

Surveyor

REF: C83/ASM19005709/R1/d3⁰⁷

Special Instruction:

From (Person): Lynn Khung of ASM C&A Date/Time: 15/5/2019
 Estimated Cost: _____ Bill to: _____

Part by Part: \$ 9,100.24

Third Parties:

Claimant:

Surveyor: Impact Analysis ConsultWorkshop: Innu AutoOD TP Re-inspection / Evaluation

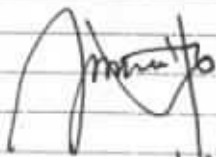
To Inspect Vehicle No: SMA 9411D Insured: SMA 1039X
 at Workshop m/s Innu Auto Tel: 63851171
 of Ark 5 Defunct 10 # 01-574
 Policy No: _____ Claim No: S9M01IqIMC/HK
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 27/03/2019
 (Client's Record)

31/05/2019 @ 11 am

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 14 days)
 Date/Time: 13/6/2019 Submit Final Fig 4400, 6 days (Red \$ 4700.24 51 %; Original 14 days)

Date/Time	Action/Instruction
	Inspection: 68 Kaki Bukit Ave 6 # 04-11 Ark@KB
	SMA 9411D - C83/ASM19005709/R1/d3e2
	SMA 1039X - C83/ASM19005709/R1/d3e2
	RA: 27/3/2019
	RA: 27/3/2019
	Rasul,
	Pls check parts prices.
	

12/6/2019

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

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

RECEIVED 13 JUN 2019

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
 Transport
 Photos
 Others
 Total

Date:

15/
16/
17/
18/
19/
20/
21/
22/
23/
24/
25/
26/
27/
28/
29/
30/
31/

1) Date/Time 13/6/2019 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 _____

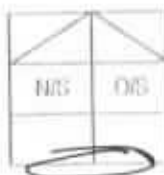
File Return to _____

ASSIGNMENT

From	Date
Estimated Cost \$	
OD / TP / WS / TS / RE / OD / RE / EVA / HW / MV	
To Inspect Vehicle No	
at Workshop no	
of	
Insured	
Policy No	
Claim No	
Sum Insured	Excess
(Client's Record)	
Make of Veh.	

(Policy Condition)

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



Book or Market Value

IDAC Accident Report:	Consistent? : Yes or No
-----------------------	-------------------------

EIA / PR Date:	
Consistent? Yes or No	

Est. Repairs	days	Rms	Yes or No
1	1	1	Yes
2	2	2	No
3	3	3	Yes
4	4	4	No
5	5	5	Yes
6	6	6	No
7	7	7	Yes
8	8	8	No
9	9	9	Yes
10	10	10	No
11	11	11	Yes
12	12	12	No
13	13	13	Yes
14	14	14	No
15	15	15	Yes
16	16	16	No
17	17	17	Yes
18	18	18	No
19	19	19	Yes
20	20	20	No
21	21	21	Yes
22	22	22	No
23	23	23	Yes
24	24	24	No
25	25	25	Yes
26	26	26	No
27	27	27	Yes
28	28	28	No
29	29	29	Yes
30	30	30	No
31	31	31	Yes
32	32	32	No
33	33	33	Yes
34	34	34	No
35	35	35	Yes
36	36	36	No
37	37	37	Yes
38	38	38	No
39	39	39	Yes
40	40	40	No
41	41	41	Yes
42	42	42	No
43	43	43	Yes
44	44	44	No
45	45	45	Yes
46	46	46	No
47	47	47	Yes
48	48	48	No
49	49	49	Yes
50	50	50	No
51	51	51	Yes
52	52	52	No
53	53	53	Yes
54	54	54	No
55	55	55	Yes
56	56	56	No
57	57	57	Yes
58	58	58	No
59	59	59	Yes
60	60	60	No
61	61	61	Yes
62	62	62	No
63	63	63	Yes
64	64	64	No
65	65	65	Yes
66	66	66	No
67	67	67	Yes
68	68	68	No
69	69	69	Yes
70	70	70	No
71	71	71	Yes
72	72	72	No
73	73	73	Yes
74	74	74	No
75	75	75	Yes
76	76	76	No
77	77	77	Yes
78	78	78	No
79	79	79	Yes
80	80	80	No
81	81	81	Yes
82	82	82	No
83	83	83	Yes
84	84	84	No
85	85	85	Yes
86	86	86	No
87	87	87	Yes
88	88	88	No
89	89	89	Yes
90	90	90	No
91	91	91	Yes
92	92	92	No
93	93	93	Yes
94	94	94	No
95	95	95	Yes
96	96	96	No
97	97	97	Yes
98	98	98	No
99	99	99	Yes
100	100	100	No

Log Date	%	3 Val.: Yes or No
1997-01-01	100	Yes
1997-01-02	100	Yes
1997-01-03	100	Yes
1997-01-04	100	Yes
1997-01-05	100	Yes
1997-01-06	100	Yes
1997-01-07	100	Yes
1997-01-08	100	Yes
1997-01-09	100	Yes
1997-01-10	100	Yes
1997-01-11	100	Yes
1997-01-12	100	Yes
1997-01-13	100	Yes
1997-01-14	100	Yes
1997-01-15	100	Yes
1997-01-16	100	Yes
1997-01-17	100	Yes
1997-01-18	100	Yes
1997-01-19	100	Yes
1997-01-20	100	Yes
1997-01-21	100	Yes
1997-01-22	100	Yes
1997-01-23	100	Yes
1997-01-24	100	Yes
1997-01-25	100	Yes
1997-01-26	100	Yes
1997-01-27	100	Yes
1997-01-28	100	Yes
1997-01-29	100	Yes
1997-01-30	100	Yes
1997-01-31	100	Yes
1997-02-01	100	Yes
1997-02-02	100	Yes
1997-02-03	100	Yes
1997-02-04	100	Yes
1997-02-05	100	Yes
1997-02-06	100	Yes
1997-02-07	100	Yes
1997-02-08	100	Yes
1997-02-09	100	Yes
1997-02-10	100	Yes
1997-02-11	100	Yes
1997-02-12	100	Yes
1997-02-13	100	Yes
1997-02-14	100	Yes
1997-02-15	100	Yes
1997-02-16	100	Yes
1997-02-17	100	Yes
1997-02-18	100	Yes
1997-02-19	100	Yes
1997-02-20	100	Yes
1997-02-21	100	Yes
1997-02-22	100	Yes
1997-02-23	100	Yes
1997-02-24	100	Yes
1997-02-25	100	Yes
1997-02-26	100	Yes
1997-02-27	100	Yes
1997-02-28	100	Yes
1997-03-01	100	Yes
1997-03-02	100	Yes
1997-03-03	100	Yes
1997-03-04	100	Yes
1997-03-05	100	Yes
1997-03-06	100	Yes
1997-03-07	100	Yes
1997-03-08	100	Yes
1997-03-09	100	Yes
1997-03-10	100	Yes
1997-03-11	100	Yes
1997-03-12	100	Yes
1997-03-13	100	Yes
1997-03-14	100	Yes
1997-03-15	100	Yes
1997-03-16	100	Yes
1997-03-17	100	Yes
1997-03-18	100	Yes
1997-03-19	100	Yes
1997-03-20	100	Yes
1997-03-21	100	Yes
1997-03-22	100	Yes
1997-03-23	100	Yes
1997-03-24	100	Yes
1997-03-25	100	Yes
1997-03-26	100	Yes
1997-03-27	100	Yes
1997-03-28	100	Yes
1997-03-29	100	Yes
1997-03-30	100	Yes
1997-03-31	100	Yes
1997-04-01	100	Yes
1997-04-02	100	Yes
1997-04-03	100	Yes
1997-04-04	100	Yes
1997-04-05	100	Yes
1997-04-06	100	Yes
1997-04-07	100	Yes
1997-04-08	100	Yes
1997-04-09	100	Yes
1997-04-10	100	Yes
1997-04-11	100	Yes
1997-04-12	100	Yes
1997-04-13	100	Yes
1997-04-14	100	

CA / REV / REP. / 24 HRS

Date:	Person Contacted:
-------	-------------------

Vehicle IN / OUT

Web No: SMA 94110 A Date: 2018 / Jan

Type: C M Car / B Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: HONDA FREED 1.5 A CC 1496

Colour - BLUE Ad: Insured / Std / NI / NA

Sip Reading 015287 T/Sale: Insured / Std / NI / NA

EngNo:

CNbr: GB 71068163

Gen Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modl: Nil / SR/Rin / STD A/Rin or

Tyre Size F: 185/55R15
R:

US / JAP / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front 6 mm
R/Bal 6 mm
L/Bal 6 mm
D.O.A 27/03/19
Survey held at 68, KAKI BUKIT AVE 6
Des. of Damages: Fit / ~~Rear~~ / O/S / N/S / WC / Rooftop or

Des. of Damages: FR / Real / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
-------------	----------------------

Exhibit 1000, File Path: 1017

11

Exhibits/Notes: File History 10/7

Report Format :

Lump Sum / L.B.I.: (3)

☐ Prof. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp (\$

Interview (3)

□ Tech. invs. (\$

☐ Weekend (\$)

Survey Fee:

La compagne de l'été

11 = 105 124

3. 19 authors.

References

1984]

Nivitha (LKK Auto)

From: Shu Pei (LKKAuto) <shupe@lkkauto.com>
Sent: Wednesday, 15 May 2019 3:28 PM
To: assignments
Subject: FW: Your Ref :CL19009 Our Ref :S9M01I9IMC/LK

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupe@lkkauto.com | fax: 6741-4108

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

From: KHONG Lynn <lynn.khong@axa.com.sg>
Sent: Wednesday, 15 May 2019 3:22 PM
To: Admin A <admin-a@lkkauto.com>; motor@iaconsultingsg.com
Cc: candy@iaconsultingsg.com
Subject: FW: Your Ref :CL19009 Our Ref :S9M01I9IMC/LK

WITHOUT PREJUDICE

Dear Irene,

We will appoint LKK Auto Consultants to liaise for this matter.

Thank you.

Hi LKK,

Kindly note on RI appointment on 31.05.19 @11am and liaise with TP workshop for the matter.

Thank you.

Best Regards,



Lynn Khong
Specialist, Motor Claims Department
AXA Insurance Pte Ltd

8 Shenton Way, #24-01 AXA Tower, Singapore 068811

Email: lynn.khong@axa.com.sg

Customer Care No. 1800 8804888

www.axa.com.sg



Please consider the environment before printing this message.

This message is confidential. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

From: Irene [<mailto:motor@iaconsultingsg.com>]

Sent: Wednesday, May 15, 2019 3:11 PM

To: KUMAR Shailendra <shailendra.kumar@axa.com.sg>

Cc: KHONG Lynn <lynn.khong@axa.com.sg>; candy@iaconsultingsg.com

Subject: RE: Your Ref :CL19009 Our Ref :S9M01I9IMC/LK

Dear Shailendra,

We refer to your email below.

We wish to inform you that our client's vehicle no. SMA9411D will be available for re-inspection as follow:-

Date : 31 May (Friday)

Time : 11am

Place : 68 Kaki Bukit Ave 6

#04-11 Ark@KB

Singapore 417896

Thank you.

Regards,
Irene Tan

From: KUMAR Shailendra [<mailto:shailendra.kumar@axa.com.sg>]

Sent: Wednesday, 15 May 2019 1:33 PM

To: motor@iaconsultingsg.com

Cc: KHONG Lynn

Subject: Your Ref :CL19009 Our Ref :S9M01I9IMC/LK

ACCIDENT INVOLVING SMA9039X AND SMA9411D ON 27/03/2019

Without Prejudice

We acknowledge receipt of your letter dated 09/05/2019 and the enclosures on 13/05/2019.

We would like to conduct a re-inspection of your client's vehicle SMA9411D. Please let us know a suitable date and time.

We would appreciate that in letting us know the date, your client could allow us at least 10 days of lead-time. This is to allow us to co-ordinate with the surveyor concerning the re-inspection date and time .

May we hear from you in due course.

For future correspondence, please reply to KHONG Lynn at lynn.khong@axa.com.sg.

**Regards,
Shailendra**

-----Disclaimer-----

This message may contain confidential information intended solely for the use of the named addressee. If you are not the intended recipient, you should not read, use, disclose or reproduce the content of this message. If you have received this message by mistake, please notify the sender immediately. Any views or opinions presented in this message are solely those of the author and do not necessarily represent those of AXA Singapore - Externals or any other entity of the AXA Group, unless otherwise stated by the sender and duly authorized by the said companies.

-----Disclaimer-----

This message may contain confidential information intended solely for the use of the named addressee. If you are not the intended recipient, you should not read, use, disclose or reproduce the content of this message. If you have received this message by mistake, please notify the sender immediately. Any views or opinions presented in this message are solely those of the author and do not necessarily represent those of AXA Insurance Pte Ltd or any other entity of the AXA Group, unless otherwise stated by the sender and duly authorized by the said companies.

Name: Rasul
 Position: CS3/ASM 19005709/Rcd362
 Assignment: (Office)
 of: ASM (AXA)
 Date/Time: 1/4/19 @ 2:01pm
 Bill to:
 On: ☒ WS / TP / RES / OD / RES / RYA / INV / MYTC
 To: Insured Vehicle No: SMA 9411D
 at: Work Shop no: Inno Auto
 of: Blk 5 Defn Lane 10 # 01-574
 Policy No:
 Claim No: SMA 9039X
 63851171
 Date: 27/03/2019
 Date/Time: 300pm @ 1/4/19
 Person Contacted: Irene
 Vehicle: ☒ IN / ☐ OUT

Date/Time	Action/Instruction (X) (estimate)
	SMA 9411D - X
	SMA 9039X - X
	Dismantle: 2/4/2019

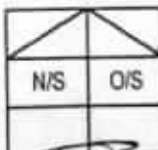
Inspection: Gekkeri Bukit Ave 6 #04-11

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMA 94110
 at Workshop m/s GMS - 68
 of 68, KAKI PARKIN AVE 6 #04-11
 Insured: ASM (A79)
 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: 100K
 IDAC Accident Rpt: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMA 94110 Yr Regn: 2018 / Jan
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Honda Freed 1.5 c.c. 1496
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 013319 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: GB 71068163
 Gen. Cond: Good (F) / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/65R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front
 R/Bal. 6 mm
 L/Bal. 6 mm
 D.O.A. 27/03/19

Rear
 R/Bal. 6 mm
 L/Bal. 6 mm
 D.O.I. 01/04/19

Survey held at GMS 0409PMDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Estimated repair range \$6,000 - \$7,000

12/4/2019.

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

100

100

Report Format: PRE

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

INNO AUTO PTE LTD

BLK 5 DEPU LANE 10 #01-574 SINGAPORE 539186

TEL: 6280 8927 FAX: 6280 4205

Co. Regn. No. 201118053M

3019704795 - -
60148645

09th May 2019

Our Ref: CL19009

Your Ref: SMA9039X

AXA Insurance Singapore Pte Ltd

Motor Claims Department

8 Shenton Way

#24-01 AXA Tower

Singapore 068811

13 MAY 2019

Dear Sirs,

ACCIDENT INVOLVING SMA9411D AND SMA9039X ALONG TAMPINES AVE 5 ON 27.03.2019

We are the representative for Mr Soh Chun Beng (Su Junming), whose vehicle registration number **SMA9411D** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SMA9039X**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$ 9,100.24
Loss of rental for 20 days @ \$128.40	\$ 2,568.00 (inclusive of 3 waiting day for PRI and 3 Sundays)
Survey report	\$ 627.00
LTA search fee	\$ 7.45
	<u>\$12,302.69</u>

Enclosed are the supporting documents for your perusal:-

GIA

LTA search

Repair bill

Kindly let us have your payment of **\$12,302.69** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Tan at 9838 8224 or email motor@iaconsultingsg.com should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

Encl.



LETTER OF AUTHORITY

We/I, Soh Chun Beng (Su Jun Ming) ("the third party claimant") of UEN/NRIC No. S7818075G, owner of vehicle Reg.No SMA 9411D hereby authorize M/s Inno Auto Pte Ltd ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. SMA 9411D that was damaged pursuant to the accident which occurred on 27/03/2019 along Tampines Ave 5 involving vehicle no/s SMA 9039 X ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 27th of March 2019



Signed by the third party claimant

TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO
SOH CHUN BENG 74 UPPER SERANGOON VIEW #11-52 SINGAPORE 533881

DATE	INVOICE NO.
24-Apr-2019	A 39235

VHA NO.	DUE DATE	VEH. NO.
A 39235	24-Apr-2019	SLJ 8390 B

DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 27 MARCH 2019 TO 16 APRIL 2019	20	120.00	2,400.00
GST @ 7%			\$168.00
TOTAL			\$2,568.00

All cheques must be made payable to BKW Rent A Car Pte Ltd.
Please write the vehicle and invoice number on the reserve.

BKW Rent-A-Car Pte Ltd

120 Lower Delta Road #02-15 Cendex Centre (S) 169208 Tel: 6738 7777 Fax: 6738 6666

ACRA No: 200106276D GST Reg. No: 20-0106276-D Website: www.bkw.sg
A subsidiary of BKW Automobile Pte Ltd**bizSAFE**

Date In	Time In	Mileage	Check By	Remarks
11/10/17				

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 27 Mar 2019 / 16:09:36

Receipt Date/Time : 27 Mar 2019 / 16:09:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190327-003371

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SMA9039X As at 27 Mar 2019/08:37:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SMA9039X Enquiry Fee 20190327160547254971	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx0879			
	Credit Card: Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

INNO AUTO PTE LTD

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186

TEL: 63851171 FAX: 63851141

INVOICE

To: Soh Chun Beng (Su JunMing)

Invoice No. : CL19009

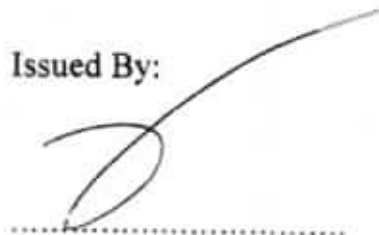
Date : 08/05/2019

Vehicle No. : SMA9411D

No.	Description	Qty	Unit Price	Amount
1	Repair Cost		\$ 9,100.24	\$ 9,100.24
Total:				\$ 9,100.24

Payment by cheque should be crossed and made payable to 'Inno Auto Pte Ltd'

Issued By:



Authorised Signature

Our reference: 19-4-8200

Date: 8/4/2019

INVOICE NO. 8200

Soh Chun Beng (Su JunMing)

c/o Inno Auto Pte Ltd

Blk 6 Defu Lane 10

#01- 556

Singapore 539187

Registration No. **SMA9411D**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 627.00
Total amount			<u><u>\$ 627.00</u></u>

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)

Principal Consultant

Our reference: 19-4-8200

Date: 8/4/2019

c/o Inno Auto Pte Ltd
Blk 6 Defu Lane 10
#01- 556
Singapore 539187

Dear Sirs

RE: Road Traffic Accident on 27/3/2019
Soh Chun Beng (Su JunMing)

In accordance with your instructions received in this office on **27/3/2019**, we made arrangements to examine the vehicle on **27/3/2019** at above-mentioned address. The following data was recorded:

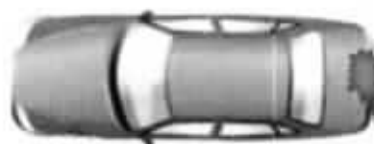
Vehicle details

Make	Honda	Registration	SMA9411D
Model	Freed	Chassis	GB71068163
Colour	Blue	Gearbox	Auto
Odometer	13316km	Paintwork	Good
Steering	Good	Brakes	Good
Condition	Good		

Tyre Depths

Front left	185/65R15	90% Dunlop
Front right	185/65R15	90% Dunlop
Rear left	185/65R15	90% Dunlop
Rear right	185/65R15	90% Dunlop

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$9,100.24** and **14** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IARMI Pte Ltd

Our reference 19-4-8200

Date 8/4/2019

Page 2

X 516

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As Inspected	Repairer's Estimate	Our Adjustment
--------------------	-----	------------------------	---------------------	----------------

List Items:

Tailgate	1	crushed	1324.50	1324.50 1208
Tailgate lock	1	damaged	112.30	112.30
Tailgate lock catch	1	damaged	34.00	0.00 X
Tailgate inner garnish	1	refix/serviceable	344.20	0.00 X
Tailgate weatherstrip	1	ripped	230.50	230.50 198
Tailgate logo	1	necessary	35.00	35.00
Tailgate emblem "FREED"	1	necessary	59.00	59.00
Tailgate emblem "HYBRID"	1	necessary	82.00	82.00
Tailgate outer chrome moulding	1	damaged	375.12	0.00 X
Tailgate shock absorber @\$189.00	2	re-adjust	378.00	0.00 X
Tailgate reflector @\$420.00	2	refix/serviceable	840.00	0.00 X
Tailgate windscreen glass moulding	1	necessary	174.50	174.50
Tailgate wiper motor	1	serviceable	320.00	0.00 X
Tailgate pull pocket	1	deformed	27.00	27.00
Rear bumper	1	deformed	1120.00	1120.00
Rear bumper reflector @\$65.70	2	serviceable	131.40	0.00 X
Rear bumper bracket @\$45.80	2	bent	91.60	91.60
Rear bumper side retainer top @\$32.00	2	necessary	64.00	64.00 X
Rear bumper side retainer bottom @\$26.80	2	necessary	53.60	53.60 X
Rear fender lh	1	repair.refinish	1024.50	0.00 X
Rear fender inner shield lh	1	serviceable	95.20	0.00 X
Taillamp @\$680.00	2	cracked	1360.00	1360.00 X
Taillamp panel @\$155.60	2	repair	311.20	0.00 X
Rear end panel	1	bent	712.50	712.50
Rear end panel top garnish	1	deformed	203.00	203.00
Rear bumper towing cover	1	serviceable	22.00	0.00 X

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknight International Services (Philippines) Pte Ltd

Our reference 19-4-8200

Date 8/4/2019

Rear fender inner garnish @\$412.00	2	refix/serviceable	824.00	0.00	X
Rear floor panel	1	repair	1085.90	0.00	X
Rear floor panel side @\$210.00	1	repair	420.00	0.00	X
Rear floor panel top board (carpet)	1	serviceable	750.00	0.00	X
Rear number plate lamp	1	cracked	55.80	55.80	X
Sub- Total costs			12660.82	5705.30	
Percentage discount : 20%			2532.16	1141.06	
Sub-Total costs for parts			10128.66	4564.24	

4022.90
20%
3218.32

Special Nett Items:

Rear bumper clip @\$5.00	10	necessary	50.00	50.00	30
Rear bumper reverse sensor (after market)	1 set	malfunction	485.00	485.00	220
Rear end panel top garnish clips	3	necessary	15.00	15.00	
Rear windscreen glass sealant	1	necessary	50.00	50.00	
Lambency Ceramic	1	necessary	300.00	300.00	X
Rear floor panel insulation	1	necessary	120.00	120.00	80
Sub-Total costs for parts			1020.00	1020.00	

395

Parts Repair

•			0.00	0.00	X
Sub- Total costs			0.00	0.00	
Total costs for parts			11148.66	5584.24	

Our reference 19-4-8200

Date 8/4/2019

Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 48.00	31	\$ 1,488.00 750
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 1,250.00 800
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 120.00 60
Wiring and bulb checking	\$ 48.00	0.5	\$ 24.00 ✓
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 48.00	1.7	\$ 81.60 60
Remove and refix tailgate rear windscreen glass. (2-man job)	\$ 48.00	3	\$ 144.00 120
Remove and refix upholstery to facilitate repair	\$ 48.00	1.5	\$ 72.00 60
Specialist charges - Conduct rear chassis alignment	-	-	\$ 250.00 X
Transfer of existing tailgate mechanism to new tailgate	\$ 48.00	1.8	\$ 86.40 60
Total labour cost			\$ 3,516.00 1934

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

3218.32
395.00
1934.00
5547.32
202
4437.85
413-4,400
51 days

Our reference 19-4-8200

Date 8/4/2019

Section C: Summary Table of Total Repair Cost

Description		Cost	
Damaged Parts Assessment (See section A)		\$5,584.24	
Further discount	0%	\$0.00	
Recommended cost of parts		\$5,584.24	(1)
Labour Cost Calculation (See section B)		\$3,516.00	(2)
Total Repair Cost (Round off to hundred)		\$9,100.24	(1) + (2)

We would recommend a sum of \$9,100.24 and 14 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

(Signature)
Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council
ACTA certified Trainer, Singapore
SPRING- Recognised Certification for Management Consultants

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 27/03/2019 16:08
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
Policy Number GA368553
Cover Note Number

Driver

Name of Driver NG YEONG HUA EILEEN
NRIC No S8121974E
Date Of Birth 23/07/1981
Occupation INDOOR
Date Of Driving Pass 21/01/2003
Driving Experience 16 YEARS AND 2 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-81189362
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) involved in the accident	2
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


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 revoke 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/YIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along Tampines Ave 5
on 27/3/2019 @abt 8:37am.


I stopped my vehicle to let the oncoming
vehicle to clear, suddenly, the vehicle
SMA 9039X hit onto my vehicle rear portion


That's all

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/TIN No.:

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	27/03/2019 16:08
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
Policy Number	GA368553
Cover Note Number	

Driver

Name of Driver	NG YEONG HUA EILEEN
NRIC No	S8121974E
Date Of Birth	23/07/1981
Occupation	INDOOR
Date Of Driving Pass	21/01/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81189362
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) involved in the accident	2
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.

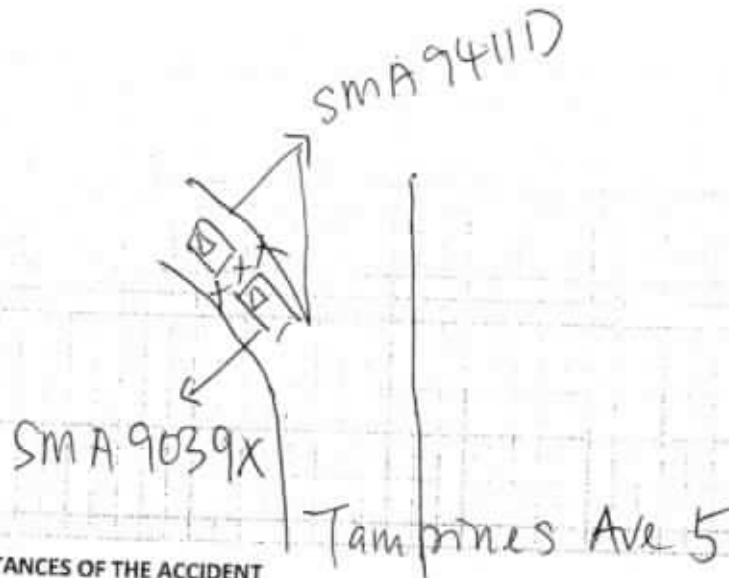
Attachment(s)

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tampines Ave 5
on 27/3/2019 @ abt 8:37 am.

I stopped my vehicle to let the oncoming
vehicle to clear. suddenly, the vehicle
SMA 9039X hit onto my vehicle rear portion.

That's all.

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.:

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.:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. SB121974E





Name

NG YEONG HUA, EILEEN

黄荣华

CHINESE

Date of birth

23-03-1981

Country of birth

SINGAPORE

Sex

F

U.S. Service

U.S. Service

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. SB121974E



LETTER OF UNDERTAKING

I/We, Soh Chun Beng, the owner of vehicle no. SMH 98111

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, Inno Auto
Pte Ltd

Signed and Acknowledge by:

X [Signature]

.....
Nric no. & signature of policyholder

.....
Company stamp

.....
Date

Accident Photo



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	27/03/2019 14:36
Date Of Accident	27/03/2019 09:00
Exact Location Of Accident	SLIP ROAD OF TAMPINES AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA9039X
Insured/Policyholder	
Name Of Registered Owner	CHU SER HOW
NRIC No	S7924434A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96184074
Alternative Phone No	OFFICE-96184074
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E GRADE (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2139687
Cover Note Number	
Driver	
Name of Driver	CHU SER HOW
NRIC No	S7924434A
Date Of Birth	25/07/1979
Occupation	INDOOR
Date Of Driving Pass	25/10/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96184074
Fax Number	
Contact Number	OFFICE-96184074
Email Address	NOEMAIL

Address	BLK 435 YISHUN AVENUE 6 #08-2102
Postcode	760435
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 (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)	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

PLEASE REFER TO SKETCH PLAN

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	SMA9411D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YEONG HUA, EILEEN
NRIC/Passport Number	S8121974E
Contact Number	97636210
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

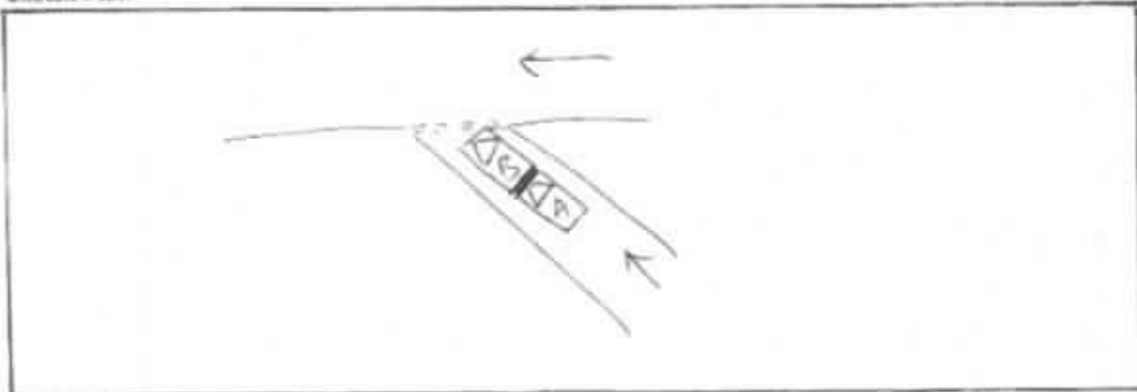
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement

Describe Circumstances of the Accident

File No. 111

At around 0900hrs, while approaching the zebra crossing at the cross junction towards Tangens Ave S, the vehicle suddenly, jolted back at the dotted line to avoid a flashing vehicle from the main road. As I was checking the rear road for vehicle, I did not stop react in time for the sudden brake from the front vehicle (SMA 9411D), resulted a collision between the back of her vehicle and the front of mine (SMA 9029X).

Her particular no started, Ng Yee Yee, Eileen, S3121974E

Declaration

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



Witnessed by Reporting Centre Personnel

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel 1800 8804888 Fax:
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

• Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 39) • Motor Vehicles (Third-Party Risks and Compensation) (Amendment) Act, 1997 (Malaysia) • Motor Vehicles (Third-Party Risks and Compensation) (Amendment) Act, 1997 (Malaysia)

CERTIFICATE NO. : VPA/P2139687 **Account No. :** 14885
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : CHU SER HOW (ZHOU SHINAO)
Vehicle Registration No. : SMA9039X
Period of Insurance : From 22/06/2018 To 21/06/2020 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 The Policyholder may also drive a Motor Car not belonging to or not hired under a hire purchase agreement or otherwise) to him or his employee or his partner.
 (b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS 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, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trades 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.

(51)

Basic Own Damage Excess : SGD 500.00

An Additional Excess is applicable as follows:
 \$500.00 For Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.
 \$25,000.00 For Undeclared Young and Inexperienced Driver.
 (Please refer to your policy on the terms & conditions)

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 39) and Section 95 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 39) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOCPE2 on 28/06/2018

IMPORTANT

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 Vehicles (Third-Party Risks and Compensation) Act (Cap. 39).

- The Premium Warranty Clause requires the premium to be paid in full within a specified period (during which there would be no liability under the policy, renewal certificate, covernote and endorsement etc).

Nric And Driving Licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7924434A**

CHU SER HOW
(ZHOU SHIHAO)

Birth Date: **25 Jul 1979**
Valid Until: **13 Feb 2017**

00280081710

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7924434A**



CHU SER HOW
(ZHOU SHIHAO)
周士皓
Race: **CHINESE**
Date of Birth: **25-07-1979**
Country of Birth: **SINGAPORE**

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

CLASS	EFFECTIVE DATE
Class 1A: Motor cycle (heavy) (category 1) (200 kg and over)	13 Feb 2017
Class 1B: Motor cycle (light) (category 2) (under 200 kg)	13 Feb 2017
Class 1C: Motor cycle (light) (category 3) (under 150 kg)	13 Feb 2017

S.I. No. 5000285377

S7924434A



AP 4204



NRIC No. **S7924434A**



Date of Birth: **18-08-1979**

APT 41X 425 TISHIN AVENUE 9 #06-2102
SINGAPORE 780435

NRIC No: **S7924434A** Date: **11/08/2015**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



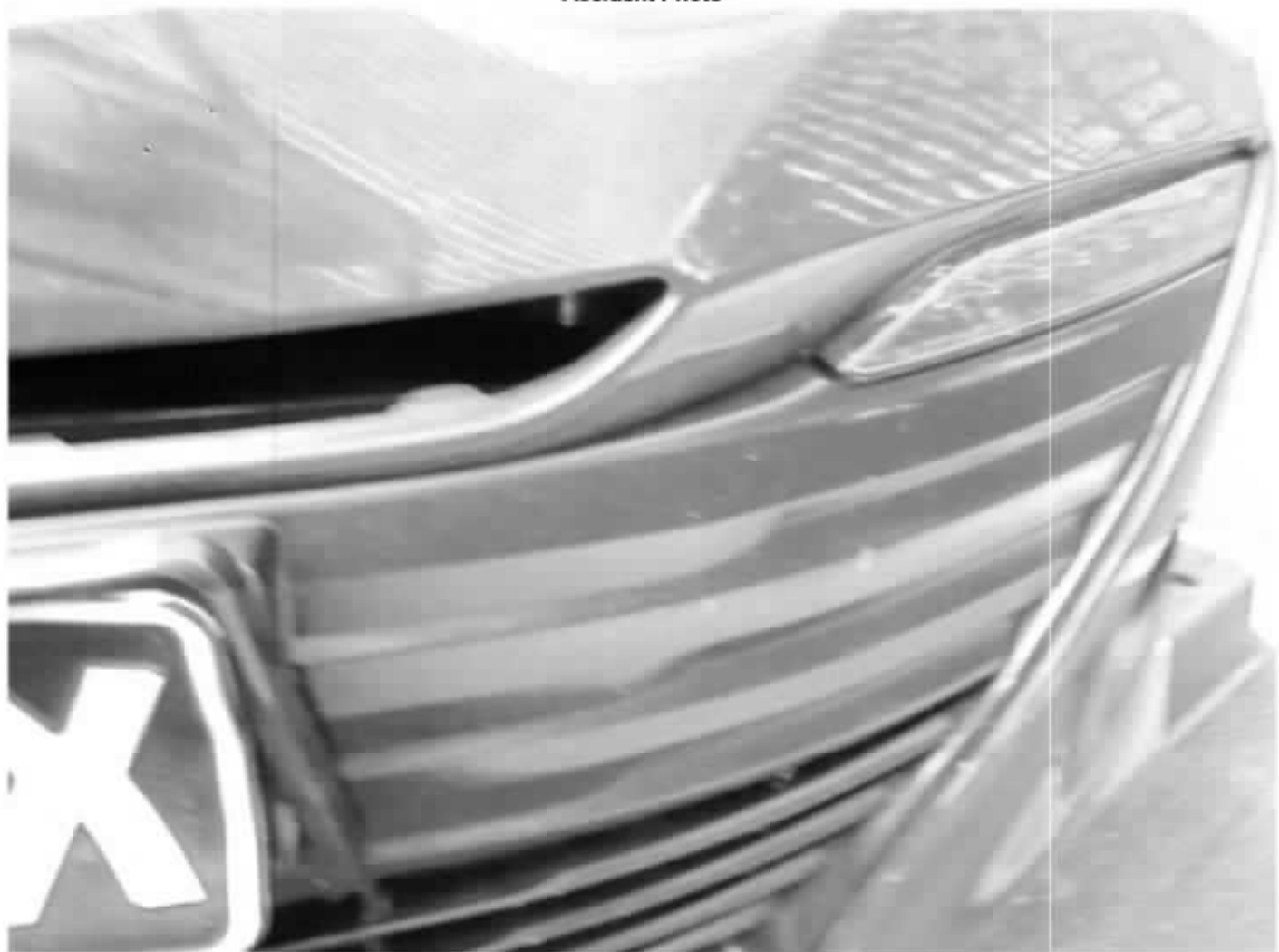
Accident Photo



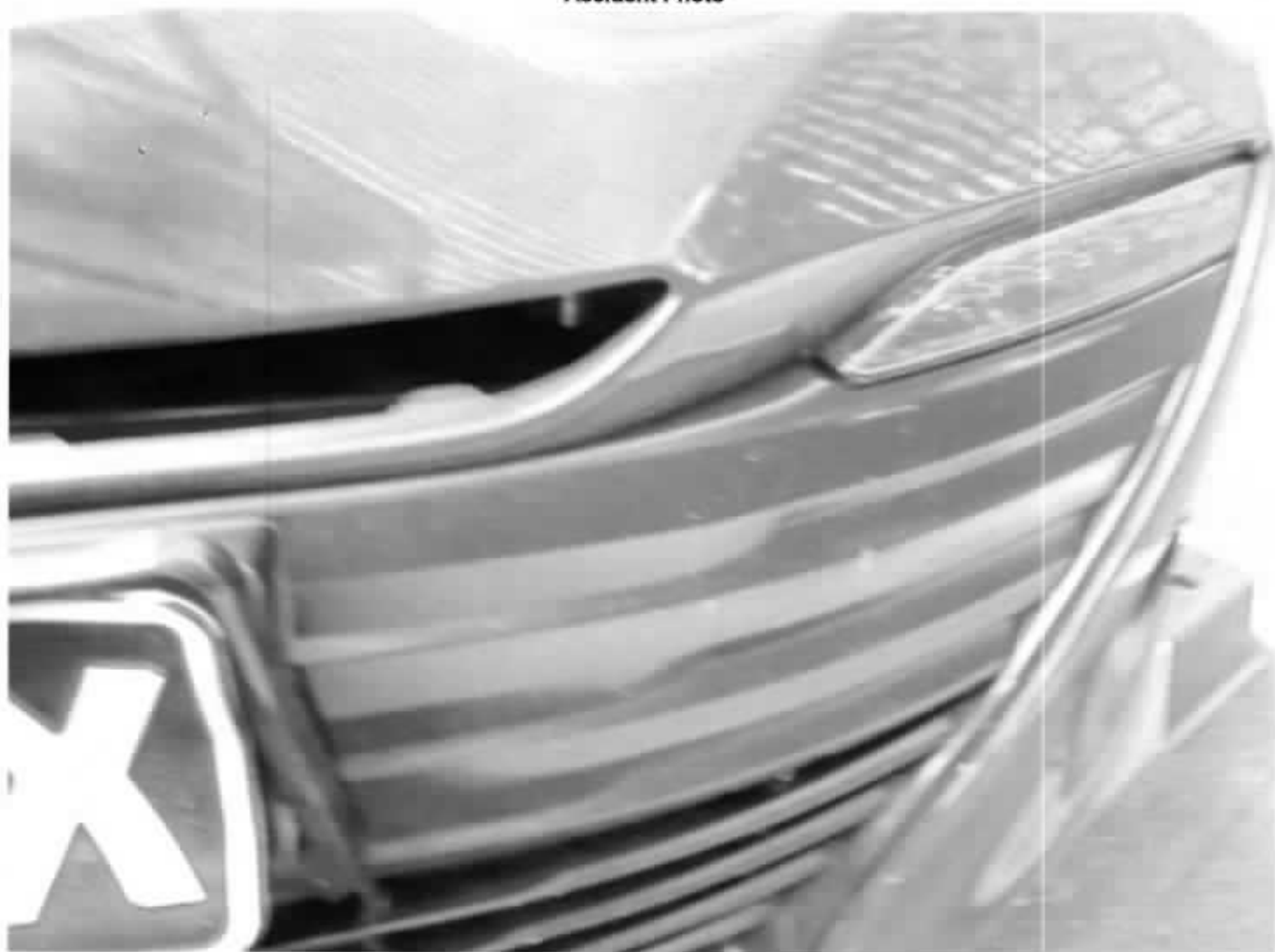
Accident Photo



Accident Photo



Accident Photo



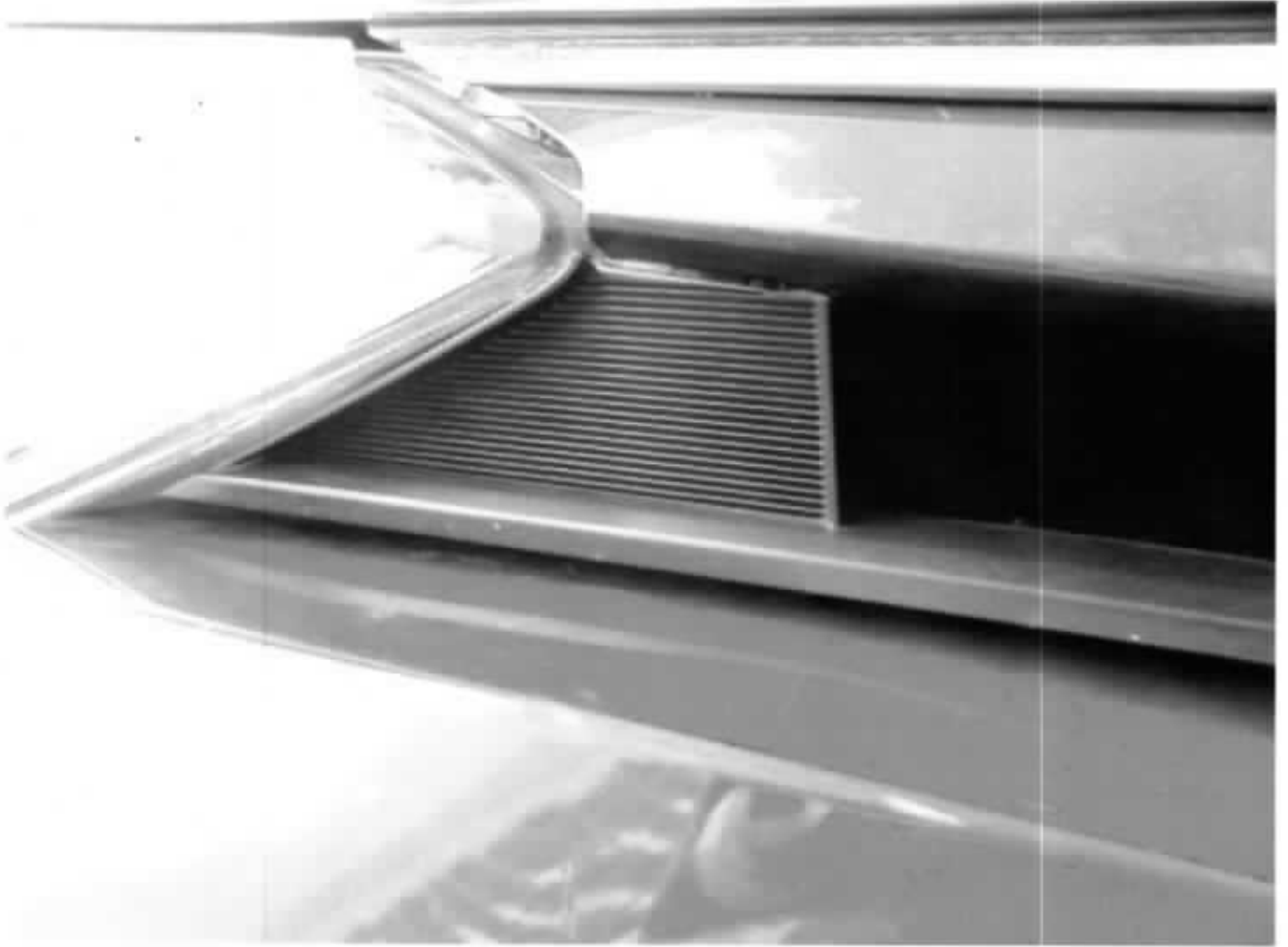
Accident Photo



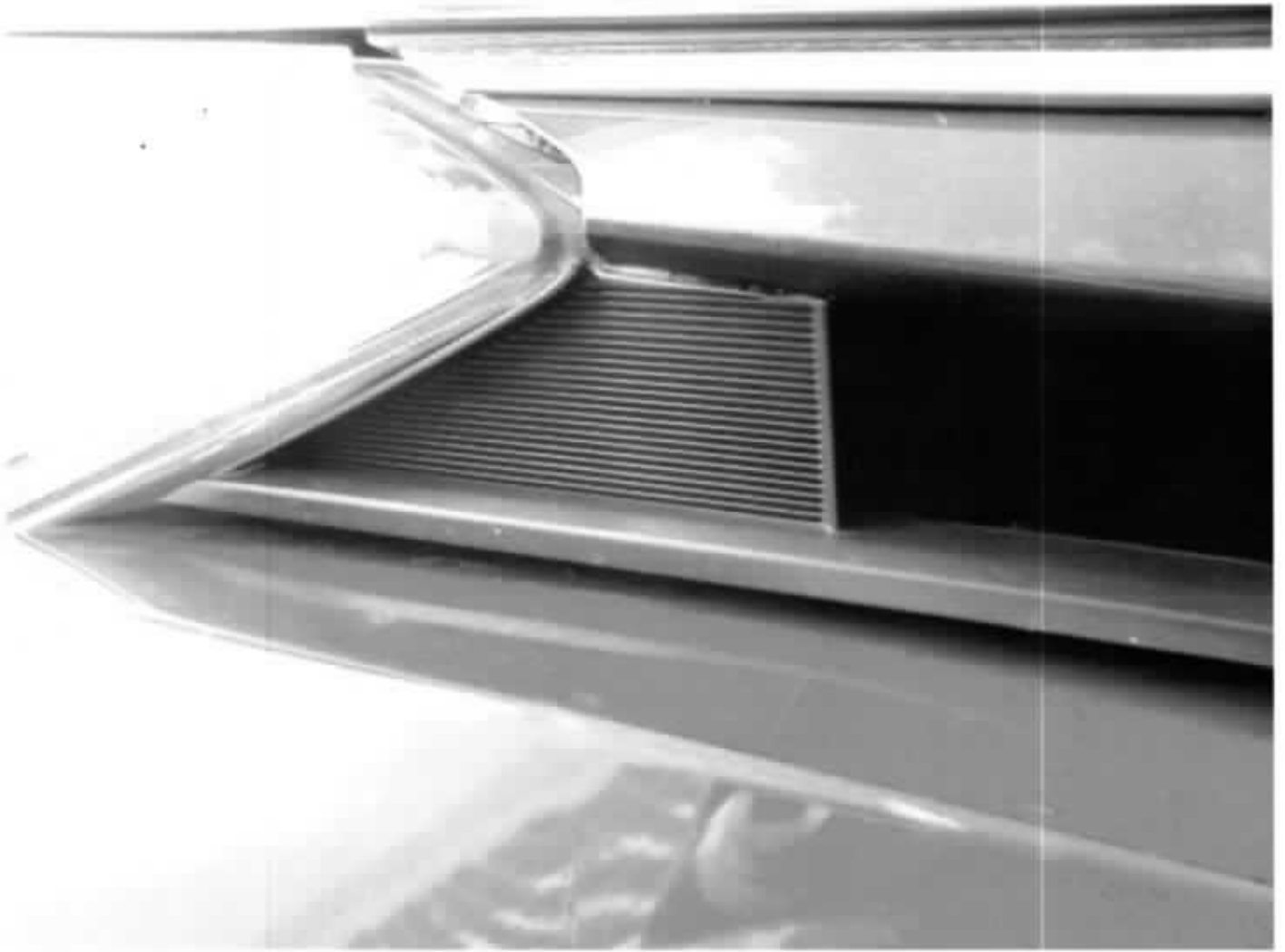
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

