

7/03/2009

ASS. REC. BY:

REF: C53 / Asm 19005039 / Ncd 302

Special Instruction:

Surveyor

N192

ASSIGNMENT (Office)

From (Person):

Motorsuney

of

(ASM) AXA

Date/Time:

20/3/19 @ 11:18 am

Estimated Cost:

Bill to:

OD / TP / WS / TT RES / OD RES / EVA / INV / MYTCS

To Inspect Vehicle No:

GBF 3545U

Insured:

FBH 4998D

at Workshop m/s:

Teamwork

Tel:

G8442475

of

S3 Ubi Ave 1 #01-25

Policy No:

Claim No:

S9M01HB1

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A.

18/3/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:44pm @ 20/3/19

Person Contacted:

Duran

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

GBF 3545U - NA / AWA-19004998/24

D.O.A - 18/3/2019

FBH 4998D - NA / AWA 19004998/24

D.O.A - 18/3/2019

Dismantle: 21/3/2019

(08/11/19)

Surveyor

NA2

REF: ASM(AXA)

PRS

ASSIGNMENT

From:

Date:

20/3/19

Estimated Cost:

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

To Inspect Vehicle No:

GBF 3545U

at Workshop m/s

Teamwork

of

53 Ubi Ave 1 #01-25

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:

51K

CSimon said OK

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GBF 3545U

Yr Regn:

21 SEP 2016

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

Truck / Trailer or

Make:

TOYOTA DYNA 3.0M c.c 2,982

Colour:

SILVER

A/C: Insured / Std / NI / NA

Sp. Reading

136,912

T/Radio: Insured / Std / NI / NA

Eng/No:

KDY2318024903

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/R5C

R:

165/R13C

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

TOYO / YOKO or

YOKO CR, BS (CF)

Front

Rear

R/Bal.

6

mm

R/Bal.

6

6

mm

L/Bal.

6

mm

L/Bal.

6

6

mm

D.O.A.

18/3/19

D.O.I.

20/3/19

Survey held at

TEAMWORK

09/11pm

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

The U/C / Chassis frame / Body Structure affected due to collision.

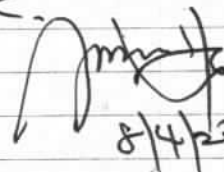
Date / Time

Action / Instruction

Repair range

~~\$4K - \$5K~~ \$3K - \$4K

PIP



8/4/2019

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

PRS

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

100

100



Service Request Details

Claim

S9M01HB1

Reference

CS3/ASM19005039/Ncd3 

Loss Date

March 18, 2019

Report Date

Mar 20, 2019 9:05:00 AM

Request Date

March 20, 2019

Due Date

March 20, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

Complete Work

More ▾

Vehicle Information

Incident Vehicle Registration #

GBF3545U

Model
TOYOTA

Service Address

...

Primary Contact/Insured

SULAIMAN KHYRUL ANNUAR BIN
106 SIMEI STREET 1, #02-818, 520106, Singapore
98482565
khyrul.annuar@gmail.com

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

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

New Message

TYPE



SENT

3/20/19 6:03 PM

FROM

WANG Peter

SUBJECT

Liability clear - pls proceed DS with quantum to be reviewed

BODY





IA Submitted for GBF 3545U

Type

🔗 Question

Message

Dear Peter, IA submitted. Thanks. Celine Fong

Reply

Nivitha (LKK Auto)

From: Shu Pei (LKKAuto) <shupe@lkkauto.com>
Sent: Wednesday, 20 March 2019 11:18 AM
To: assignments
Cc: Admin A
Subject: FW: OUR REF : 1903-31 // YOUR REF : FBH4998D ACCIDENT INVOLVING FBH4998D AND GBF3545U
Attachments: 2019_03_19_16_29_30.pdf

SMARTCLAIM NEW CASE

SPOKEN WITH SHU SHAN – VEH IN****PRI ONLY NO EST***KINDLY ARRANGE TO TODAY

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupe@lkkauto.com | fax: 6741-4108

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

From: TEAMWORK <claims@teamworkgarage.com>
Sent: Tuesday, 19 March 2019 4:30 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>; SG AXA Insurance SM Claims Service Team <cst@axa.com.sg>
Cc: claims@teamworkgarage.com
Subject: OUR REF : 1903-31 // YOUR REF : FBH4998D ACCIDENT INVOLVING FBH4998D AND GBF3545U

WITHOUT PREJUDICE

OUR REF : 1903-31
YOUR REF : FBH4998D

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR GBF3545U
ACCIDENT INVOLVING FBH4998D AND GBF3545U ON 18.03.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Regards,

Shu Shan

Teamwork Garage Pte Ltd
Blk 53 Ubi Avenue 1
#01-24
Paya Ubi Industrial Park

Singapore 408934

Tel: 6844 2475

Fax:6844 2474



Auto
Consultants
Pte Ltd

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

Immediate Advice

Date: 10/04/2019

To : AXA Insurance Pte Ltd

Survey details

Date of loss	18-Mar-19
Date of appointment	20-Mar-19
Date of survey	20-Mar-19
Location of survey	Teamwork Garage Pte Ltd

Vehicle Details:

Claim Type:	Third Party
Vehicle number	GBF 3545U
Make and Model	Toyota Dyna 3.0 Manual
Date of registration	21-Sep-16
Excess	
Market Value	\$51,000
Parf Rebate	\$32,252
Nett Loss	\$18,748

Repair details

Initial Estimate	
------------------	--

Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

Number of days of repair	4
--------------------------	---

Remarks:

The estimated repair cost of the damaged vehicle is in the region of \$3,000.00 - \$4,000.00

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4294H
Vehicle Details	
Vehicle No.:	GBF3545U
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2615486
Chassis No.:	KDY2318024903
Maximum Power Output:	-
Open Market Value:	\$32,024.00
Original Registration Date:	21 Sep 2016
First Registration Date:	21 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$1,602.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Sep 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$43,008.00
COE Rebate Amount:	\$32,252.00
Total Rebate Amount:	\$32,252.00

The information contained herein is correct as at 21 Mar 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	19/03/2019 15:46
Date Of Accident	18/03/2019 10:20
Exact Location Of Accident	PIE (TUAS) BEFORE KPE/ECP EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF3545U
Insured/Policyholder	
Name Of Registered Owner	ROWS & COLUMNS SUMMER PTE LTD
Co Reg No	201534294H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82557242
Alternative Phone No	OFFICE-82557242
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 MANUAL
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCP SB0089461801
Cover Note Number	
Driver	
Name of Driver	ISLAM ATIQUIL
Passport No/FIN	G6518612N
Date Of Birth	01/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91887505
Fax Number	
Contact Number	OFFICE-91887505
Email Address	NOEMAIL

Address	60 JALAN MATA AYER #02-12
Postcode	759158
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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 STATEMENT.

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	FBH4998D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

RPE/ELP

P/E

A: GGF35454

B: F3H 29980

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along P/E towards Tura Police Station
 RPE/ELP on the 2nd lane. As the traffic was moving the vehicle
 in front of me slow down so I began to slow down as well.
 All of a sudden, I felt an impact from my vehicle rear position. Vehicle
 B collided onto me.

DECLARATION

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

Policy holder's signature
 Date & time:

Driver's signature
 (if driver is not policy holder)
 Date & time:

reporting centre personnel's Signature
 Name:
 NRIC/FIN No.:


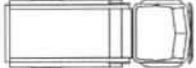
**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM19005039/Ncd3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 22-04-2019		
ATTN : WANG PETER		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	FBH 4998D	Veh. Inspected	GBF 3545U	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M01HB1	Excess (\$)	0.00	
Assign From	WANG PETER	Assign Date	20/03/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA DYNA 3.0M	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KDY2318024903	Colour	SILVER	
Odometer	136912 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15C	BRIDGESTONE	6 mm	
L/H Front Tyre	195 R15C	BRIDGESTONE	6 mm	
R/H Rear Tyre	165 R13C (D)	YOKOHAMA	6/6 mm	
L/H Rear Tyre	165 R13C (D)	YOKOHAMA	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	18/03/2019	Inspect Date / Time	20/03/2019 (05:11 PM)	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1#01-24 SINGAPORE 408934.			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

Report Ref No. CS3/ASM19005039/Ncd3e2

Inspected By



MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.