

A.S. REC. BY:

REF: CS3 / MSC18022162 / Jvd3-1

Instruction:

Surveyor
Mullin

Hue Lee

ASSIGNMENT (Office)

From (Person):

Kenny Ong

of

Mullin

Date/Time:

6/5/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SEP 3409T

Insured:

YN 170267

at Workshop m/s

Platinum Werkz

Tel:

65267413

of

55 Wbi Rd 1 #01-25

Policy No:

8290 401867MKF

Claim No:

578235

Sum Insured:

Excess:

Make of Veh:

D.O.A.

03.12.2018

(Client's Record):

11.12.2018

CA / REV / REP. / REV 24 HRS 'w7'

H.O.D. Endorsement:

Date/Time:

10.12.2018 3:45pm

Person Contacted:

Dora

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SEP 3409T. x

YN 170267 Cb / AXN / 1011551 / 16/12/18

DR: MULLIN

Discontinue: 11/12/2018

After repair: 17/12/2018

16/5/19

Item No 11 check with Bryan -
\$511.20

15/5/2019

Do Not Finalise

17/5/19 Submit LS \$3450, (Red 1550, 31%), 4 days

RECEIVED 17 MAY 2019

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Monday, 6 May 2019 6:13 PM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto); assignments
Subject: Report Send Back Alerts - SGP3409T (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report-CS3/MSG18022162/JCBS2

06 May 2019 16:18	Ins Send Back Adj Rpt	Please prepare paper reinspection report for SGP3409T.	[1] Keny Ong Thiam Be
06 May 2019 16:18	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/05/08	[1] Merimen Administra
06 May 2019 16:18	Adj Mandate Set	Maintained.	[1] Merimen Administra

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

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

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]

Sent: Monday, 6 May 2019 4:20 PM

To: account@lkkauto.com

Subject: Report Send Back Alerts - SGP3409T (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,

The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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	06/12/2018 15:38
Date Of Accident	03/12/2018 17:20
Exact Location Of Accident	BRICKLAND RD TWDS CHOA CHU KANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP3409T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ERMAN BIN JOHARI
NRIC No	S1323229F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97101176
Alternative Phone No	OFFICE-97101176

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
Policy Number	P1442652
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ERMAN BIN JOHARI
NRIC No	S1323229F
Date Of Birth	18/08/1958
Occupation	INDOOR
Date Of Driving Pass	15/08/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97101176
Fax Number	
Contact Number	OFFICE-97101176
Email Address	NOEMAIL

Address	BLK 203 CHOA CHU KANG AVE 1 #02-43
Postcode	680203
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 involved in the accident	
Was any body injured in the Accident?	YES
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

ON 03/12/2018 AT AROUND 1720HRS, VEHICLE A (SGP3409T) WAS DRIVING AT THE SECOND LANE FROM BRICKLAND ROAD TOWARDS CHOA CHU KANG AVE 3. AFTER THAT, VEHICLE A FELT AN IMPACT FROM THE BACK OF THE CAR. VEHICLE A (SGP3409T) WENT DOWN AND NOTICE THE REAR SIDE WAS DAMAGED BY VEHICLE B (YN1702G).

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	YN1702G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ERMAN BIN JOHARI
------	---------------------------

Approximate Age
Injuries Sustain
Injured person in which vehicle? SGP3409T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode


SKETCH PLAN


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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 #2 Pg. 1

Along Brickland Road towards Choa Chu Kang Ave 3 2nd lane

Vehicle A: SGP3409T
Vehicle B: YN1702G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd December 2018 at around 17.20
Vehicle A (SGP3409T) was driving at the 2nd lane
from Brickland Road towards Choa Chu Kang Ave 3.
After that vehicle (A) feel an impact from the back
of the car. Vehicle A (SGP3409T) went down and
notice the rear side was damage by Vehicle B (YN1702G)

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:

6/12/18 1.40pm

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

LETTER OF UNDERTAKING

I/We, MUHAMMAD ERMAN BIN JOHARI, the owner of vehicle no. SEP 34097

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, _____

Signed and Acknowledge by:



.....
NIC no. & signature of policyholder

.....
Company stamp

06/12/2018
.....
Date

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1323229F



MUHAMMAD ERMAN BIN
JOHARI

Race

MALAY

Date of Birth

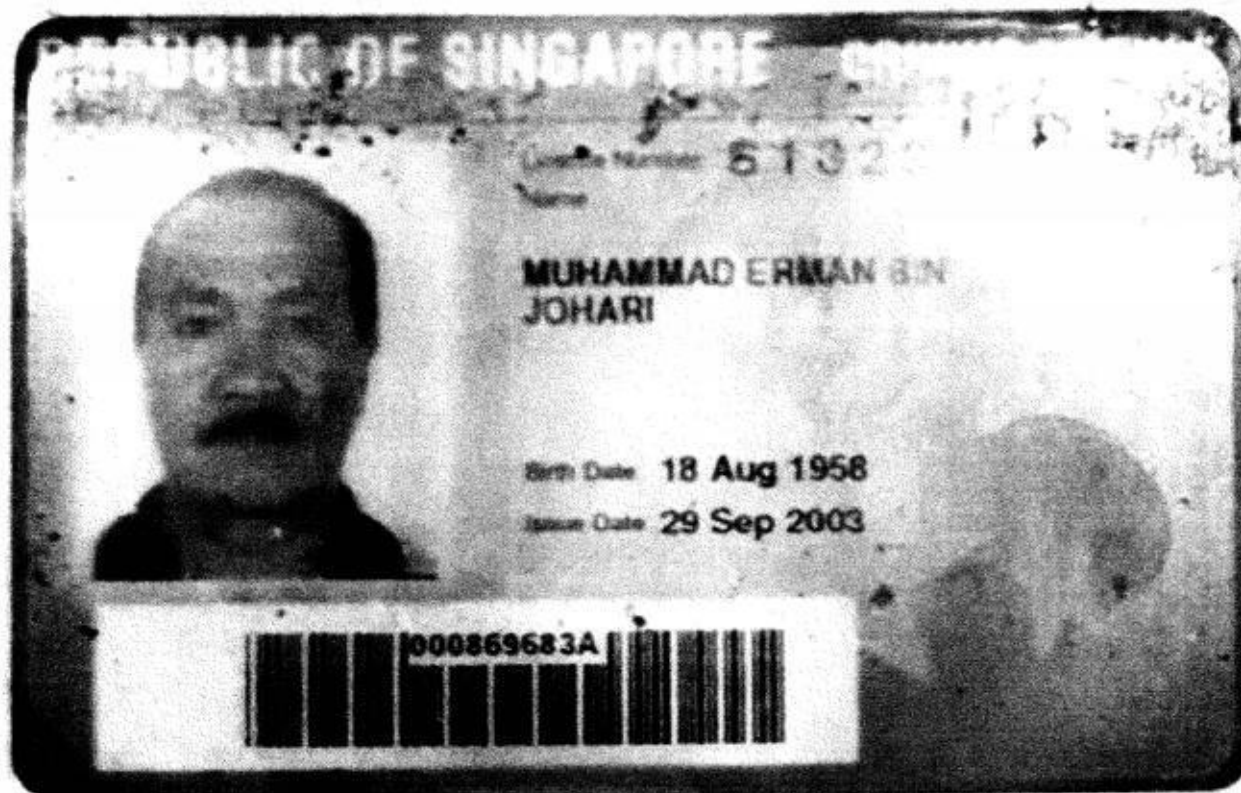
18-08-1958

Sex

M

Country of Birth

SINGAPORE



2792369



NAME: S1323229F

Blood Group: Date of issue:

O+ 07-02-1996

APT BLK 203 CHOA CHU KANG AVENUE 1
102-43
SINGAPORE 680203

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Nov 1980
Class 2A	Motorcycles between 201 cc and 400 cc	20 Nov 1980
Class 2	Motorcycles exceeding 400 cc	20 Nov 1980
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Aug 1981

NP 428A

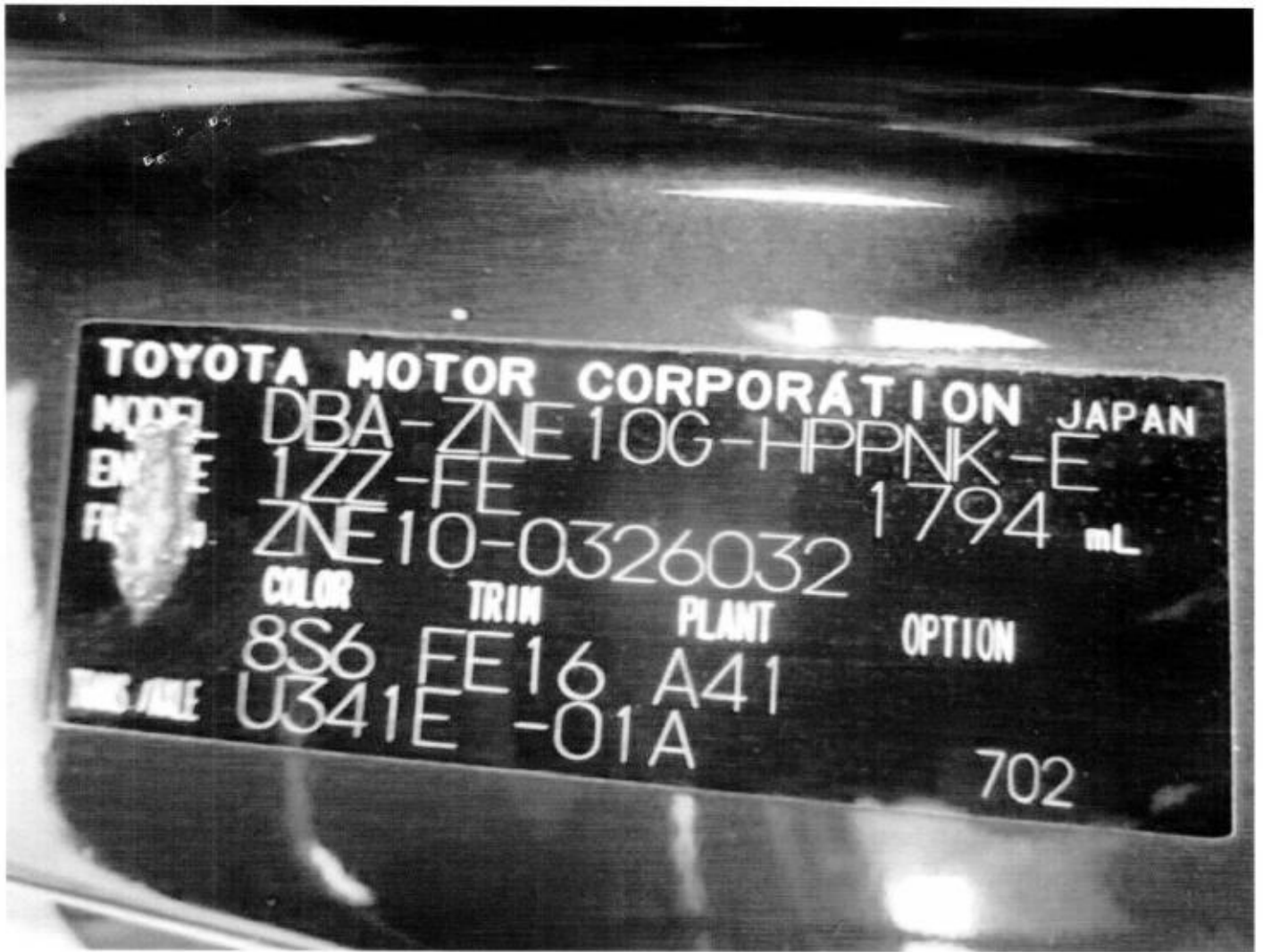


AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 RENEWAL
 Original

POLICY INFORMATION		Policy No. : VPA/P1442652	
Source	(01) 13932 META AGENCY PTE LTD (UB)		
Insured	MUHAMMAD ERMAN BIN JOHARI		
Address	BLK 203 CHOA CHU KANG AVENUE 1 #02-43 SINGAPORE 680203		
Business Profession	INDOOR OFFICE/EXEC/ADMIN STAFF Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance	From 13/12/2017 To 12/12/2018 (Both Dates Inclusive)		
Any subsequent period for which the insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00%	SGD 629.77		
NCD			
Voluntary Excess	SGD 59.85-		
GST 7.00%	SGD 39.90		
Annual Premium	SGD 609.82		
Total Payable	SGD 609.82		
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	Comprehensive		
Regn No.	SGP3409T		
Type Of Use	Private Car		
Make/Model	TOYOTA WISH 1.8 A		
Year of Manufacture	2006	Seating Capacity (excl. Driver)	06
Body Type	MULTI - PURPOSE VEHICLE	Engine C.C.	1794
Engine No.	1ZZ2694945	Chassis No.	ZNE100326032
Insured's Estimated Market Value	Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	As specified in Certificate of Insurance		
Hire Purchase	HONG LEONG FINANCE LIMITED		
Extra Coverage(Premium Breakdown)		Limits (SGD)	Premium (SGD)
NCD Protector			
Basic Own Damage Excess		: SGD 300.00	
Voluntary Excess		: SGD 500.00	
Final Basic Own Damage Excess		: SGD 800.00	
Named Drivers			
1 MUHAMMAD ERMAN BIN JOHARI			



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report 04/12/2018 17:52
Date Of Accident 03/12/2018 17:25
Exact Location Of Accident BRICKLAND ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1702G
Insured/Policyholder
Name Of Registered Owner TRACTORS SINGAPORE LTD
Co Reg No NA
Email Address BACHTIAR.ABU.BAKAR@TRACTORS.SIMEDARBY.COM.SG
Mobile Phone No (LOCAL) +65-93394316
Alternative Phone No Office-93394316

Vehicle Particulars

Manufacturer ISUZU
Model LORRY
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number B 29040188 MKF
Cover Note Number

Driver

Name of Driver TAN CHOON PENG
NRIC No S6932208E
Date Of Birth 29/08/1969
Occupation OUTDOOR
Date Of Driving Pass 13/11/1990
Driving Experience 28 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93394316

Fax Number	
Contact Number	OFFICE-93394316
EMail Address	BACHTIAR.ABU.BAKAR@TRACTORS.SIMEDARBY.COM.SG
Address	APT BLK 26 TECK WHYE LANE #03-170 SINGAPORE
Postcode	680026
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	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

REFER TO ATTACHED

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	SGP3409T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MD ERMAN JOHARI
NRIC/Passport Number	S1323229F
Contact Number	97101176
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

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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)**

(e) 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.

TRACTORS SINGAPORE LIMITED
SERVICE DEPARTMENT
28 BENDOMEI ROAD

Policyholder's Signature _____ Date & Time: _____

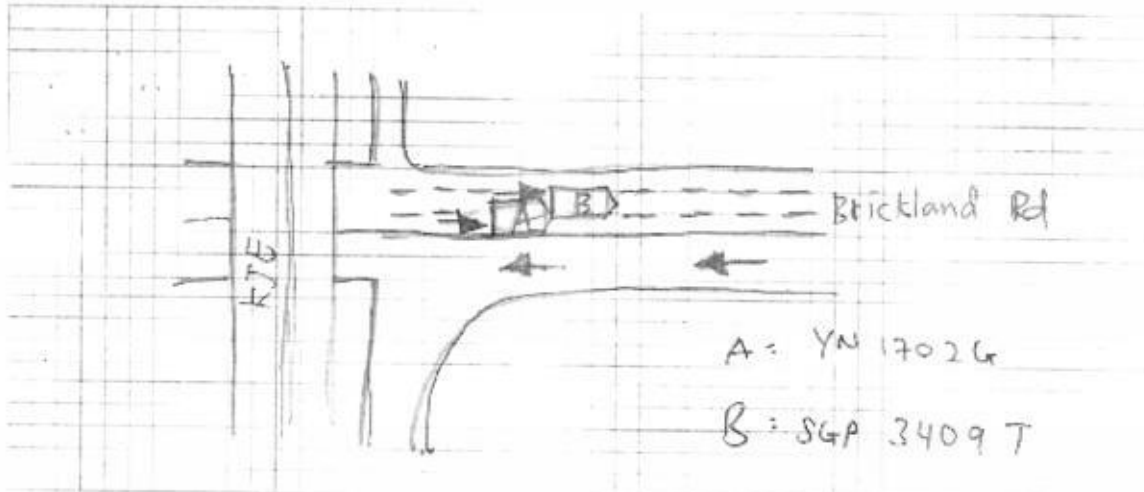
FAX: 6258 0626

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

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling Bukit Batok, suddenly ^{front} stopping. I was unable to stop in time due to of sudden stopping front vehicle and hit front vehicle of the righthand side.

Both driver exchange particulars and take photo both vehicle for reporting purpose.

DECLARATION

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

TRACTOR'S SINGAPORE LIMITED
SERVICE DEPARTMENT
SINGAPORE
SINGAPORE 8288
FAX: 5268 0628

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

Reporting Centre Personnel's Signature: 
Name:
NRC/FN No: