22/03/2002 ASS. REC. BY:	REI	: COLDENI	9004724/71	المراحلة	d lectraction:		
	Taukun	ASSIGNA	10047241 (Office)	90301	ii iiisiidenoii.		_
From (Person):	kitty Teo			) D	ate/Time:	14/3/2010	1
Estimated Cost			Bill to:			1 (10/00)	
OD TP/WS	TP RES / OD RES / E	VA/INV/MV	i CS				
To Inspect Vel	nicle No:	XE 26	86 Y	Insured:			
at Workshop n	vs	vo fruel	LS .	Tel:	962	70391	
of	12/	as Are	10				
Policy No:			Claim No:	Samo	16V6	á	
Sum Insured:_			Excess:				
Make of Veh:				D.	O.A. 1	2/03/2019	
(Client's Record)	REP. / REV 24 HRS					•	
CA / REV	REP. / REV 24 HRS		01		H.O.D. Endo	rsement:	
Date/Time: 1	4com@18/3/19	Person Contacted	chua	- Vel	nicle (IN)	DUT	
Date/Time	Action/Instruction ( V	) Estima	tp.		**	•	
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CS145M19004729/719d3



## Service Request Details

Claim

S9M01GVG

Reference

None #

Loss Date

March 12, 2019

Report Date

Mar 13, 2019 12:00:00 AM

Request Date

March 14, 2019

Due Date

March 21, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated workshop survey

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

## Vehicle Information

Incident Vehicle Registration #

XE2686Y

MOUEL

VOVXXX

Service Address

Primary Contact/Insured

UBTS PTE LTD 12 TANJONG PENJURU CRESCENT, 608975, Singapore 65674755

## Claim Handler

TEO Kitty 6568804602 kitty.teo@axa.com.sg

Additional Instructions

XS \$1500

Messages	Invoices	History	Documents	Assessment	Metrics	Notes	
New Message							
TYPE				0			
SENT		3/1	4/19 9:08 PM				
FROM		TEC	Kitty				
SUBJECT		WP	SURVEY				
BODY		Hi P	lease get 1) Auth	orisation letter fro	om our in		

## **DHAKAL Raghav**

From:

Chua Kim Teck < kim.teck.chua@volvo.com>

Sent:

Thursday, March 14, 2019 12:14 PM

To:

SG AXA Insurance SM AXA SGP - Motor Survey

Cc:

Yang Bryan

Subject:

XE2686Y-OD Claim

Attachments:

GIA report.PDF; Estimate Quotation.pdf

Categories:

Raghav

Hi Officer In-charge,

Attach estimate quotation & GIA report for your reference.

Kindly arrange your respective or appointed surveyor to carry-out survey at 12 Tuas Ave 10.

Thank you.

Best Regards,

Chua Kim Teck

Workshop Supervisor & Accident / Marine Claim Handler

## Volvo Trucks International Hub South East Asia, Singapore market

Telephone: +65 6672 7537 Mobile: +65 9627 0391

Fax: +65 6862 4132

Email: kim.teck.chua@volvo.com

www.volvogroup.com www.volvotrucks.com.sg www.udtrucks.com.sg

https://www.facebook.com/VolvoTrucksSingapore

https://www.facebook.com/UDTrucksSingapore

This email message and any attachments may contain confidential information and may be privileged. If you are not the intended recipient or otherwise not authorized to receive this message, you are prohibited to use, copy, disclose or take any action based on this email or any information contained herein. If you are not the intended recipient, please advise the sender immediately by replying to this email and permanently delete this message and any attachments from your system.



## LETTER OF UNDERTAKING/ AUTHORIZATION FOR LUMP SUM REPAIR

- I, [Name] [NRIC] <u>VELU/S7164244E</u>, the owner/ authorized driver of vehicle [Registration No.] <u>XE2686Y</u> ("Vehicle") do hereby authorize the [Workshop/Insurer] to repair the Vehicle on a lump sum basis instead of part by part.
- The [Workshop/Insurer] has explained to me the difference between lump sum repair and part by part repair and the consequences of my authorization for lump sum repair for the Vehicle.
- I understand that with lump sum repair, the Workshop may use a mixture of genuine parts, original equipment manufacturer (OEM) parts, reconditioned and second hand parts to carry out the repair and I note that the [Workshop/Insurer] will not be furnishing a detailed breakdown of parts or price for such lump sum repair.
- 4. I am aware that AXA Insurance Pte Ltd ("AXA Insurance") does not encourage lump sum repair as AXA Insurance strongly recommends repairs for vehicles on a part by part basis for transparency reasons. I confirm that I will hold AXA Insurance harmless from any claims arising from the lump sum repair of the Vehicle which I have authorized.
- \* To be applicable where person authorizing is the authorized driver.
   I confirm that I have the authority from the owner of the Vehicle to authorize the lump sum repairs and that I have duly notified the owner of the Vehicle of the contents of this Letter of Authorization.

Signed and acknowledged by:

Signature of policyholder/ authorized driver\* and company stamp (where applicable)
Date:

Name and signature of workshop personnel including workshop stamp Date:

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

From: UBTS Pte Ltd (Name of Policyholder)

Claim vehicle No: XE2686Y

Other(s) vehicle No:

Accident Date: 12/03/2019

## Repair Authorisation

To: <u>AXA INSURANCE PTE LTD</u> I/we have authorized <u>Volvo Group Singapore (Pte)</u>
<u>Ltd</u> to proceed with the repairs to my accident damaged vehicle <u>XE2686Y</u>.

As <u>Volvo Group Singapore</u> (Pte) <u>Ltd</u> will be handling the entire Claim which includes signing / submission of all relevant documents & negotiation of my claim, kindly forward & make payable all proceeds of my claim to <u>Volvo Group Singapore</u> (Pte) <u>Ltd.</u> I/we, confirm that the payment of any negotiated settlement with & accepted by <u>Volvo Group Singapore</u> (Pte) <u>Ltd</u>.

Min * UB For	Six
Policyholder's Signature / Company's Stamp (if applicable)	Witness's Signature
Name: VELU	Name: SIUA
NRIC No: S7164244E	NRIC No: 61 31034987

Designation: MANAGER



### LETTER OF AUTHORIZATION

Date: 18.03.2019

To:AXA Insurance Pte Ltd

Dear Sir/madam,

Re: Accident case on the 12.03.2019 Involving Own Damage Claim of XE 2686 Y

The Volvo FM370 42T RAS SC prime mover is registered to UBTS Pte Ltd.

XE 2686 Y is leased to SG Integrated Pte Ltd an subsidiary related Company to UBTS Pte Ltd.

Mr Muhammad Sapuan Bin Selamat of NRIC:S8626639C is an authorised to drive UBTS vehicle ,XE 2686 Y on the day of accident dated 12.03.2019 proceeding to 162 Gul Circle to collect tanker from ITS Kerry yard.

Should you require any information, please contact the undersigned at 62298371.

Thank you.

JIII 12

Yours faithfully

Velayutham(Velu) Leasing/Maintenance Manager

## Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Friday, 22 March 2019 4:21 PM

To:

Chua Kim Teck

Cc:

SUR; Yang Bryan

Subject:

RE: XE 2686Y / OD / AXA

Attachments:

AXA LS REPAIR LETTER.pdf

Dear Mr Chua,

As instructed by our client, please proceed to repair the insured vehicle XE 2686Y at repair cost not more than \$13,000.00 on Lump Sum Basis (Excess \$1,500/-).

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

\*Our client reserve their right not to pay if there is no valid approval obtained before repair.

Please let owner to sign & cop 'AXA Lump Sum Repair Letter' as attached and send it back to us.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Chua Kim Teck <kim.teck.chua@volvo.com>

Sent: Tuesday, 19 March 2019 11:03 AM

To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>

Cc: SUR <sur@lkkauto.com>; Yang Bryan <bryan.yang@volvo.com>

Subject: RE: XE 2686Y / OD / AXA

Denise,

Attach for your reference.

Best Regards,

Chua Kim Teck

Workshop Supervisor & Accident / Marine Claim Handler

Volvo Trucks International Hub South East Asia, Singapore market

Telephone: +65 6672 7537 Mobile: +65 9627 0391 Fax: +65 6862 4132

Email: kim.teck.chua@volvo.com

www.volvogroup.com www.volvotrucks.com.sg www.udtrucks.com.sg

https://www.facebook.com/VolvoTrucksSingapore

LKK AUTO CONSULTANTS PTE LTD (OD) \*

Menu



# Re:RE: Re:Please get docs

Type

**Q**uestion

Message

Hi Shiau Chan Please authorise and obtain the lump sum letter. Thanks.

Reply

Menu



## RE: Re:Please get docs

Type

**Q** Question

### Message

Dear Kitty, please be informed that the repairer able to repair the vehicle XE 2686Y at repair cost Lump Sum \$13,000.00. Kindly advise on authorisation. - Shiau Chan

Reply

## Denise Tay (LKKAuto)

From:

Denise Tay (LKKAuto)

Sent:

Monday, 18 March 2019 2:55 PM

To:

kim.teck.chua@volvo.com

Cc:

SUR

Subject:

XE 2686Y / OD / AXA

Attachments:

Voucher.pdf

Dear Mr Chua,

As spoken,

Please check if able to repair at lump sum \$13,000.00 all in before excess

Please note the following also needed as spoken to my colleague.

1) Authorisation letter from insured, 2) Insured's confirmation on the usage of the vehicle by the driver at the time of accident, 3) confirm the relationship of the driver

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: <b>Vehicle Details</b>	3195N	
Vehicle No.:	XE2686Y	
Vehicle to be Exported:	No	
ntended Deregistration Date:	18 Mar 2019	
Vehicle Make:	VOLVO	
Vehicle Model:	FM370 42T RAS SC	
Primary Colour:	White	
Manufacturing Year:	2015	
Engine No.:	D11346069	
Chassis No.:	YV2X1E1A0FB719400	
Maximum Power Output:	•	
Open Market Value:	\$82,373.00	
Original Registration Date:	27 Feb 2017	
First Registration Date:	27 Feb 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$4,119.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	26 Feb 2027	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$39,840.00	
COE Rebate Amount:	\$31,634.00	
Total Rebate Amount:	\$31,634.00	

The information contained herein is correct as at 18 Mar 2019

ОК



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

## **Immediate Advice**

To : AXA Insurance Pte Ltd

Date: 18/3/2019

Survey details

Date of loss	14-Mar-19
Date of appointment	14-Mar-19
Date of survey	15-Mar-19
Location of survey	volvo trucks

## Vehicle Details:

Claim Type:	Own Damage	
Vehicle number	SKH 1792T	
Make and Model	VOLVO	
Date of registration	27/2/2017	
Excess	1,500.00	
Market Value	\$94,000	
Parf Rebate	\$31,634	
Nett Loss	\$62,366	

## Repair details

Initial Estimate	\$23,786
THE CONTRACT OF THE CONTRACT O	C. C

### Proposed/Revised repair cost:

Parts	\$6,579	
Check item	\$4,755	
Labour	\$3,900	
Total	\$15,234	
Lump Sum(if applicable)		

Number of days of repair	10

### Remarks:

Damage Consistent Repair cost economical We did not authorise repair



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Date: 18/3/2019

## **Immediate Advice**

To: AXA Insurance Pte Ltd

## Survey details

Date of loss	14-Mar-19
Date of appointment	14-Mar-19
Date of survey	15-Mar-19
Location of survey	volvo trucks

## **Vehicle Details:**

Claim Type:	Own Damage
Vehicle number	SKH 1792T
Make and Model	VOLVO
Date of registration	27/2/2017
Excess	1,500.00
Market Value	\$94,000
Parf Rebate	\$31,634
Nett Loss	\$62,366

## Repair details

Initial Estimate	\$23,786

### Proposed/Revised repair cost:

Parts	\$6,579	
Check item	\$4,755	
Labour	\$8,700	
Total	\$20,034	
Lump Sum(if applicable)		

Number of days of repair	10

### Remarks:

Damage Consistent Repair cost economical We did not authorise repair

Menu



## RE: Please advise and get docs

Type

**Q** Question

### Message

Dear Kitty, IA uploaded with estimate. The following Qns 1 - 3 still pending repairer for the answer/doucment, Repairer is still checking if able to repair on the lump sum repair of 13K before excess. Regards Denise

Reply

MSAT19033381-01 / Sng Ah Tee Motor & Panel Service Pte Ltd - Pioneer ENTRY DATE & TIME: 12/03/2019 16:29 SUBMITTED BY: Janice Chang Siew Yin

### 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 witholding 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.	
March 1995 Talk Branch	ACCIDENT STATEMENT
Date Of Report	12/03/2019 16:29
Date Of Accident	12/03/2019 09:20
Exact Location Of Accident	BENOI CRESCENT & BENOI SECTOR
Country/State of Loss	SINGAPORE
· 注题:10 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE2686Y
Insured/Policyholder	
Name Of Registered Owner	UBTS PTE LTD
Co Reg No	198103195N
Email Address	GINATAY@UBTS.COM.SG
Mobile Phone No	(LOCAL) +65-91866546
Alternative Phone No	OFFICE-62681122
Vehicle Particulars	
Manufacturer	VOLVO
Model	FMX370-10.8 D 64R DAYCAB (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2067982

Policy Number P2067982

Cover Note Number

### Driver

Name of Driver MUHAMMAD SAPUAN BIN SELAMAT

 NRIC No
 \$8626639C

 Date Of Birth
 27/09/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/07/2009

Driving Experience 9 YEARS AND 8 MONTHS

Gender MALE

Mobile Number +65-91866546

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 807B CHOA CHU KANG AVE 1 #04-532

Postcode

682807

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?

YES

Was any injured conveyed to hospital by

YES

ambulance?

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?

YES

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT NO.T/20190312/2129

### 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

YP1186K

Vehicle Make/Model/Colour

Details Of Properties

zotano o . . . oportio

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

RAJA BABU

NRIC/Passport Number

G8188906L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

**UNKNOWN PASSENGER** 

 Approximate Age Injuries Sustain

Injured person in which vehicle?

YP1186K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

### Sketch Plan Pg. 1

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:

- 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)
  - (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:

tre, Personnel's Signature Reporting Cer

Name:

NRIC/FIN No .:

TAM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.

## Sketch Plan Pg. 2

KETCH PLAN			ming in a service
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DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
refer to poice report. The	20190317729.		
	•		
			11.00
		-	
F.			
		Claim own policy	Volvo (agent)
		☐ Claim third party	
		☐ Claim OD / TP s ☐ For record purpo	se.
DECLARATION		Policy No. 0706	1982
/We declare the foregoing particular	s are true in every respect.	Insurer TXA	Veh.No. XEMSE
(1)	V June	$\sim$	J
	A STATE OF THE PARTY OF THE PAR		J
Policyholder's Signature  Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Gentre Name:	Personnel's Signature
	Date & Time:	NRIC/FIN No.:	>/NOM

DESCRIPT AND STREET, STORY OF





Police Station Of Origin:

Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20190312/2129

Date/Time Report Made: 12/03/2019 15:57		Made:	Vide Report No.:	Station Diary No.: 19		
Informa	nt's Partic	ulars				
MUHAN SELAM ID Type	f Informant: IMAD SAPL AT / ID No.: O / S86266	JAN BIN	Address: APT BLK 807B CHOA CHU P SINGAPORE 682807 Contact No.: Home/Office:	KANG AVENUE 1 #04-532 Mobile: 91866546		
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age:	Date of Birth: 27/09/1986	Type of Informant: Driver			
Race: Malay			Language: Institution / School Na English			
Occupation: Trailer-truck driver			Driving Licence Information: Class: 2B,2A,2,3,4,5  Date of Expiry:			

General Inform	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2019 09:20	Type of Location: Straight Road	
Location: Along Road 1 BENOI SECT		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE2686Y	Lorry					0
YP1186K	Lorry					8

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA					

### Sketch Plan Pg. 4





2 of 3 Report No. T/20190312/2129

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

Tel No: 1800-2659999

CONTINUATION OF REPORT

Driver	MARIE TENEDOS SER SER SER SER SER SER SER SER SER SE			15.11	CASAGO CONTRACTOR	000000000
Name	MUHAMMAD SAPU	JAN BIN S	ELAMAT	ID No.		S8626639C
Related Vehicle	XE2686Y (Lorry)			Conta	ct No.	91866546
Hospital/Clinic	NIL			100 CONTRACTOR (100 CONTRACTOR		Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date D	Discharge NIL			
No. of Days granted Medical Leave NIL			Degree	Degree of Injury   NIL		
Driver			Jacobson Lind			
Name	RAJA BABU	a.		ID No		G8188906L
Related Vehicle	YP1186K (Lorry)			Conta	ct No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date D	ischarge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

#### Brief Details.

On 12/03/2019 at about 0920hrs, I was driving my company lorry, XE2686Y, along Benoi Sector. There was lorry, YP1186K, were driving in front of my vehicle. I then make a check on my left side mirror and after which I then look forward. However, the lorry in front of me wanted to make a right turn and the lorry did not even turn on his right signal light. I unable to jammed brake in time thus collided on to the rear portion of the vehicle. I then went out from my vehicle and we managed to exchange particulars. There was passenger in the lorry, YP1186K, sustain an injury and one of the passenger had called for Ambulance and police. Subsequently the emergency resources came to the scene. 2 passengers were being conveyed by the ambulance. There were no in car camera in my vehicle however I observed that the lorry, YP1186K, had in car camera. Traffic Police were at scene and had took down both drivers particular and were advised to lodge a traffic accident report.

CONTINUATION OF REPORT





3 of 3

Report No. T/20190312/2129



Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

Tel No: 1800-2659999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  J /  Sgt 1 MUHAMMAD AQIL BHY MOHAMMAD  TASRIN	Signature Of Informant)
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2019 15:57
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No:-65476200   SN   2	Classification Of Case:
Authentication Stamp NP168 Singapore Police Force	

**Estimate Quotation** 742759 Cust. VOLVO GROUP SINGAPORE (PTE.) LTD. AXA INSURANCE SINGAPORE PTE LTD 8, Shenton Way #27-01 AXA BUILDING 12 TUAS AVENUE 10 SINGAPORE SINGAPORE 639136 068811 SINGAPORE SINGAPORE SINGAPORE Quotation No. 13011627 Veh.ty FM11A42T No. Order Dt. 13/03/2019 Chassis/SL No. B-719400 Date 13/03/2019 00 - VTC Expiry Dt 18/03/2019 Mil. 72000 Make XE2686Y Req. Delv. Dt Regn. CustRef.

Payme	ment Desc 90Days		Payment Due	Date	11/06/2019			
PC	Lab/P	art	Description	Time/Qty	Price	GST		Amt
40	vo	84162402	INSERT	1.00	181.00	7.00	hi-	181.00
40	VO	82437188	FRONT PANEL	1.00	1,289.00	7.00	ht-	1,289.00
40	VO	84167413	COVER	1.00	26.00	7.00	ut/	26.00
40	VO	84086799	FRONT PANEL	1.00	658.00	7.00	cut/	658.00
40	VO	82454672	TRIM PANEL	1.00	180.50	7.00	(49/	180.50
40	VO	82454671	CAP	1.00	82.00	7.00	de-	82.00
40	VO	82444204	CAP	1.00	82.00	7.00	de/	82.00
40	VO	82419435	STEP	1.00	369.50	7.00	1-1-	369.50
40	VO	82410206	COVER PANEL	1.00	93.50	7.00	de-	93.50
40	VO	82409793	COVER PANEL	1.00	93.50	7.00	de/	93.50
40	VO	84210166	UNDERRUN GUARD	1.00	1,604.50	7.00	3×n1	1,604.50
40	VO	21649624	CHARGE AIR COOLE	R 1.00	2,026.00	7.00	dd-	2,026.00
40	VO	21649619	RADIATOR	1.00	1,963.50	7.00	Zn	1,963.50
40	VO	21316577	BUMPER 14	1.00	84.00	7.00	Ry	84.00
40	VO	22249883	BUMPER	1.00	95.50	7.00	de	95.50
40	VO	21316575	BUMPER RY	1.00	84.00	7.00	de	84.00

## Estimate Quotation

			Cust.		/42/59				
VOLVO G	ROUPS	SINGAPORE (PTE.) LTD.			AXA INSURANCE SINGAPORE PTE LTD				
12 TUAS	AVENUE	E 10			8, Shenton Way #27-01 AXA BUILDING				
SINGAPO	RE				SINGAPO	RE			
639136					068811				
					SINGAPO	RE			
SINGAPO	RE				SINGAPO	RE			
No.			Quotation No.	1301162	7	Veh.ty		FM11A42T	
Date		13/03/2019	Order Dt.	13/03/20	19	Chassis/SI	. No.	B-719400	
Expiry Dt		18/03/2019	Mil.	72000		Make		00 - VTC	
			Req. Delv. Dt			Regn.		XE2686Y	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			CustRef.			
D		000-		D	D - D-1-	oudinos.	11/00/0010		
Payment I	Desc	90Days		Payment	Due Date		11/06/2019		
40	VO	22630454	RADIATOR OIL CHOLEN		1.00	1,187.00	7.00	7d/ 1.1	187.00
40	VO	22567321	COOLANT		8.00	34.50	7.00	ver 2	276.00
40	VO	22239217	HEADLAMP		1.00	660.50	7.00		660.50
40	VO	21963141	HEADLAMP PANEL		1.00	180.50	7.00	del	180.50
40	VO	21535520	CAP 14		1.00	12.50	7.00	× nn.	12.50
40	VO	21963005	HEADLAMP PANEL		1.00	188.50	7.00	lis 1	88.50
40	VO	21535519	CAP RY		1.00	12.50	7.00	de_	12.50
40		12345	Labour to remove & replace charge cooler, radiator, gearbooil cooler, front panel, RH headlamp panel & lamp assembly, bumper grille, steps & bracket, under-run bumper & affected parts	)200	1.00		7.00	(3	00.00
40		12345	To re-spray above mentioned with 3 colours (Metallic 2K)		1.00		7.00	3,6	00.00
40		1	Pressure test on gearbox oil cooler & charge cooler inclusive re-install & re-programme lighting ECU with Tech-tool	ve	1.00		7.00	900- 1,2	200.00
40	Part	8700 16465.50	Price quoted subject to change accordingly to any additional damage(s) found in repair progress	es					0.00
			Document Information Lines						
	L	5\$ 13,000	Total Parts Cost					11,4	30.00
			Total Others Cost					10,8	800.00

742759

Cust.

Estimate Quotation

Cust.

742759

VOLVO GROUP SINGAPORE (PTE.) LTD.

12 TUAS AVENUE 10

8, Shenton Way

#27-01

**AXA BUILDING** 

SINGAPORE 639136

068811

SINGAPORE

SINGAPORE

SINGAPORE

SINGAPORE

Quotation No.

13011627

Veh.ty

FM11A42T

No. Date

13/03/2019

Order Dt.

13/03/2019

Chassis/SL No.

B-719400

Expiry Dt

18/03/2019

Mil.

72000

Make

AXA INSURANCE SINGAPORE PTE LTD

00 - VTC

Req. Delv. Dt

Regn.

XE2686Y

CustRef.

Sub Total

Payment Desc

90Days

Payment Due Date

11/06/2019

LKK Auto Consultants hence notify the Repairer of the following:

· To resurvey before/after spray painting

To display damaged part(s) during resurvey

· Parts prices are subject to confirmation

Third party survey is on a "Without Prejudice" basis

. No illegal modification(s) is allowed

· Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

22,230.00

7.00 % GST 1,556.10

Gross Total 23,786.10

Advance 0.00

Tot Amt 23.786.10

Total Amount In

SGD

23,786.10

Description of PC

40-Insurance - VO

Authorizing Signature :\_

PO Number:

Taufille 97475749

Ex\$1500 15/3/19

As Resurry before paint.

Great authorisation letter from lustered.

- Insured confirmation use of relative at time of accident.
- confirm relationship of driver

- tender process.
- Resurvey of supplementary parts to get approval from Insurance

### Authorised dealer for **VOLVO TRUCKS**

02/05/2019

#### Volvo Group Singapore (Pte.) Ltd.

Insurance - VO Invoice

Invoice Date

Cust. 742759 TAX INVOICE

AXA INSURANCE SINGAPORE PTE LTD Volvo Group Singapore (Pte.) Ltd.

8, Shenton Way #27-01 AXA BUILDING 12 Tuas Avenue 10 SINGAPORE Singapore

068811 639136

SINGAPORE SINGAPORE Singapore

FM11A42T 14039167 Veh.ty 114000148 Ord.No. Invoice No. Chassis/SL No. B-719400 02/05/2019

00 - VTC 72000 Make Expiry Dt 02/05/2019 Mil. XE2686Y 02/05/2019 Regn. Req. Delv. Dt

CustRef. 201812279Z **GST Number** 

Order Dt.

31/07/2019 Payment Due Date 90Days Payment Desc

Time/Qty Price GST Amt Lab/Part Description PC 13,000.00 Lump-sum accident repair 7.00 1.00 13,000.00 40

**Document Information Lines** 

13,000.00 Total Others Cost

> 13,000.00 Sub Total

7.00 % GST 910.00

13,910.00 **Gross Total** 

Advance 0.00

13,910.00 Tot Amt

13,910.00 SGD Total Amount In

Description of PC

40-Insurance - VO

This is a computer generated document. No signature required Any discrepancies regarding this invoice should be lodged within 7 days. Payment Instruction:Payable To:-Volvo Group Singapore (Pte.) Ltd.
Account No: 0-865450-001 (SGD)
Bank Name: CITIBANK, N.A
Swift Code: CITISGSG

Branch Code: 001 Bank Code: 7214

### Authorised dealer for **VOLVO TRUCKS**

Volvo Group Singapore (Pte.) Ltd.

Insurance - VO Credit Note

Cust.

742759

Volvo Group Singapore (Pte.) Ltd.

12 Tuas Avenue 10

8, Shenton Way #27-01 AXA BUILDING SINGAPORE

Singapore

639136

Date

PC

40

068811

SINGAPORE SINGAPORE

Singapore

Credit Note No.

Payment Desc

Lab/Part

124000088 02/05/2019

90Days

Description

Credit No.

Order Dt.

Mil.

Applicable Insurance Excess

**Document Information Lines** 

Total Others Cost

Req. Delv. Dt

7200

Invoice References

17001620

02/05/2019

114000148

Payment Due Date

Time/Qty

1.00

Price 1,500.00

AXA INSURANCE SINGAPORE PTE LTD

Veh.ty

Make

Regn.

CustRef.

Chassis/SL No.

7.00

31/07/2019

GST

FM11A42T

B-719400

00-VTC

XE2686Y

-1,500.00

-1,500.00

Amt

Sub Total

7.00 % GST

**Gross Total** 

Advance

Tot Amt

Total Amount In

SGD

-1,500.00

-105.00

-1,605.00

0.00

-1,605.00

-1,605.00

Description of PC

40-Insurance - VO

Any discrepancies regarding this invoice should be lodged within 7 days.

www.volvotrucks.com



Policy No : P2067982

Claim No :

Vehicle No: XE2686Y

## SATISFACTION FORM

I/We <u>UBTS PTE LTD</u> confirmed that <u>VOLVO GROUP SINGAPORE (PTE) LTD</u> has delivered <u>XE2686Y</u> to me/us and all the repairs to the vehicle in respect of the accident that occurred on 12/03/2019 (date of accident) have been done to my/our satisfaction.

I/We authorize VOLVO GROUP SINGAPORE (PTE) LTD\_to accept my/our payment of the excess amount \$ 1,605.00 (w/GST) and AXA INSURANCE SINGAPORE PTE LTD\_to pay the costs of the said repairs (less the excess) which amount to \$ 12,305.00 (w/GST) as agreed between AXA INSURANCE SINGAPORE PTE LTD\_to\_and VOLVO GROUP SINGAPORE (PTE) LTD.

I/We confirm that such payment shall wholly discharge any and all liability on the part of **AXA**INSURANCE SINGAPORE PTE LTD to indemnify me/us for all damage to my/our said vehicle from the said accident.

Date: 5/04//2018

Name & Signature

Time: 1000 hr

Company Stamp

### REPAIR WARRANTY

VOLVO GROUP SINGAPORE (PTE) LTD shall provide 06 months limited warranty for the repairs done to XE2686Y

in respect of the said accident from the date of this Satisfaction Form. During the warranty period, VOLVO GROUP SINGAPORE (PTE) LTD shall rectify any defect in the repairs free of charge.

This warranty will cease upon a change in the ownership of the said vehicle and does not apply to:

- a) Defects and/or damage due to wear and tear;
- Defects and/or damage due to abuse, misuse and/or any inappropriate use of the car including but not limited to usage of the car outside of the car manufacturer's recommended specifications;
- c) Defects and/or damage arising from another accident;
- Defects and/or damage due to any attempt to rectify any part of the repair by any party other than VOLVO GROUP SINGAPORE (PTE) LTD
- e) Manufacturing defects and/or defects not related to the said accident or repairs; and/or
- f) Consequential losses regardless of whether or not this warranty applies.

**VOLVO EAST ASIA PTE LTD** 

Bryan Yang Dealer Manager