

ASS. REC. BY:

REF: CS3/ASM/19008668/ECd307

Special Instruction:

Survivor: STAVI

ASSIGNMENT (Office)

From (Person): LYNN KHONG of ASM (AXA) Date/Time: 16.5.19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLP 8183B Insured: GBD 7855J

at Workshop m/s Tiam Garage Tel: 68442475

of BIK 53 Ubi Avenue 1 #01-24

Policy No: Claim No: 89M01NHQ

Sum Insured: Excess:

Make of Veh: D.O.A. 14.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 16.5.19 9.47 a.m. Person Contacted: Shu Shan Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLP 8183B - NA/INC 19008594/ KY D.O.A. - 14/05/2019
	GBD 7855J - NA/INC 19008594/ KY D.O.A. - 14/05/2019
	Dismantle: 17/5/2019

REF: ASM (AXA)

ASSIGNMENT

From: Date: 16.5.2019

Estimated Cost:

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

To Inspect Vehicle No: SLP 8183B

at Workshop m/s Teamwork Garage

of BIK 53 Ubi Avenue 1 #01-24

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

"wp"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLP 8183B Yr Regn: 2016/17

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

Truck / Trailer or

Make:

Hyundai Elantra

C.C

1591

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

52540

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH0841CMJU478653

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

Inorder / Jammed / Leaked / Burnt or

Brake:

Inorder / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/40R18

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

14/5/19

D.O.I.

16/5/19

1006pm

Survey held at

Teamwork

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

Front LH

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

Date / Time Action / Instruction

MV-69K

Range + Days

4-5K

5

[Signature]

28/5/2019

RECEIVED 07 JUN 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

1

Survey Fee:

100

Transportation:

) \$ + RS, \$ SI

) Photos

) Others

TOTAL

100

Report Format :

PRS

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$



Service Request Details

Claim

S9M01NHQ

Reference

None

Loss Date

14 May 2019

Report Date

15 May 2019 12:00:00 AM

Request Date

16 May 2019

Due Date

24 May 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

P: shu shan

T: 9.28 a.m

V: in

E: X

Actions

Next Step

Agree to perform service

Vehicle Information

Incident Vehicle Registration #

SLP8183B

Model

HYUNDAI

Service Address

...

Primary Contact/Insured

SUNRISE UNIVERSAL PTE LTD
99 JOO CHIAT ROAD, 427393, Singapore
96951947
SUNRISEHQ33@GMAIL.COM

Claim Handler

KHONG Lynn
68804892
lynn.khong@axa.com.sg

Additional Instructions

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

Catherine Chong (LKK Auto)

From: TEAMWORK <claims@teamworkgarage.com>
Sent: Wednesday, 15 May, 2019 5:51 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: TEAMWORK
Subject: OUR REF : 1905-38 // YOUR REF : GBD7855J ACCIDENT INVOLVING GBD7855J AND SLP8183B
Attachments: 2019_05_15_17_50_05.pdf
Categories: Shailendra

WITHOUT PREJUDICE

OUR REF : 1905-38
YOUR REF : GBD7855J

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR SLP8183B
ACCIDENT INVOLVING GBD7855J AND SLP8183B ON 14.05.2019.

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

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

Regards,

Shu Shan

Teamwork Garage Pte Ltd
Blk 53 Ubi Avenue 1
#01-24
Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 2475
Fax: 6844 2474



Auto
Consultants
Pte Ltd

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

Immediate Advice

Date: 07/06/2019

To : AXA Insurance Pte Ltd

Survey details

Date of loss	14-May-19
Date of appointment	16-May-19
Date of survey	16-May-19
Location of survey	TEAMWORK GARAGE

Vehicle Details:

Claim Type:	Third Party
Vehicle number	SLP 8183B
Make and Model	HYUNDAI ELANTRA AD 1.6 GLS AT
Date of registration	20-Jun-17
Excess	
Market Value	\$69,000
Part Rebate	\$52,483
Nett Loss	\$16,517

Repair details

Initial Estimate	
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Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

Number of days of repair	5
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Remarks:

The estimated repair cost of the damaged vehicle is in the region of \$4,000.00 - \$5,000.00

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3027F
Vehicle Details	
Vehicle No.:	SLP8183B
Vehicle to be Exported:	No
Intended Deregistration Date:	16 May 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	G4FGHU621186
Chassis No.:	KMHD841CMJU478653
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$14,840.00
Original Registration Date:	20 Jun 2017
First Registration Date:	20 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$14,840.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Jun 2027
PARF Rebate Amount:	\$11,130.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jun 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,106.00
COE Rebate Amount:	\$41,353.00
Total Rebate Amount:	\$52,483.00

The information contained herein is correct as at 16 May 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	15/05/2019 11:22
Date Of Accident	14/05/2019 12:15
Exact Location Of Accident	ALONG UBI AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8183B
Insured/Policyholder	
Name Of Registered Owner	SYED AHMAD ABDILLAH BIN SYED OTHMAN
NRIC No	S8923027F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97773879
Alternative Phone No	OTHERS-97773879

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092292053-01
Cover Note Number	

Driver

Name of Driver	SYED AHMAD ABDILLAH BIN SYED OTHMAN
NRIC No	S8923027F
Date Of Birth	11/07/1989
Occupation	INDOOR
Date Of Driving Pass	30/03/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97773879
Fax Number	
Contact Number	OTHERS-97773879
EMail Address	NOEMAIL

Address	BLK 540 BEDOK NORTH STREET 3 #05-121D
Postcode	460540
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 - CHANGE/CROSS LANE
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD7855J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96975409
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SYED AHMAD ABDILLAH BIN SYED OTHMAN
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SLP8183B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**insurers**"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - (I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations the accident and/or my claims;
 - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**purposes**")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



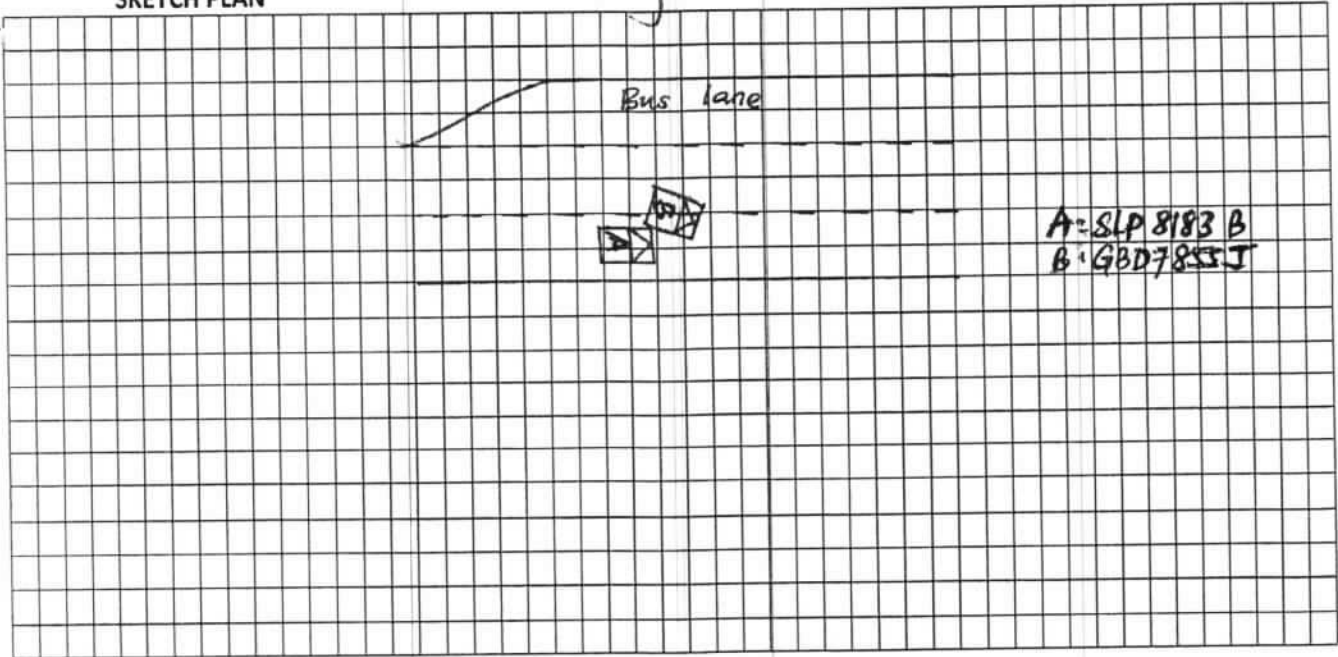
Policy holder's signature
Date / time:

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

reporting centre personnel's Signature
Date / time:

SKETCH PLAN

Along Ubi Avenue 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

going straight

I was travelling along Ubi Avenue 2. I was on the most right lane. Vehicle B which was on the left lane suddenly cut into my lane without making sure the road is clear and collided onto my front left portion of my vehicle. I have video footage to prove my statement.

DECLARATION

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

Policy holder's signature
Date & time:

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

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

15/5/2019


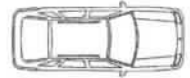
**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM19008668/Ecd3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 13-06-2019		
ATTN : LYNN KHONG		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBD 7855J	Veh. Inspected	SLP 8183B	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M01NHQ	Excess (\$)	0.00	
Assign From	LYNN KHONG	Assign Date	16/05/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI ELANTRA	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHD841CMJU478653	Colour	WHITE	
Odometer	52540 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/40 R18	CONTINENTAL	7 mm	
L/H Front Tyre	225/40 R18	CONTINENTAL	7 mm	
R/H Rear Tyre	225/40 R18	CONTINENTAL	7 mm	
L/H Rear Tyre	225/40 R18	CONTINENTAL	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.				
5. General Information				
Accident Date	14/05/2019	Inspect Date / Time	16/05/2019 (10:06 AM)	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000-\$5,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/ASM19008668/Ecd3e2

Inspected By



CHEN TSUE YEE

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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