

REF CS/ASM/900547/ DV d3<sup>57</sup>

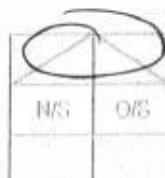
ASSIGNMENT (Office)  
Surveyor: Bryan  
Product/Person: Wonne Ang  
ASM(AxA)  
Date/Time: 26/03/2019

Estimated Cost: Bill to:  
① TP / WS / TP RES / OD RES / EXA / INV / MV / US  
To Inspect Vehicle No: SGG 1769P Insured:  
at Workshop n/a: Progressive Tel: 6741 5336  
of: BLK 3022A Ubi Rd 1 # 01-45/46  
Policy No: Claim No: S9M01110  
Sum Insured: Excess: NIL  
Make of Veh: D.O.A: 25/03/2019  
(Client's Record): 27/3/19  
CA / KEY / REP / REV 24 HRS  
Date/Time: 5:43 pm 26/3/19 Person Contacted: pei wen Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate	Investigation (Pik)
	SGG 1769 P - X	
2/4/19	Recd file from assignment Team	
2/4/19	@1054am Pei Wen said est repair cost \$50K	
2/4/19	Revert via SMART claim - vehicle TIL, pending investigation	
10/4/19	Submit ext TIL - mv: \$17K (EST) LTA: \$9605 NV: \$7395	

COE 2021 May  
May 2006

From: To: Vch No: 8GG 1769 P  
Estimated Cost: Type: ☒ Car / ☐ Motorcycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or: 1794  
To inspect Vehicle No: Make: Toyota wish  
at Work Shop no: Colour: Silver A/C: Insured / Std / NI / NA  
of Sp. Reading: N.A. T/Radio: Insured / Std / NI / NA  
Insured: Eng/No: 1222537935  
Policy No: C/No: ZNE100300406  
Claim No: Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt  
Sum Insured: Excess: Stopping: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
(Client's Record) Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
Make of Veh: Mod: Nil / ☒ STD A/Rim / STD A/Rim or



(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: BS / DUN / EXNOVA / GY / F5 / LIZA / MIC / OHTSU / PIR / SUMI /  
IDAC Accident Rpt. Consistent? : Yes or No TOYO / YOKO or  
GIA / PR Seen Consistent? : Yes or No  
Est. Repair: - days Res: Yes or No  
Lump Sum: - % 3 Val: Yes or No

GA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Tyre Size: F: 205/65 R 15  
R: - " -  
BS / DUN / EXNOVA / GY / F5 / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Daytona  
Front: Rear:  
R/Bal: S mm R/Bal: S mm  
L/Bal: S mm L/Bal: S mm  
D.O.A. 26/03/2019 D.O.I. 28/03/2019  
Survey held at Progressive Ubi

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
The vehicle caught fire at starts  
The U/C / Chassis frame / Body Structure affected due to collision  
engine compartment. The cause of fire due to electrical nature.

RECEIVED 10 APR 2019

Date/Time, File Pass to? ☐ : Prel. Report  
Final Report

Date/Time, File Return to?

104-typist

Report Format: SMART claim

Lump Sum / L.B.T. (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

☐ Weekend (\$)

Survey Fee:

Transportation

(\$ + \$) \$

Photos

File + Fire Report

(\$ + \$) \$

TOTAL

200
\$ 170.00

« MV \$14K - \$17,800 - yvonne 5/4/19

Type

🔔 Question

Message

Please take note above MV range

Reply

## New Message

Type \*



Message

Subject \*

IA SUBMITTED FOR SGG 1769P

Message \*

Dear Yvonne,  
Please be informed that IA submitted. Vehicle recommended Total Loss. We have Not Authorize repair. Pending Investigation. Thanks Veron Chen

CancelSend



Auto  
Consultants  
Pte Ltd

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

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 2/4/2019

### Survey details

Date of loss	25/3/2019
Date of appointment	26/3/2019
Date of survey	28/3/2019
Location of survey	PROGRESSIVE CAR CARE PTE LTD

### Vehicle Details:

Claim Type:	Own Damage
Vehicle number	SGG 1769P
Make and Model	TOYOTA WISH 1.8A
Date of registration	4/5/2006
Excess	NIL
Market Value	\$17,000.00
Parf Rebate	\$9,605.00
Nett Loss	\$7,395.00

### Repair details

Initial Estimate	TOTAL LOSS
------------------	------------

### Proposed/Revised repair cost:

Parts	
"Check items (Estimated)	
Labour	
Total	
Lump Sum (Estimated)	

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

### Remarks:

The vehicle caught fire at its engine compartment. The cause of fire due to electrical nature.

Repair Cost Not Economical

Pending investigation



## Service Request Details

Claim

S9M01I10

Reference

None 

Loss Date

March 25, 2019

Report Date

Mar 26, 2019 12:28:00 PM

Request Date

March 26, 2019

Due Date

April 2, 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 #

SGG1769P

PRODUCT

WISH 1.8

## Service Address

3022A, UBI ROAD 1, , , 408716

## Primary Contact/Insured

TAN AI LING

BLK 287, BUKIT BATOK EAST AVENUE 3, #08-403, 650287, Singapore

92340287

TANWAH@SINGNET.COM.SG

## Claim Handler

ANG Yvonne

6568804461

yvonne.ang@axa.com.sg

## Additional Instructions

FIRE CASE, PLEASE CONDUCT INVESTIGATION NIL EXCESS

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

## NIKAM Santosh Pandurang

---

**From:** Soo Leong Keat <lksoo@procarcare.com.sg>  
**Sent:** Tuesday, March 26, 2019 11:56 AM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Cc:** Wendy; Wayne; Claims  
**Subject:** OD CLAIMS\_PROGRESSIVE\_SGG1769P\_DOA:25/03/2019  
**Attachments:** GIA REPORT - SGG 1769 P REVISED.PDF; WhatsApp Video 2019-03-25 at 15.27.09.mp4; 26032019115602.pdf

**Importance:** High

**Categories:** Santosh

Dear Sir/Madam

Please refer to attach and arrange for survey.

Vehicle is **IN** our workshop.

Thank you.

Regards,

**Leong Keat SOO**

Claims Advisory

Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716

T: +65 6741 5336 | F: +65 6741 7208

E: [claims@procarcare.com.sg](mailto:claims@procarcare.com.sg)

W: [www.procarcare.com.sg](http://www.procarcare.com.sg)



**PROGRESSIVE**  
CAR CARE PTE LTD

*\*With effect from 1 Sep 2018, Progressive Automotive Pte Ltd has been rebranded as Progressive Car Care Pte Ltd. You may now reach us at our new email addresses (@procarcare.com.sg). We look forward to your continued support.*



## 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 25/03/2019 15:06  
Date Of Accident 25/03/2019 10:20  
Exact Location Of Accident MSCP OF 22 NEW INDUSTRIAL RD #02-15  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG1769P 03/04/19 @ 1400hrs.  
Insured/Policyholder  
Name Of Registered Owner TAN AI LING spoke to driver. started journey from  
NRIC No S8804620Z home. Drive abt. 30 mins to 45 mins.  
Email Address TANWAH@SINGNET.COM.SG drove to supplier office at Industrial  
Mobile Phone No (LOCAL) +65-92340287 Rd. Rm on ground floor, going up  
Alternative Phone No OFFICE-92340287 Slope to second floor where  
Vehicle Particulars  
Manufacturer TOYOTA Smoke seen coming out from  
Model WISH-1.8 (A) front bonnet at engine part near to  
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE front windscreen. fire was at same area.  
Are you claiming under your own insurance policy for repair to your vehicle? YES After. Managed to drive up to landing  
If No, Please state action to be taken  
Vehicle Category PRIVATE CAR between 2nd and 3rd floor and  
Insurance Company  
Name of Insurance Company AXA INSURANCE PTE LTD engine. stall. People came and  
Type Of Coverage COMPREHENSIVE Assist to put out fire using  
Fleet Policy NO hose and extinguishers. called SCDF  
Policy Number GA239555/1 and Police. fire put out before  
Cover Note Number SCDF arrive.  
Driver  
Name of Driver TAN LEONG WAH Signed abt 1yr plus - 2 yrs ago,  
NRIC No S1769269J registered to his name who is non-  
Date Of Birth 26/04/1966 driver. last he is main  
Occupation INDOOR driver and so far no problem.  
Date Of Driving Pass 03/09/1987 last driving on March 14/03/19.  
Driving Experience 31 YEARS AND 6 MONTHS engine oil and filter  
Gender MALE changed. to diamond  
Mobile Number (LOCAL) +65-96963398  
Fax Number  
Contact Number  
Email Address TANWAH@SINGNET.COM.SG

Address	BLK 546 CHOA CHU KANG STREET 52 #03-18
Postcode	680546
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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	1
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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

## 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/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:

25/03/19.  
@ 1440 hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

	<b>Vehicle</b> A - SGG 1769 P B -
	<b>Legend</b> 

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/03/2019 (Monday) at 1015 hrs, I was driving motor vehicle number : SGG 1769 P inside the spiral drive way inside Primax Building located at 22, New Industrial Road #02-1 July S (536208). While driving from the ground floor to the second floor, I noticed some smoke from my front bonnet and within a few seconds, fire started to come out from the bonnet.

Upon reaching the second floor landing, the engine stalled and the car stopped. There was big fire coming out from the engine compartment. Many people help to extinguish the fire. Police vehicles and fire brigades all came down to help and investigate.

After 15 minutes of fire fighting, the fire was put out. No one was injured. That is all.

25/03/19

## 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 own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
 Date & Time:

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

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

25/03/19 @ 1440 hrs.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	4620Z
<b>Vehicle Details</b>	
Vehicle No.:	SGG1769P
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	1ZZ2537935
Chassis No.:	ZNE100300406
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,663.00
Original Registration Date:	04 May 2006
First Registration Date:	04 May 2006
Transfer Count:	2
Actual ARF Paid:	\$21,630.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 May 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$23,024.00
COE Rebate Amount:	\$9,605.00
<b>Total Rebate Amount:</b>	<b>\$9,605.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 02 Apr 2019

OK





redefining / insurance

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)

(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

## Certificate of Insurance

account number

00573

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 - Road Transport Act, 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

<b>Policyholder name</b>	<b>TAN AJ LING</b>	<b>Certificate number</b>	<b>GA239555 / 1</b>
<b>Cover</b>	<b>Comprehensive</b>	<b>Chassis number</b>	<b>2HE100300406</b>
<b>Plan name</b>	<b>Essential</b>	<b>Engine number</b>	<b>1222537935</b>
<b>NCD applicable</b>	<b>10%</b>		
<b>Vehicle registration number</b>	<b>SGG1753P</b>		
<b>Period of insurance</b>	<b>from 04/11/2018 to 03/11/2019 (both dates inclusive)</b>		
<b>Finance lease company</b>	<b>TOKYO CENTURY LEASING (S) PTE LTD</b>		

### Persons or classes of persons entitled to drive\*

(a) The usage of the vehicle by the Policy Holder (Insured) is not covered under this policy.

(b) Any Named Driver as stated in the Policy:

1. TAN LEONG WAH

(c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other 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.

### Limitation 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 motor trade, or when the Motor Car, whether stationary, in use or otherwise, is in or on a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* 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 those headings.

<b>EXCESS</b>	<b>Basic Own Damage Excess</b>	<b>\$50,500.00</b>
	<b>Windscreen Excess</b>	<b>\$50,100.00</b>

An Additional Excess is applicable as follows:

1. \$4,500 for unnamed Authorised Driver

2. \$4,500 for declared Young and Inexperienced Driver

3. \$4,500 for undetected Young and Inexperienced Drivers. This additional excess is reduced to \$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)

8 Shenlon Way, #24-01, AXA Tower,

Singapore 068811

Customer Centre, #B1-01

1 of 3

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1769269J



Name

TAN LEONG WAH

陈亮华

Race

CHINESE

Date of birth

26-04-1966

Country/Place of birth

SINGAPORE

Sex

M

S1769269J

REPUBLIC OF SINGAPORE DRIVING LICENCE



S1769269J

TAN LEONG WAH

Birth Date: 26 Apr 1966

Issue Date: 10 Feb 2016



002536103K

5567217



IRIC No S1769269J



Date of issue

10-02-2016

Address

APT BLK 548 CHOA CHU KANG STREET 52  
#03-1B  
SINGAPORE 680546

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	13 Jul 1988
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	03 Sep 1987

NP 428A



Licence No: S1769269J

## 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 25/3/19		Time 10:20		2 Exact location of accident MSCP of 22 New Industrial Rd #02-15.		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined 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) SGG 1769P

6 Insured / policyholder (see insurance cert.)  
Name Tan Ai Ling  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. S88046202  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 92340287

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
AXA ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☐  
Policy No. \_\_\_\_\_

9 Driver ☐ Same as Insured  
Name Tan Leong Wah  
(capital letters)  
NRIC / Passport no. S1769269J  
Class of licence 96963378  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Rear End
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Truck

Registration No. (VEHICLE B)

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

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

9 Driver (See driving licence)  
(if different from insured B above)  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☐ Female ☐

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

11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

← State TOTAL number of boxes marked with a cross →

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A Tan Leong Wah

16 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

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

For insured's individual statement (Part II) see overleaf →



# Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idar or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email: <u>tanwah@singnet.com.sg</u>
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state relationship of Driver with owner <u>relative</u> 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 checked="" type="checkbox"/> 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 type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Tel no. _____		
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A		
	<input type="checkbox"/> B		
	5 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 36 months		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, 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"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
			Insurer's name and address (if known)
Police action	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?		
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>	
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>	
	16 Speed of vehicles	A <input type="text"/> km/hr B <input type="text"/> 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"/>		
Declaration	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 (Refer to attached)		
	22 State number of Passengers (including Driver) <input type="text"/>		
	23 We declare the foregoing particulars are true in every respect		
Policyholder's signature _____ Date _____			
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date _____			

AUTHORISE LETTER

Date:

25/2/2019

Attention:

Acc Insurance

LETTER OF AUTHORIZATION

I, Tan A. Ling

NRIC No.

S88046202

owner of

vehicle no.

SG91769P, authorize

Tan Leung Wei

NRIC No.

S1767269J

, to file an accident report and claim insurance for my vehicle.



SIGNATURE



## Fire Report Application

Your request for the Fire Report has been confirmed and the amount of SGD170.00 will be deducted from your account. You will receive the report within 8 working days upon completion of investigations. Please quote the following transaction number when making enquiries.

Download Tax Invoice/Receipt

Transaction Number: FR2019040402834

Date/Time: 04/04/2019 14:08

<b>INCIDENT DETAILS</b>						
Date and Time	25/03/2019 10:20					
Location of Fire	MSCP OF 22 NEW INDUSTRIAL ROAD #02-15					
Fire Involved	SGG 1769P					
<b>REQUESTOR DETAILS</b>						
Requestor Type	Insurance Companies					
Requestor ID Type	Singapore Pink	Requestor ID	S7028214C			
Name of Applicant	Veron Chen					
Company Name	LKK AUTO CONSULTANT PTE LTD					
Company UEN						
Company Reference Number	CS/ASM19005417/Dvd3					
<b>CONTACT DETAILS</b>						
Mode of Collection	Email					
Main Contact No.	62563561	Office No.	62563561			
Handphone No.		Fax No.	62564315			
Email Address	sur@lkkauto.com					
Address	Block No.	51	Floor No.	01	Unit No.	25
	Street Name	UBI AVE 1				
	Building Name	PAYA UBI INDUSTRIAL PARK	Postal Code	408933		
<b>PAYMENT DETAILS</b>						
Payment Mode	Credit/Debit Card					
EP Reference No.	5543583112396178403026					
PSI Reference No.	978cb1c7-a0c9-4d62-99c1-0b7194c15a3a					
Total Fees	SGD170.00					



SINGAPORE CIVIL DEFENCE FORCE  
91 UBI AVENUE 4  
SINGAPORE 408827  
TELEPHONE: 6280 0000  
GST REG NO: MG-8400000-5

## TAX INVOICE/RECEIPT

Name : Veron Chen  
Address : 51 UBI AVE 1  
#01-25 PAYA UBI INDUSTRIAL PARK  
Singapore 408933

Receipt No : 5543583112396178403026  
Date/Time : 04/04/2019 14:08  
eService ID : FR2019040402834

S/No	Payment Mode	Description	Reference No	Net Amount	GST (7% GST)	Gross Amount
1	Credit Card	Fire Report	FR2019040402834	170.00	0.00	170.00
					<b>Total Amount (SGD)</b>	<b>170.00</b>

**REMARKS:**

Date and Time [25/03/2019 10:20] - Location of Fire [MSCP OF 22 NEW INDUSTRIAL ROAD #02-15]

Note: This is a computer generated receipt. No signature is required. Receipt is void if payment is dishonoured.