From (Pera		of	ASM CAXA	Date/Time 1/4/19	020/pm
Estimate			Bill to:		
To Juspect at Workshop	11n/s	Inno Auto		Instituted SMA 9039	
of	Blk 5 De	In take in	# 01-57-	1	
Policy No.		- 10	Claim No:	S9M01191	:
Sum historica			Excess.		
Make of Vel (Client's Reco				D.O.A. 27(03	12019
CA / REV Date/Tim 3	/ REP. / REV 24 HE	ts Person Contacted:	/rene	II.O.D Endorsement: Vehicle IN OUT	
CA / REV Date/Time	Action/Instruction	Person Contacted:		H.O.D Endorsement	#04-11
Date/Tim 3	/ REP. / REV 24 HI	Person Contacted: >>>) Estimate		H.O.D Endorsement:	#04-11
Date/Tim 3	Action/Instruction (Person Contacted: **) Estimate ** - *		H.O.D Endorsement:	#04-11

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ASSIGNMENT

From:	Date:	Veh No: SMA 9411	D Yr Regn: 2019	5 Jen
Estimated Cost:	• • • • • • • • • • • • • • • • • • • •	Type M.Gar / M.Cycle / Bus / Van		
OD I PI WS I TP RES I	OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	SMA 94110	Make: HONDA FRE	80 1.5 c.c	1496
	ams -68	Colour BLUE	A/C: Insured /	Std / NI / NA
		(Sp.Reading 013319	T/Radio: Insured I	Std / NI / NA
Insured:	ASM CARA)			
Policy No.		C/No: 9871068		
Claims No.	4.1 Hass es	Gen. Cond: Good (Fair / Poor / B		
Sum Insured:	Excess:	Steering: thorder / Jammed / Lea	ked / Burnt or	
(Client's Record)		Brake: Norder / Jammed / Lea	ked / Burnt or	
Make of Veh:		Modi: Nil / S/Rim / STD A/Rin		
		Tyre Size: F:	35/LARUS"	
(Policy Condition)		R:		
Remark: The veh had co	mmenced its N/S	O/S BS / DUN'S EXNOVA / GY / FS / L	IZA / MIC / OHTSU / PIR /	SUMI/
repair at the tin	ne of inspection.	TOYO/YOKO or		
Bal. or Market Value:	100K Amont	Front	Rear	
IDAC Accident Rport:	Consistent? Yes or No	B/Bal. 6 mm	R/Bal.	mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm	L/Bal.	mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 27/03/19	D.O.I. 01/04	48
Lum Sum:	% 3 Val.: Yes or No	Survey held at 6	ims 1	1409 pm
CA / REV / REP. /	24 HRS	Des. of Damages : Frt Rear	O/S / N/S / U/C / Rooft	op or
CA / REV / REF. /		IN / OUT		
Date: Pe	erson Contacted:	The U/C / Chassis frame / I	Body Structure affected of	lue to collision.
Date / Time Action	Instruction	ange \$6,000 - \$7,0	(2)L	+/2019.
				`
	·)·			
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:		
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:	100
Date/Time, File Return to?		dd 500 / 6	Transportation:	
2)	A	dd Fee: : Site Insp (\$)s + RS,SI	
	000	: Interview (\$) Photos	
Report Format :	PRS	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$)	: Weekend (\$)	. 411
			TOTAL	100

Menu



Service Request Details

Claim

S9M01I9I

Reference

CS3/ASM19005709/R1cd3

Loss Date

March 27, 2019

Report Date

Mar 28, 2019 9:34:39 AM

Request Date

April 1, 2019

Due Date

April 1, 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 # SMA9411D

INNO AUTO PTE LTD

BLK 5 DEFU LANE 10 #01-574 SINGPORE 539186 TEL: 6385 1171 FAX: 6385 1141 Co. Regn. No. 201118053M

Date: 27 |3 | 2019

To AXA Insurance Sin	supere t/L
Motor Claims Department	
	By fax only
8 Shenton way	_
\$ 24-01 AXA Ton	ver
Singapore 06881)	_
Dear Sir/Mdm,	
NOTIF	ICATION OF ACCIDENT
Please be informed that an accide	nt involving my/our vehicle no. SMA 9411) and
vehicle(s) no. SMA 9039	A had taken, place at / along
lampines Ave 5	on date 27 03 2019 at
time 8:37 4vs	at att
Kindly let us know within 2 working	g days from the date of this notice if you wish to carry out or
waive a pre-repair inspection.	or and the date of this notice if you wish to carry out or
If we do not be	
we do not hear from you with	in 2 working days we shall proceed to repair the unhid-
with a state of the state of th	adjo, we shall proceed to repair the venicle
without fulfiller flotice and our clie	in 2 working days, we shall proceed to repair the vehicle nt shall claim for the additional loss of use arising from the
without fulfiller flotice and our clie	nt shall claim for the additional loss of use arising from the
giving of this notification to you.	nt shall claim for the additional loss of use arising from the
giving of this notification to you.	nt shall claim for the additional loss of use arising from the
giving of this notification to you. Please call Ms Tan at 98388224 to a	nt shall claim for the additional loss of use arising from the
giving of this notification to you. Please call Ms Tan at 98388224 to a	nt shall claim for the additional loss of use arising from the rrange.
giving of this notification to you. Please call Ms Tan at 98388224 to a	rrange. PRI Date / Time
giving of this notification to you. Please call Ms Tan at 98388224 to a	rrange. PRI Date / Time Company Name
giving of this notification to you. Please call Ms Tan at 98388224 to a	rrange. PRI Date / Time
giving of this notification to you. Please call Ms Tan at 98388224 to a	rrange. PRI Date / Time Company Name Surveyor
giving of this notification to you. Please call Ms Tan at 98388224 to a	rrange. PRI Date / Time Company Name Surveyor Contact No. Signature
giving of this notification to you. Please call Ms Tan at 98388224 to a	rrange. PRI Date / Time Company Name Surveyor Contact No. Signature DISMANTLED PARTS
giving of this notification to you. Please call Ms Tan at 98388224 to a	rrange. PRI Date / Time Company Name Surveyor Contact No. Signature
giving of this notification to you. Please call Ms Tan at 98388224 to a	PRI Date / Time Company Name Surveyor Contact No. Signature DISMANTLED PARTS Date / Time Surveyor
giving of this notification to you. Please call Ms Tan at 98388224 to a	PRI Date / Time Company Name Surveyor Contact No. Signature DISMANTLED PARTS Date / Time Surveyor AFTER REPAIR
without further notice and our clie giving of this notification to you. Please call Ms Tan at 98388224 to a Yours sincerely,	PRI Date / Time Company Name Surveyor Contact No. Signature DISMANTLED PARTS Date / Time Surveyor

Kindly let us have a list of your ten surveyors as your nominated SJE for our consideration within the stipulated timeline under the NIMA Protocol.

Best Regards, Irene Tan Inno Auto Pte Ltd Tel: 6385 1171

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	8075G
Vehicle No.:	SMA9411D
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Apr 2019
Vehicle Make:	HONDA
Vehicle Model:	FREED HYBRID 1.5G AUTO
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	LEB5601610
Chassis No.:	GB71068163
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$25,508.00
Original Registration Date:	22 Jun 2018
First Registration Date:	22 Jun 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$17,712.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Jun 2028
PARF Rebate Amount: Intended COE Rebate Details	\$13,284.00
COE Expiry Date:	21 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,330.00
COE Rebate Amount:	\$34,343.00
Total Rebate Amount:	\$47,627.00

The information contained herein is correct as at 09 Apr 2019

ОК

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

	ACCIDENT STATEMENT
Date Of Brand	27/03/2019 16:08
Date Of Report	
Date Of Accident	27/03/2019 08:40
Exact Location Of Accident	TAMPINES AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA9411D
Insured/Policyholder	
Name Of Registered Owner	SOH CHUN BENG (SU JUNMING)
NRIC No	S7818075G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81189362
Alternative Phone No	OFFICE-81189362
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO NO
Policy Number	GA368553
Cover Note Number	
Driver	
Name of Driver	NG YEONG HUA EILEEN

S8121974E NRIC No 23/07/1981 Date Of Birth **INDOOR** Occupation 21/01/2003 **Date Of Driving Pass**

16 YEARS AND 2 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-81189362 Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL Address

74 UPPER SERANGOON VIEW

#11-52

Postcode

S533881

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 - 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)

2

involved in the accident

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)

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

I WAS TRAVELLING ALONG TAMPINES AVE 5 ON 27/03/2019 AT ABOUT 8.37AM. I STOPPED MY VEHICLE TO LET THE ONCOMING VEHICLE TO CLEAR. SUDDENLY THE VEHICLE SMA9039X HIT ONTO MY VEHICLE REAR PORTION.

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

SMA9039X

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 Pg. 1

SKETCH PLAN		AgyIID	X, R
	SM	n I.	
	X		
Cno.1	1902 av		
>// >// / 	1 1027X Tai	umnes 1	AVel 5
DESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT	A	
0 N 27 3 2	avelling alo	ng Tamp 8=37 am	simes Ave 5
1 Stepped	my vehicle		he on coming
SMA9039x	1 . 1	Idenly t	he vehicle
3.1/105 X	hit onto n	my remo	le rear portion
That's all.			

777			
	-	F 31 - 3	
	the desired		
ECLARATION			
We declare the foregoing particulars	are true in every respect.		
300	Jan Jan		
licyholder's Signature te & Time;	Driver's Signature (If driver is not the policyholder Date & Time:) Name:	ing Centre Personnel's Signature

Sketch Plan #2 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

- 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
- 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
- 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.
- 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.
- the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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 INSI	PECTI	ON REPORT	
AXA	INSURANCE PTE	LTD	Ref:	CS3/ASM1900570	9/R1cd3e2
8 SH 0688		-01 AXA TOWERSINGAPORE	Date:	22-04-2019	
ATT	N : LYNN KHONG		Code:	ASM	
1.		Policy Particulars	:- (THIF	RD PARTY CLAIM	
	Insured Veh.	SMA 9039X	Veh. lı	nspected	SMA 9411D
	Policy No.		Cover	age (\$)	0.00
	Claim No.	S9M01I9I	Exces	s (\$)	0.00
	Assign From	LYNN KHONG	Assig	n Date	01/04/2019
2.		Vehicle Parti	culars	& Condition	
	Make & Model	HONDA FREED 1.5	c.c		1496
	Engine No.	HIDDEN	Year o	of Reg.	2018
	Chassis No.	GB71068163	Colou	r	BLUE
	Odometer	13319 KM	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modifi	cation	SPORTS RIM
	General	FAIR			
3.		Condit	ions of	Tyres	是一种,这种种种,这种种种种,
		Size	Make		Balance
	R/H Front Tyre	185/65 R15	DUNLO)P	6 mm
	L/H Front Tyre	185/65 R15	DUNLO	P	6 mm
	R/H Rear Tyre	185/65 R15	DUNLO)P	6 mm
	L/H Rear Tyre	185/65 R15	DUNLO)P	6 mm
4.	E SEL TORON	Descripti	on of E	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR POR	TION.	
5.		Genera	al Inform	mation	
	Accident Date	27/03/2019	Insped	ct Date / Time	01/04/2019 (04:09 PM)
	Survey held at	GMS-68 KB AVE 6#04-11			
	Repairer	INNO AUTO PTE LTD			
5a.	TO THE REAL PROPERTY.	R	emark	s the same of	NA THE PARTY OF TH
	B) THE REPAIR E THE REPAIRER V C) ENCLOSED PL	ON WAS CONDUCTED ON A "WI STIMATE WAS NOT PRESENTED VAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE ED REPAIR COST OF THE DAMA	AT THE TIMATE PHOTO	E TIME OF INSPEC DGRAPHS.	TION.
5b.		Estimate	Days	of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		7 Workin	g Days

Report Ref No. CS3/ASM19005709/R1cd3e2

Inspected By

Automotive Assessor

MOHAMMED RASUL BIN MOHD YUNUS

K.K.LAU CPT(RET)

.....

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,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 contact or tort, is accepted to any third party who may reply 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.