

Surveyor: Cuo Qiang

REF: CS3/SM019001292/A1d3-1

Special Instruction:

L/S: \$9,900.00

Third Parties:

Claimant:

Surveyor: Prominent Appraiser

Workshop: Uni Automotive

From (Person): Cuo Pu Loong of SMO Date/Time: 17/4/19

Estimated Cost: Bill to:

OD/IP Re-inspection Evaluation

To Inspect Vehicle No: PC 6770R Insured: SJC 7557E

at Workshop m/s Uni Automotive Tel: 9798 1616

of 11caki Bulkit Ave 6 # 01-94

Policy No: D18M7PV01006271 Claim No: CMTD1900447

Sum Insured: Excess:

Make of Veh: D.O.A. 18/01/2019

(Client's Record)

15/07/2019 @ 2pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: 48 Vehicle IN / OUT

Date/Time: 07/08/19 Confirmed with Alvin Final Fig 7.2K, 09 days (Red \$ 2700, 27%; Original 10 days)

Date/Time: Submit Final Fig days (Red \$ / %; Original days)

Date/Time	Action/Instruction
	Kindly note that the damage is external of PC 6770R but he is disputing the mechanical replacement parts which he strongly felt is not related to the accident.
	PC 6770R - CS3/SM019001292/Gcd 382
	SJC 7557E - CS3/SM019001292/Gcd 382
	D.O.A: 18/1/2019
	D.A: 18/1/2019
	RECEIVED 08 AUG 2019

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

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

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

430-100

1) Date/Time 08/8/2019 File Pass to Typist

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time File Return to

4) Date/Time File Return to

6) Date/Time File Return to

FORM 100-1

ASS. REC. BY

REF

CS3/SMO19001292/Crd3⁹²

Signed by Instruction

Surveyor

member

From (Person)

CINDOARY

Ginh pen / bung

ASSIGNMENT (Office)

SMO

Date/Time

21/1/19 @ 1:51pm

Estimated Cost

Bill to

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No.

PC6770R

Insured

SJC 7557E

at Workshop m/s

Uni Automotive

Tel

9798 1616

of

1 Kaki Bkt Ave 6 # 01-94

Policy No.

D18MTPV01006271

Claim No.

CMTD1900447

Sum Insured

Excess

Make of Veh.

(Client's Record)

D.O.A

18/01/2019

CA / REV / REP. / REV 24 HRS

up

22/01/19

H.O.D. Endorsement

Date/Time

3:27pm @ 21/1/19

Person Contacted

Alvin

Vehicle IN/OUT

OUT

Date/Time	Action/Instruction (X) Estimate
	PC6770R - X
	SJC 7557E - X

c6645m ,

ACKNOWLEDGMENTS

Von No. 67018

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

Truck / Trailer or

Make: Toyota Hiace GS 2982

Colour white A/C Insured / Std / Nil / NA

Sp Reading 52798 TrRadio: Insured / Std / NI / NA

Eng/No

CNIO: KPH 223 22 33 250

Gen. Cond. Good / Fair / Poor / Burnt


Steering: In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Modi: \mathbb{R} / S/Rim / STD A/Rim or

Tyre Size F: 195 R15

R. 6/

	
N/S	O/S

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

TOYO / YOKO of

Front

R/Bal.	ξ	mm	R/Bal.	ξ	mm
--------	-------	----	--------	-------	----

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. D.O.I. 22-01-19

Survey held at W/S 12 Aug

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

Vehicle: IN / OUT

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

Action / Instruction

Action / Instruction
\$5000 - \$6000

☐ : Prel. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

$$) \quad S \cdot RS \quad 54$$

2.1. Physics

3. *Interpretation*

三、**生、化、理、化**

PR9

Lump Sum / L.B.#: (\$)

Add Fee: : Site Insp (\$

Site Insp (\$

☐ Interview (\$

Tech Invs (\$

Westland, IS

Nivitha (LKK Auto)

From: Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>
Sent: Wednesday, 17 April 2019 4:24 PM
To: Celine Fong (LKKAuto); Admin-D (LKKAuto); SUR; assignments
Subject: Part 1 of 2 email attachments ; Sompo ref : CMTD1900447/GPL \ YR REF: AW-INS-U7-109367-19.jgv - PRI/ SJC7557E & PC6770R ACC ON 18.01.19
Attachments: CMTD1900447 - third party efile report of PC6770R.pdf; CMTD1900447 - third party survey photos 2 of 2.pdf; CMTD1900447 - Insured efile report for SJC7557E.pdf; CMTD1900447 - third party survey report.pdf

Dear Nivitha,

Following up from the email below, we enclose the documents for your surveyor's perusal.

Please note insured has enclosed the footage which shows how the accident occur.

Kindly note his concerns is that the damage is external of PC6770R but he is disputing the mechanical replacement parts which he strongly felt is not related to the accident.

Please follow up with Ms Jennifer of M/s VISION LAW for the physical resurvey appointment, thank you.

Best Regards

Gnoh Pau Loong

Claims Division

D: 6329 5217 | T: 6461 6555 | F: 6221 3147



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From: Gnoh, Pau Loong

Sent: Wednesday, 17 April, 2019 3:51 PM

To: 'Jennifer Guay' <jenniferguay@visionlawllc.com>

Cc: 'Unimotor' <unimotorco@singnet.com.sg>; 'Celine Fong (LKKAuto)' <celinefong@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: Sompo ref : CMTD1900447/GPL \ YR REF: AW-INS-U7-109367-19.jgv - PRI/ SJC7557E & PC6770R ACC ON 18.01.19

Without Prejudice

Dear Jennifer,

With reference to the captioned, we acknowledge receipt of your letter dated 11.04.19.

We have clarified with our surveyor, M/s LKK AUTO CONSULTANTS that post repair inspection was not done and please arrange with your client the appointment for a physical resurvey.

Please contact M/s LKK AUTO as per details below:

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

In view of the above, kindly hold hands and we will revert to you as soon as possible, thank you.

For your ref : CS3/SMO19001292/GCD3S2

By copy to Ms Nivitha of M/s LKK AUTO,

As spoken for the above, please assist for the above resurvey appointment, thank you.

Best Regards

Gnoh Pau Loong

Claims Division

D: 6329 5217 | T: 6461 6555 | F: 6221 3147



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From: Jennifer Guay <jenniferguay@visionlawllc.com>

Sent: Monday, 21 January, 2019 11:42 AM

To: Teo, Grace <grace.teo@sompo.com.sg>

Cc: 'Unimotor' <unimotorco@singnet.com.sg>; Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>; Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>

Subject: RE: CMTD1900447/GPL \ YR REF: AW-INS-U7-109367-19.jgv - PRI/ SJC7557E & PC6770R ACC ON 18.01.19

PRE - REPAIR SURVEY

CLAIMANT: STARISLAND TRAVEL PTE LTD

ACCIDENT INVOLVING PC 6770 R & SJC 7557 E ON 18 JANUARY 2019 ALONG CAIRNHILL RD

Dear Sirs

We refer to your email of 21 January 2019 informing that you wish to conduct a pre-repair survey and to your List of Surveyors.

TAKE NOTICE that we object to all your surveyors stated in your said List, for appointment as the Single Joint Expert.

Pursuant to Pre-Action Protocol for NIMA cases, we now propose for appointment as Single Joint Expert the following

10 surveyors for your consideration:-

1. Alan Cheong	2. Willy Goh
3. BJ Loi	4. Marc
5. Oh Han Cheong	6 TT Rajan
7. Andrew How	8. Teo Hoon Tong
9. Lee Kok Weng	10. Lim Yong Tian Sebastian

You can inspect our client's vehicle as follows:

Workshop : Uni Automotive Pte Ltd
Blk 1 Kaki Bukit Ave 6 #01-94
Singapore 417883

Tel : 9798 1616 Alvin

Please reply within 2 working days.

Regards

Jennifer Guay

(Secretary)

VISION LAW LLC

133 New Bridge Road #18-01

Chinatown Point

Singapore 059413

Tel : 6534 2811 (Ext 116)

Fax : 6535 6802

From: Teo, Grace [mailto:grace.teo@sompo.com.sg]

Sent: Monday, 21 January, 2019 11:19 AM

To: Jennifer Guay

Cc: 'Unimotor'; Gnoh, Pau Loong; Ye, Yong Kang Melvin; Henry, Irene James

Subject: CMTD1900447/GPL \ YR REF: AW-INS-U7-PC6770R-19.jgv - PRI/ SJC7557E & PC6770R ACC ON 18.01.19

Our Reference : CMTD1900447/GPL

Your Reference: AW-INS-U7-PC6770R-19.jgv

Without Prejudice

EMAIL ONLY

Date: 21/01/2019

Attention:

M/S VISION LAW LLC

Dear Jennifer,

ACCIDENT INVOLVING SJC7557E & PC6770R ON 18.01.2019

We refer to your Notice of Accident dated 19/01/2019.

Please be informed that **Mr. Gnoh Pau Loong** is the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffrey Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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From: Jennifer Guay [<mailto:jenniferguay@visionlawllc.com>]

Sent: Saturday, January 19, 2019 12:42 PM

To: Claims - Motor Survey; Henry, Irene James

Cc: 'Unimotor'

Subject: OUR REF: AW-INS-U7-PC6770R-19.jgv & YR REF: SJC 7557 E

Importance: High

PRE - REPAIR SURVEY

CLAIMANT: STARISLAND TRAVEL PTE LTD

ACCIDENT INVOLVING PC 6770 R & SJC 7557 E ON 18 JANUARY 2019 ALONG CAIRNHILL RD

Dear Sirs

We are instructed by **STARISLAND TRAVEL PTE LTD** to notify you of a road accident on **18 JANUARY 2019** at about 20.56hr **ALONG CAIRNHILL RD** involving our client's **PC 6770 R & SJC 7557 E** driven by your driver at the material time.

As a result of the accident, our client's vehicle has been damage. Before our client proceed to repair the damage vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Regards

Jennifer Guay
(Secretary)
VISION LAW LLC

For Surveyor

Please initial here after completion of pre-repair survey.
Thank you.

Appointed Surveyor: _____
Name & Signature

Contact: _____

133 New Bridge Road #18-01
Chinatown Point
Singapore 059413
Tel : 6534 2811 (Ext 116)
Fax : 6535 6802

VISION LAW LLC

Advocates & Solicitors

(Incorporated with limited liability)

Unique Entity No. 200721148H

Head Office: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

Branch: 490 Lorong 6 Toa Payoh #03-11 HDB Hub (Biz 3 Lobby 1), Singapore 310490

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Advocates & Solicitors

(Incorporated with limited liability)

Unique Entity No. 200721148H

Head Office: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

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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	19/01/2019 12:46
Date Of Accident	18/01/2019 20:55
Exact Location Of Accident	CAIRNHILL RD & BIDEFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6770R
Insured/Policyholder	
Name Of Registered Owner	STARISLAND TRAVEL PTE LTD
Co Reg No	201506645M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90250620

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HI-ROOF
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA319540
Cover Note Number	

Driver

Name of Driver	ANWAR SAM BIN SAMAT
NRIC No	S7540110H
Date Of Birth	21/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94293255
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 104 JALAN BUKIT MERAH #07-1992
Postcode	160104
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	10
Passenger 1	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 9	NAME: : UNKNOWN GENDER: UNKNOWN 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

I WAS DRIVING ALONG CAIRNHILL ROAD. OUT OF SUDDEN, VEHICLE (SJC7557E) WITHOUT STOPPING AT THE STOP LINE DASH OUT TOWARDS CAIRNHILL ROAD AND HIT ONTO MY BUS RIGHT SIDE PORTION. MY BUS CAMERA TOOK DOWN THE ACCIDENT HAPPENED.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH TP WORKSHOP
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJC7557E
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR
Name of Driver MOHAMED FAHIDUL S/O ABDUL KIARIM
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

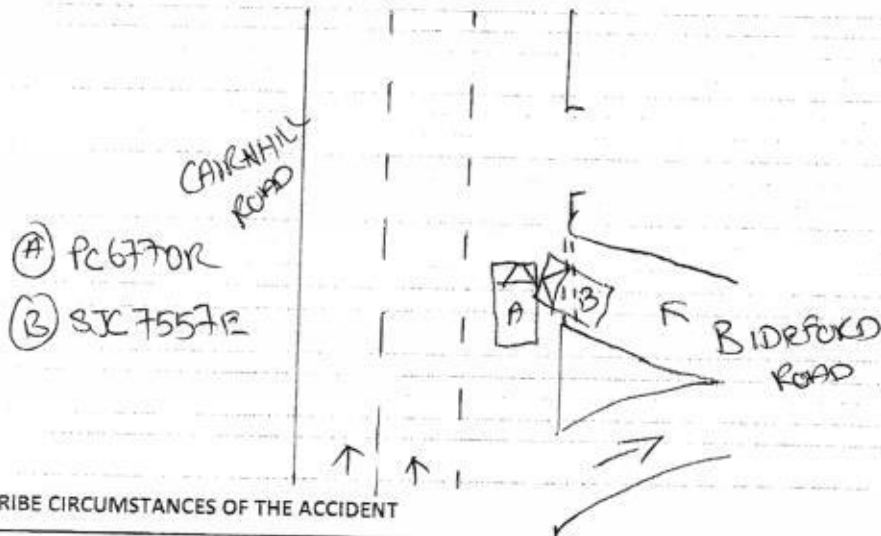
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS DRIVING CAIRNHILL ROAD. CUT OF SUDDEN
 VEHICLE SJX7557R WITH OUT STOPPING AT THE STOP LINE DASH
 OUT TOWARD CAIRNHILL AND HIT OFTO MY BUS RIGHT SIDE
 PORTION. MY BUS CAMERA TOOK DOWN THIS ACCIDENT
 HAPPENED.

DECLARATION

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


 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.:

LETTER OF UNDERTAKING

I/We, STARISLAND TRAVEL PTE LTD, the owner of vehicle no. PC 6770K

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, CINIMOTOR

Signed and Acknowledge by:



施文水
Nric no. & signature of policyholder

.....
Company stamp

17/01/2009
Date

VOCATIONAL LICENCE
 Licence No: **S7540110H**
 Name: **ANWAR SAM BIN SAMAT**
 Issue Date: **16/4/2015**
 Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE **DRIVING LICENCE**
S7540110H
 21 Dec 1975
 27 May 2015
 002184866K

S7540110H
ANWAR SAM BIN SAMAT
 انوار سام بن سامة
 BOYANESE
 21-12-1975
 SINGAPORE

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Type	Description	Issue Date
03	BUS VL	16/04/2015
04	BUS ATTENDANT	16/04/2015

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	04 Jan 2001
Class 2A Motorcycles between 201 cc and 400 cc	02 Apr 2002
Class 2 Motorcycles > 400 cc	17 Dec 2003
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	27 May 2013



NP 425A



6062185



NRIC No: **S7540110H**



Date of Issue:
12-11-2018

APT BLK 104 JALAN BUKIT MERAH
 #07-1992
 SINGAPORE 160104



redefining / insurance

AXA Insurance Pte Ltd

1800 860 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

date

07/02/2018

policy number

CB1 / GA319540

Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1967 (Malaysia) - Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policyholder name	STARISLAND TRAVEL PTE LTD	Certificate number	GA319540 / 1
Cover	Comprehensive	NCD	20%
Engine number	1KD2727450	Chassis number	KDH2230033250
Vehicle Registration number	PC6770R		
Period of Insurance	from 01/02/2018 to 31/01/2019 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	UNITED OVERSEAS BANK LIMITED		

Any person provided he is in the Policyholder's employ and/or is driving on their 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.

(a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.

(b) Use only in the Republic of Singapore.

The Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed testing

(b) Use whilst drawing a trailer except the towing (other than for reward) of anyone disabled mechanically propelled vehicle

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

Excess

An additional excess is applicable as follows:

Additional All Claims Excess of S\$2,000 is applicable for any named/unnamed drivers who:

a) is 18 years old to 26 years old and/or

b) is 66 years old and above and/or

c) with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

Nil

VIRTUAL INSURANCE AGENCIES PTE LTD
192 Waterloo Street #02-02
Skyline Building, Singapore 187919
Tel: (65) 63360083 Fax: (65) 63360084

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	19/01/2019 11:06
Date Of Accident	18/01/2019 20:55
Exact Location Of Accident	AT CAIRNHILL ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7557E
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FAHIDUL S/O ABDUL KARIM
NRIC No	S7500710H
Email Address	FAHIFRED@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91086636
Alternative Phone No	Others-91086636

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE 2.0
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01006271
Cover Note Number	

Driver

Name of Driver	MOHAMED FAHIDUL S/O ABDUL KARIM
NRIC No	S7500710H
Date Of Birth	17/01/1975
Occupation	INDOOR
Date Of Driving Pass	17/11/1994
Driving Experience	24 YEARS AND 2 MONTHS