transport	
Photos	
Others	
Total	

150
150

1) Date/Time 24/4-1994 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

THUNDER

ASS. REC. BY:

REF:

CS / ASM19000214 / Cxbe2

Special Instruction:

Surveyor:

612

ASSIGNMENT (Office)

From (Person):

Lu Yi wen

of

ASM

Date/Time:

04/01/2019

Estimated Cost:

Bill to:

OD / TU / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

SKA 8288Z

Insured:

9KB 1638T

at Workshop m/s

Lian Heng Painter

Tel:

of

Bk 760 SM Ming Ave #06-10

Policy No:

Claim No:

98MD17K5

Sum Insured:

Excess:

Make of Veh:

D.O.A

21-122018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

04/01/2019 10-14am

Person Contacted:

Nomy

Vehicle:

IN/OUT

Date/Time

Action/Instruction (X) Estimate

SKA 8288Z - CS / AL610025955 / Rwy302

DA 21/12/2014

9KB 1638T - X

X No Photo

Spring

PRG
Xme.

REF:

AXA

6421C /

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s Liam Henry Painter
 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.

N/S	O/S

Bal. or Market Value: \$82k
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 5 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: SKA 82888 Yr Regn: 27 Dec 2012
 Type: ☒ M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 520i c.c. 1997
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp Reading: 99045 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBAXG 12000 DX 50680
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / W/Rim or
 Tyre Size: F: 225/55 R17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / FIR / 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. 04-01-19
 Survey held at w/s 3pm
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s & a
 The ☒ U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Estimated repair range \$5,000 - \$6,000

8/1/2019

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: -

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

Add Fee:

☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format: PRG

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

TOTAL

100
100

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Saturday, 9 March 2019 6:02 PM
To: 'Admin-D (LKKAuto)'; 'Admin A'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SKA 8288Z [Our file ref: 19.26578 PD-O]
Attachments: TP LOD LITIGATION - CHAU KING PANG.pdf; Insured GIA Report.pdf

Dear Nivita

CLAIMANT :	CHAU KING PANG
VEHICLE NUMBER :	SKA 8288Z
ALLEGED ACCIDENT DATE :	21 DECEMBER 2018
AXA VEHICLE NUMBER :	SKB 1688T

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

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

M NEDUMARAN & CO

60137989

Advocates & Solicitors
Commissioner for Oaths

UEN NO. 53181067D

3019672428--

Please reply to our Branch Office for this matter

Nedumaran Muthukrishnan
LLB (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)

Branch Office: No. 11 Sin Ming Road
#B2-09 (Unit 2) Thomson V Two
Singapore 575629
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482

Our Ref : MN.IG.L1.1812839
Your Ref : SKB 1688T

6 March 2019

AXA INSURANCE PTE LTD
8 Shenton Way
#27-01
Singapore 068811

MR WAHJU HANAFI
7 Siglap Road
#22-61
Singapore

Dear Sir,

CLAIMANT : CHAU KING PANG
ACCIDENT ON 21/12/2018 INVOLVING VEHICLES NO. SKA 8288Z AND SKB 1688T ALONG BUKIT TIMAH TOWARDS NEWTON CIRCLE AT ABOUT 1415 HOURS

We act for **MR CHAU KING PANG**, who was the owner of motor vehicle no. **SKA 8288Z**.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **21/12/2018 ALONG BUKIT TIMAH TOWARDS NEWTON CIRCLE** involving our client's vehicle registration number **SKA 8288Z** and vehicle registration number **SKB 1688T** 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	\$6,850.00
02. Loss of Use for 5 days + 1 Sunday @ \$180.00 per day	\$1,080.00
03. Pre-Repair Survey Loss of Use for 2 days	\$ 360.00
04. Survey report fees	\$ 606.00
05. GIA search/report & LTA search fees	\$ 36.49
06. Costs & Incidentals	<u>\$1,060.00</u>
	<u>\$9,992.49</u>

Our Ref : MN.IG.L1.1812839

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

- (a) GIA reports lodged by drivers of SKA 8288Z & SKB 1688T;
- (b) Certificate of Insurance;
- (c) Final Repair Bill;
- (d) Surveyor's report & invoice and
- (e) **36 black and white photographs** depicting the damages to motor vehicle SKA 8288Z.
[coloured-print photos will be forwarded to insurance company upon request]

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 a Notice of Accident dated 2 January 2019 was sent to your insurers. A pre-repair survey on our client's damaged vehicle was carried out by your insurer's appointed surveyor.

Please also 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,

M NEDUMARAN & CO

NEDUMARAN MUTHUKRISHNAN
(Branch Office)

Encls

cc. Client (By Fax 6453-3173 Only) – SKA 8288Z

INSURANCE/175 & 14 Mount Pte Ltd - Hin Ming
ENTRY DATE & TIME: 24/12/2018 12:15
SUBMITTED BY: Wong Kee Nyuk

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 24/12/2018 12:15
Date Of Accident 21/12/2018 14:15
Exact Location Of Accident ALONG BUKIT TIMAH TO NEWTON CIRCLE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA8288Z
Insured/Policyholder
Name Of Registered Owner CHAU KING PANG
NRIC No S2566421C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98170476
Alternative Phone No OFFICE-98170476
Vehicle Particulars
Manufacturer BMW
Model
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 MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number B 27906575 QMY
Cover Note Number
Driver
Name of Driver CHAU KING PANG
NRIC No S2566421C
Date Of Birth 14/11/1955
Occupation INDOOR
Date Of Driving Pass 14/09/1999
Driving Experience 19 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98170476
Fax Number
Contact Number OFFICE-98170476
EMail Address NOEMAIL

Address -
 Postcode -
 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 SIDE SWIPE
 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

refer attached report.

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 SKB1688T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver WAHJU HANAFI
 NRIC/Passport Number S26507491
 Contact Number 86681160
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

Image/Original
CSU

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the detail of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 rescind its 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. No 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report to the centre and its copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

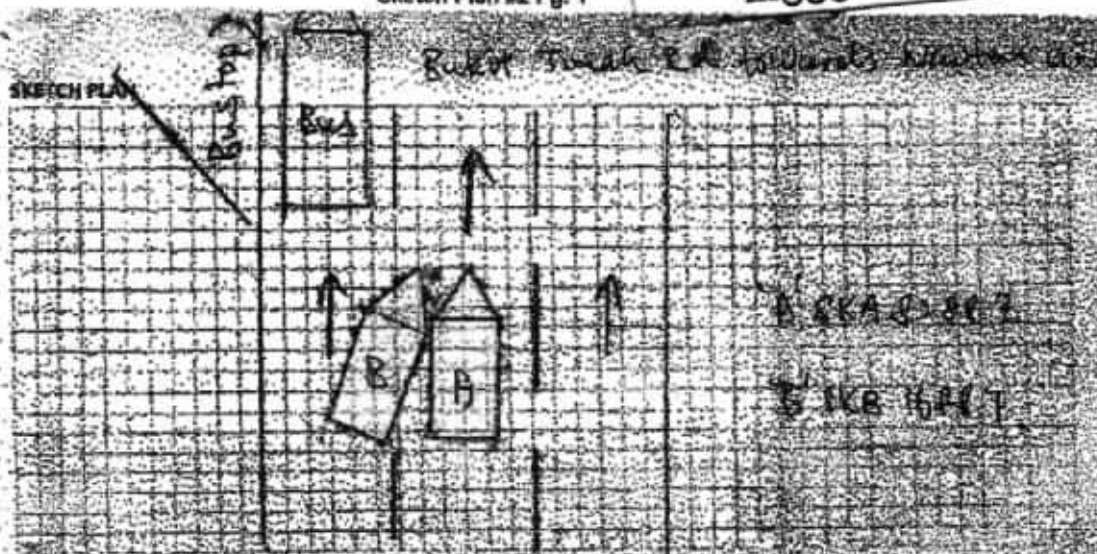
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or disclosed by my insurer (collectively the "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 be 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 shed 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 to prevent 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 risks, regulators, law enforcement and government agencies as reasonably required for the purpose aforesaid; or
 - (ii) for complying with requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time:Recording Centre Person's Signature
Name:
NRIC/ID No.:

GIA/CSU/Insurance/Police/CSU

Image As per Original
—CSU—

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 21/12/2018

Time: 14:15 pm

As I was travelling along Buket Timal Rd towards Newton circle at centre lane, vehicle B PKA 1688T which was in the extreme left lane (Bus lane) dashed off abruptly into my lane and drove onto the left front of my vehicle.

DECLARATION

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

Policeholder's Signature

Date & Time

Driver's Signature

(If driver is not the policeholder)

Date & Time

Responsible Centre Person's Signature

Name

NIC/ID No.



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-18-197831
Date of Request: 26/12/2018

Your Ref No: L1.08288.PD

M NEDUMARAN & CO
No. 11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629

Dear Sir/Madam,

Your Search Criteria:Date of Accident: 21/12/2018
Place of Accident: BT TIMAH TWDS NEWTON CIRCLE
Client Vehicle No: SKA8288Z

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



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

RECEIVED
28 DEC 2018

Our Ref No: GR-18-197986
Date of Request: 26/12/2018

Your Ref No: BY: 1.08288.PD

M NEDUMARAN & CO
No. 11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629

Dear Sir/Madam,

Date of Accident: 21/12/2018
Vehicle No: SKA8288Z
Place of Accident: along Bukit Timah to Newton Circle
Involving Vehicle No: SKB1688T

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\$)
SKB1688T	along Bukit Timah to Newton Circle	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:

[X] 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 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	21/12/2018 16:38
Date Of Accident	21/12/2018 14:15
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB1688T
Insured/Policyholder	
Name Of Registered Owner	TJAN TJAN HIA
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S400L HYBRID-3.5 (A)
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA297155
Cover Note Number	

Driver

Name of Driver	WAHJU HANAFI
NRIC No	S2650749I
Address	7 SIGLAP ROAD #22-51

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	3

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SKA8288Z
-----------------------------	----------

Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

Sketch Plan

SKETCH PLAN

Image As per Original
---CSU---

IMPORTANT NOTICE

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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 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.
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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
- (i) 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;
 - (ii) 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;
 - (iii) the information so collected under (ii) 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: 21 Dec '18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PRN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A - SK-BULB
B -

Legend

vehicle

motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to change lane along Bokit Timah Road and given signal to the right, but the car on the right side didn't stop or slow down and hit my right side even I was already changed lane -
 Accident happen about 2:15 pm, 21st Dec 2018

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 21 Dec '18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement

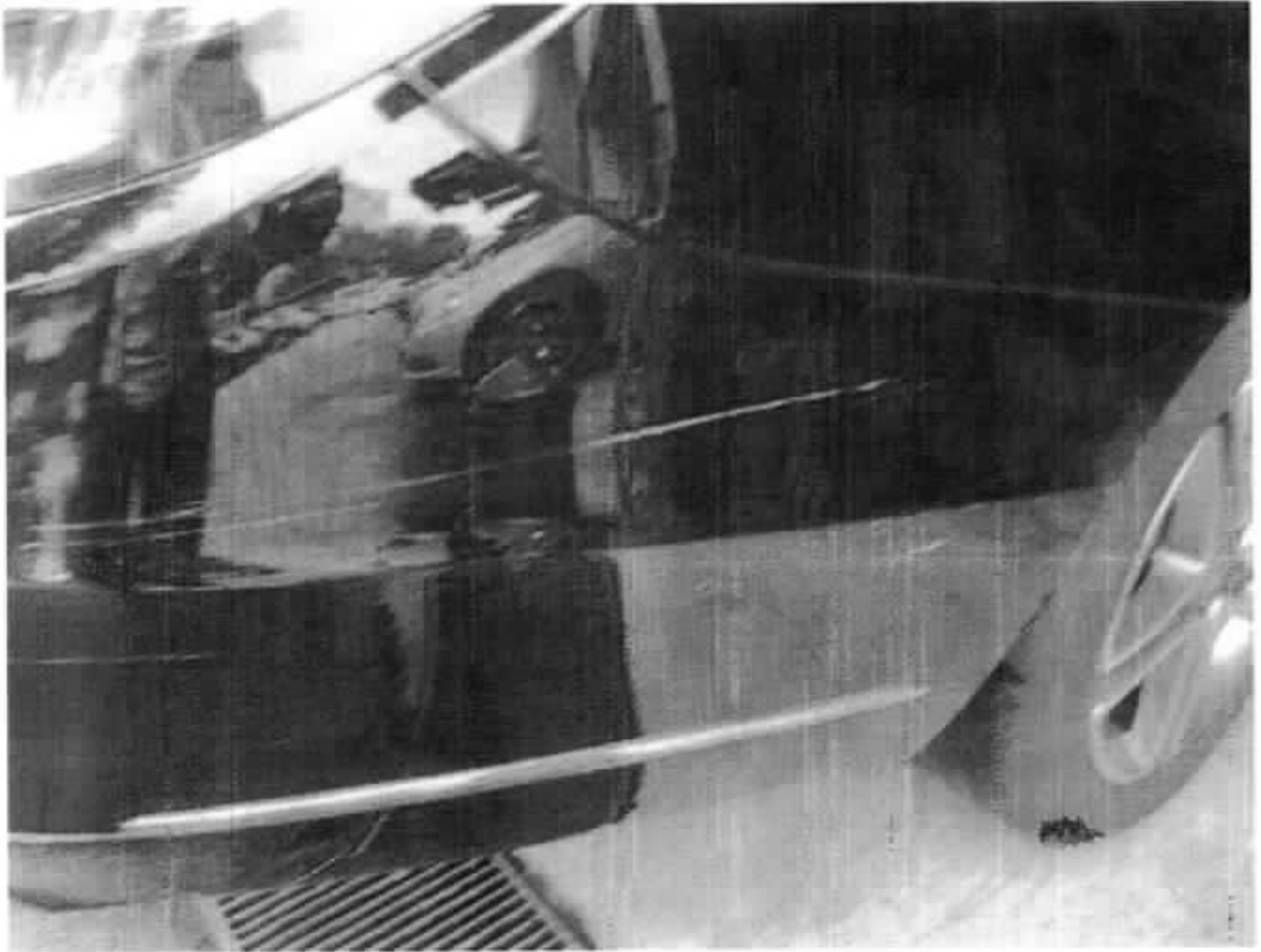
INDIVIDUAL STATEMENT (Part II)		Date Workshop final / Fee (if any)		
To be completed and submitted within 24 hours to your insurer or 30th or appointed workshop / for a separate sheet of cover where necessary				
Insured	1. Occupation (if none then give, state all)		Email	
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permission carrying capacity	
	3. Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, state relationship of driver with owner	State the vehicle number and name of owner of driver's own vehicle (where applicable)	
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire			
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present			
Driver or person in charge of vehicle at the time of accident (including insured)	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If no, some action to be taken: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
	7. Date of birth	Occupation	Date of licence pass	
	20/11/59	Indoor	20/12/17	
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability			
Injured persons	9. Full details of all driving convictions including pending prosecutions in the last 30 months			
	Date	Offence	Penalty	
Damage to property to vehicles (other than vehicles A and B)	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle damaged, state in which vehicle	
			Were seat belts being worn?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Police action	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	
Accident details	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, please state which Police station			
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, against whom?			
	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Other			
Declaration	15. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other			
	16. Speed of vehicle: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr			
	17. What warnings were given by driver or other party?			
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	19. What lights were displayed on your vehicle/the other vehicle(s)?			
20. If your vehicle is commercial, state weight of load carried at time of accident				
21. State how accident happened, width of roads, speed limits, etc. (diagram attached)				
22. State number of Passenger (including Driver) <input checked="" type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7- <input type="checkbox"/> 8- <input type="checkbox"/> 9- <input type="checkbox"/> 10- <input type="checkbox"/> 11- <input type="checkbox"/> 12- <input type="checkbox"/> 13- <input type="checkbox"/> 14- <input type="checkbox"/> 15- <input type="checkbox"/> 16- <input type="checkbox"/> 17- <input type="checkbox"/> 18- <input type="checkbox"/> 19- <input type="checkbox"/> 20- <input type="checkbox"/> 21- <input type="checkbox"/> 22- <input type="checkbox"/> 23- <input type="checkbox"/> 24- <input type="checkbox"/> 25- <input type="checkbox"/> 26- <input type="checkbox"/> 27- <input type="checkbox"/> 28- <input type="checkbox"/> 29- <input type="checkbox"/> 30- <input type="checkbox"/> 31- <input type="checkbox"/> 32- <input type="checkbox"/> 33- <input type="checkbox"/> 34- <input 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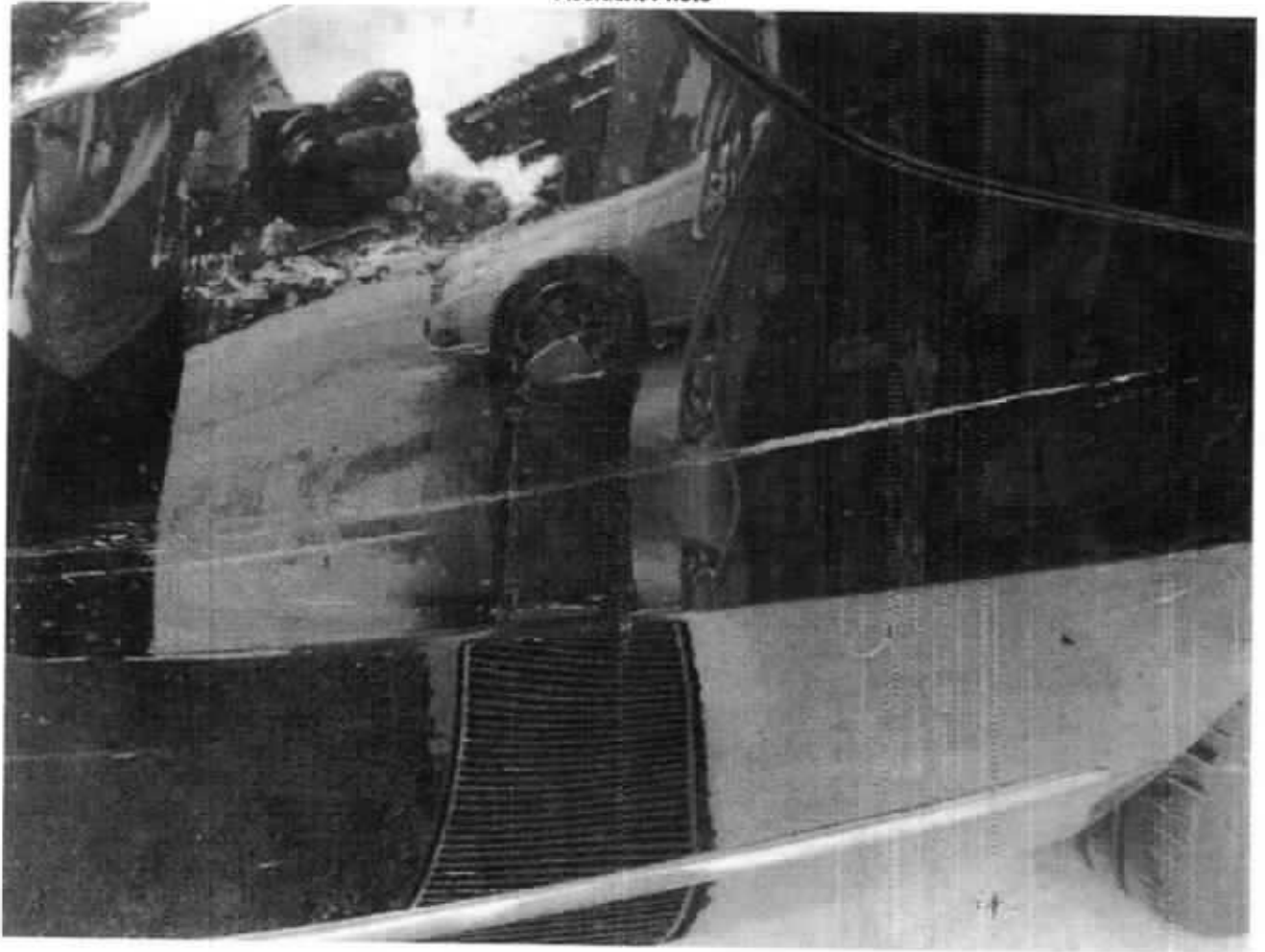


Page No : 7-8
Unable to disclose
NRIC / driving licence

Accident Photo



Accident Photo



Accident Photo





Accident Photo



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6827 7888, Fax: +65 6827 7800
 Co. Reg. No. 200412212G CST Reg. No. 20-0412212C

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
 Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. B 27906575 QMY

Excess: SGD500
 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SKA8288Z
2. Name of Policyholder
Chau King Pang
3. Effective Date of the Commencement of Insurance for the purposes of the Act
27/06/2018
4. Date of Expiry of Insurance
26/06/2019
5. Persons or Classes of Persons entitled to drive*
Chau King Pang
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to use*
Use only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers


 for Chief Executive Officer

LIAN HENG PAINTER COMPANY

160 SIN MING DRIVE #06-10 SIN MING AUTOCITY SINGAPORE 575722

TEL : 64535779 FAX : 64533173

Reg No : 070118/00 - X

Date : 4th March 2019

Our Ref : SKA8288Z

Your Ref : SKB1688T

TO WHOM IT MAY CONCERN :

INVOICE FOR REPAIR OF VEHICLE NO : SKA8288Z – BMW 520i

1) Cost Of Repair – Lump Sum S 6,850.00

Singapore Dollars : Six Thousand Eight Hundred And Fifty Only.

聯興噴漆公司
LIAN HENG PAINTER CO.,
160 SIN MING DRIVE, #06-10
SIN MING AUTOCITY
SINGAPORE 575722
TEL: 6453 5779 FAX: 6453 3173

A large, stylized handwritten signature in black ink, consisting of a large 'X' shape with a horizontal line across the middle.



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0418 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Invoice

Customer: Chau King Pang

Date: 25.01.2019

C/o: 160 Sin Ming Drive #06-10

Sing Ming AutoCity (S) 575722

Invoice No: NS-2019-001

Description		Amount
Vehicle No	SKA8288Z	
Make & Model:	BMW 520i (A)	
Our reference:	AAS/2019/001	
Services rendered for appraiser / inspection report		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Six hundred and six dollar only	Total:	SGD \$ 606.00

Notes:

All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No." on the reverse side of the cheque.

Please do not hesitate to contact us should you have any enquires.



Absolute Appraisal Services Pte Ltd



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.epp.svcs@gmail.com

Vehicle Inspection Report

To: Chau King Pang
C/o: 160 Sin Ming Drive #06-10
Sing Ming AutoCity (S) 575722

Date of report: 25.01.2019
Date of request: 02.01.2019
Date of inspection: 02.01.2019
Date of accident: 21.12.2018
Claim type: Third Party Claim

Report No: AAS/2019/001

Particulars of affected vehicle:

Registration no: SKA8288Z
Make/Model: BMW 520i (A)
Year of registration: 2012
Colour: Metallic Silver

Odometer: 99045 km
Engine Capacity: 1997 cc
Engine no: B3730276N20B20B
Chassis no: WBAXG12000DX50680

Condition of tires:

Front Left: 6mm
Make: Pirelli
Rear Left: 6mm
Make: Pirelli

Front Right: 6mm
Make: Pirelli
Rear Right: 6mm
Make: Pirelli

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

The Assignment

The inspection was conducted at M/s. Lian Heng Painter Company
160 Sin Ming Drive #06-10
Sing Ming AutoCity (S) 575722

(Subsequent inspection was conducted)

Assessment

Repairer's estimate: \$ 11,589.49

Revised estimate: \$ 8,551.74

Recommended reserve: \$ 6,850.00 (Lump sum)

Estimated normal duration of repairs : 5 Working days



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKA8288Z

Report No: AAS/2019/001

W/O PREJUDICE

Point of impact

At the LHF portion.

General description of damages

The front bumper, LH headlamp, LHF fender, LHF road wheel, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s Lian Heng Painter Company as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$8,551.74

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$6,850.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 5 working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a '**Without Prejudice**' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 36 photographs.

Your Faithfully

Absolute Appraisal Services Pte Ltd



Nicky Seah

Automobile Appraiser

MSAAA / MSMCTA



ABSOLUTE APPRAISAL SERVICES PTE LTD LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0418 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKA8288Z

Report No: AAS/2019/001

Appraisal Schedule

S/N	Parts Description	Qty	Condition		Repairer's Est	Revised Est
1	Front bumper	1	Dented/Cut		\$ 1,377.55	1277.55 \$ 1,377.55 ✓
2	Front bumper emblem	1	Necessary		\$ 69.49	✓ \$ 69.49 ✓
3	Front bumper bracket LH	1	Serviceable		\$ 75.10	- ✓
4	Front bumper sponge	1	Cracked		\$ 83.90	48 \$ 83.90 ✓
5	Front bumper reinforcement	1	Serviceable		\$ 652.10	-
6	Front bumper fog lamp LH	1	Serviceable		\$ 283.70	-
7	Front bumper fog lamp grille LH	1	Serviceable		\$ 155.40	-
8	Front bumper PDC decoupling	4	Necessary	\$ 6.05	\$ 24.20	✓ \$ 24.20 ✓
9	LH headlamp	1	Grazed/Cracked		\$ 4,501.60	2634.5 \$ 4,501.60 ✓
10	LH headlamp support	1	Serviceable		\$ 153.10	-
11	LHF fender	1	Dented/Repair		\$ 863.35	-
				List total:	\$ 8,239.49	\$ 6,056.74
1	LHF sport rim	1	Dented		\$ 700.00	\$ 700.00 35c
2	LHF tyre	1	Affected	90%	\$ 250.00	\$ 225.00 15c
				Special nett total:	\$ 950.00	\$ 925.00 50c
				Parts Total:	\$ 9,189.49	\$ 6,981.74
S/N	Labour Description				Repairer's Est	Revised Est
1	To transfer LH headlamp modules, conduct electrical diagnosis, reset & programme all related. Check all lightings & wirings.				\$ 500.00	\$ 400.00 180
2	To renew LHF sport rims & tyre.				\$ 50.00	\$ 20.00 ✓
3	To conduct wheel alignment.				\$ 100.00	\$ 60.00 ✓
4	To remove & transfer front bumper sensors.				\$ 100.00	\$ 50.00 ✓
5	Rust proofing on front affected panels.				\$ 100.00	\$ 40.00 X
6	To remove and renew front damaged parts. Re-align all affected area.				\$ 750.00	\$ 500.00 250
7	To putty and respray all damaged parts. Touch up all affected area.				\$ 800.00	\$ 500.00 400
				Labour Total:	\$ 2,400.00	\$ 1,570.00
				Grand Total:	\$ 11,589.49	\$ 8,551.74

The final adjusted lump sum amount is \$6,850.00

Under normal circumstances, the repair should be completed within a reasonable period of 5 working days.

36 Photographs were taken at the time of inspection.

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any third party.

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	21/12/2018 16:38
Date Of Accident	21/12/2018 14:15
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB1688T
Insured/Policyholder	
Name Of Registered Owner	TJAN TJAN HIA
NRIC No	S2650748J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96681160
Alternative Phone No	OTHERS-96681160

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400L HYBRID-3.5 (A)
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	GA297155
Cover Note Number	

Driver

Name of Driver	WAHJU HANAFI
NRIC No	S2650749I
Date Of Birth	20/11/1959
Occupation	INDOOR
Date Of Driving Pass	20/12/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96681160
Fax Number	
Contact Number	
Email Address	WAHJU.HANAFI@GMAIL.COM

Address	7 SIGLAP ROAD #22-61
Postcode	448909
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	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?	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)	3
Passenger 1	NAME: : PAX 1 GENDER: : FEMALE
Passenger 2	NAME: : PAX 2 GENDER: : FEMALE

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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SKA8288Z
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)

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/are 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 based 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 (a) 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: 21 Dec '18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A - SF81169T
B -

Legend
 Vehicle
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to change lane along Bukit Timah Road and given signal to the right, but the car on the right side didn't stop or slow down and hit my right side even I was already changed lane.

Accident happen about 3:15 pm ; 21st Dec 2018

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 21 Dec 18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1. Date of accident 21/12/12 2:15pm		2. Exact location of accident Along Bukit Timah Rd.		To be signed by BOTH drivers	
3. Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To others other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4. Injuries given if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B)				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SKB1688T**

6. Insured / policyholder (see insurance card)
Name (capital letters) **Tan Tjen Hia**
Address _____
NRIC / Passport no. **S26507481**
Tel no. (from 06) (if any) _____
HP _____

7. Vehicle
Make, type **Merz S400**

8. Insurance company
AXA ☐ C ☐ TPT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. **SA247155**

9. Driver ☐ State in Charge
Name (capital letters) **Wahju Hanati**
NRIC / Passport no. **S26507492**
Class of license **96681160**
Gender ☒ Male ☐ Female

12. CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable for your vehicle

<input type="checkbox"/>	Crash Collision
<input type="checkbox"/>	Collision with Obstacle
<input type="checkbox"/>	Collision with Motorcyclist
<input type="checkbox"/>	Collision with Pedestrian
<input type="checkbox"/>	Collision with Transport
<input type="checkbox"/>	Collision with Machinery
<input type="checkbox"/>	Collision - Change of Lane
<input type="checkbox"/>	Collision - Rear End
<input type="checkbox"/>	Collision - Head On
<input type="checkbox"/>	Collision - Sideswipe
<input type="checkbox"/>	Collision - Spinning Out of Control
<input type="checkbox"/>	Collision - Run-Over
<input type="checkbox"/>	Collision - Hit by
<input type="checkbox"/>	Collision - Falling Object
<input type="checkbox"/>	Collision - Fire
<input type="checkbox"/>	Other Driving Impairment
<input type="checkbox"/>	Other Situation / Offending
<input type="checkbox"/>	Other

13. State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B)

6. Insured / policyholder (see insurance card)
Name _____
Address _____
NRIC / Passport no. _____
Tel no. (from 06) (if any) _____
HP _____

7. Vehicle
Make, type _____

8. Insurance company
☐ C ☐ TPT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9. Driver (See driving license)
(If different from insured B above)
Name (capital letters) _____
NRIC / Passport no. _____
Class of license _____
HP _____
Gender ☐ Male ☐ Female

11. Indicate the point of initial impact with an arrow (→)

13. Sketch of accident when impact occurred

1. Layout of the road - 2. The direction of vehicles A and B with arrows - 3. Draw position of the line of impact - 4. The road signs - 5. Names of the roads or roads

11. Indicate the point of initial impact with an arrow (→)

14. Vehicle damage to vehicle A

15. Remarks

16. Signatures of drivers

A *Wahju Hanati*

B

14. Vehicle damage to vehicle B

15. Remarks

In the event of dispute or in the event of damage to property other than to vehicles A and B, give information on each of

Do not alter anything on this statement after signing. Subsequently, each driver should take one copy

For driver's Individual Statement (Part II) see appendix 1

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or local or appointed workshop (use a separate sheet of paper where necessary)			
Insured	1. Occupation (if more than one, state all)		2. Vehicle registration no. CC
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state relationship or close with owner		4. Exact purpose for which vehicle was being used at time of accident: Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify
	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present		6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken: Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)
	7. Date of birth		8. Give details of any pre-existing impairment of sight or hearing and of any other disability
	9. Full details of all driving convictions including pending prosecutions in the last 35 months		
	10. Name(s), address(es) and approximate age(s)		11. Name(s) and address(es) of owner(s)
Driver or person in charge of vehicle at the time of accident (including insured)	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station		13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?
	14. Weather conditions: Clear <input checked="" type="checkbox"/> Rainy <input type="checkbox"/> Other <input type="checkbox"/>		15. Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	16. Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr		17. What warnings were given by driver or other party?
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		19. What lights were displayed on your vehicle/the other vehicle(s)?
Police action	20. If your vehicle is commercial, state weight of load carried at time of accident		21. State how accident happened, width of road, speed limits, etc (Refer to attached)
	22. State number of Passengers (including Driver) 3		23. State number of Passengers (including Driver) 3
Accident details	24. State number of Passengers (including Driver) 3		25. State number of Passengers (including Driver) 3
	26. State number of Passengers (including Driver) 3		27. State number of Passengers (including Driver) 3
Declaration	I/We declare the foregoing particulars are true in every respect		Policyholder's signature
	Driver's signature (if driver is not the policyholder)		Date 21 Dec '18

Driver IC & LIC



Wahju.hanafi@gmail.com



Owner IC



Spray Front Bumper - \$300 Before Gst.
Quoted. 21/12/18.



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Your Ref: 19.26578 PD-O

Date: 29th Apr 2019

Our Ref : CS3/ASM19000214/Gvd3e2-1

M/s AXA Insurance Pte Ltd

C/O: Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SKA 8288Z

INSURED VEHICLE: SKB 1688T

ACCIDENT DATE: 21/12/2018

We thank you for your instruction on 09/03/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SKA 8288Z from M/s Absolute Appraisal Services Pte Ltd.
- b) Singapore Accident Statement of Vehicles SKA 8288Z and SKB 1688T.
- c) Final Repair Bill of SKA 8288Z from M/s Lian Heng Painter Company.
- d) Colour damaged vehicle photographs of SKA 8288Z.

Pre-Repair Inspection Date : 04/01/2019 at M/s Lian Heng Painter Company, 160 Sin Ming Drive #06-10 Sin Ming Autocity, Singapore 575722.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded:-

Registration Number	: SKA 8288Z
Make & Model	: B.M.W. 520i 2.0L AT D/AB 2WD 4DR GAS/D NAV
Year of Registration	: 2012
Chassis Number	: WBAXG12000DX50680
Engine Capacity	: 1997 cc

2. We recommend that the repairs of the entire damage require about 5 (Five) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKA 8288Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DENTED / CUT	1,377.55	1,277.55
1	FRONT BUMPER EMBLEM	NECESSARY	69.49	69.49
1	FRONT BUMPER BRACKET LH	NOT NECESSARY	75.10	-
1	FRONT BUMPER SPONGE	CRACKED	83.90	48.00
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	652.10	-
1	FRONT BUMPER FOG LAMP LH	SERVICEABLE	283.70	-
1	FRONT BUMPER FOG LAMP GRILLE LH	SERVICEABLE	155.40	-
4	FRONT BUMPER PDC DECOUPLING @\$6.05	NECESSARY	24.20	24.20
1	LH HEADLAMP	GRAZED / CRACKED	4,501.60	2,631.15
1	LH HEADLAMP SUPPORT	SERVICEABLE	153.10	-
1	LHF FENDER	TO REPAIR SEE LABOUR	863.35	-
	LESS 10% DISCOUNT		-	-405.04
			8,239.49	3,645.35
<u>SPECIAL NETT ITEMS</u>				
1	LHF SPORT RIM (SN)	DENTED	700.00	350.00
1	LHF TYRE (SN)	AFFECTED	250.00	150.00
			950.00	500.00
<u>LABOUR</u>				
	TO TRANSFER LH HEADLAMP MODULES, CONDUCT ELECTRICAL DIAGNOSIS, RESET & PROGRAMME ALL RELATED. CHECK ALL LIGHTINGS & WIRINGS.		500.00	180.00
	TO RENEW LHF SPORT RIMS & TYRE.		50.00	20.00
	TO CONDUCT WHEEL ALIGNMENT.		100.00	60.00
	TO REMOVE & TRANSFER FRONT BUMPER SENSORS.		100.00	50.00
	RUST PROOFING ON FRONT AFFECTED PANELS.	NOT NECESSARY	100.00	-
	TO REMOVE AND RENEW FRONT DAMAGED PARTS. RE-ALIGN ALL AFFECTED AREA. INCLUSIVE OF THE REPAIR OF LHF FENDER.		750.00	250.00
	TO PUTTY AND RESPRAY ALL DAMAGED PARTS. TOUCH UP ALL AFFECTED AREA.		800.00	400.00
			2,400.00	960.00
GRAND TOTAL			11,589.49	5,105.35



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,100.00
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Report Ref No. CS3/ASM19000214/Gvd3e2-1

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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