

22/03/2002

ASS. REC. BY:

REF: C83/ASM19008817/EC A307 Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Johnny Yong of Asm C 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: STS 3530L Insured: XB 7886 Vat Workshop m/s Chng Brother Tel: 6747 0407of 2 Kaki Bukit Autohub Ave 2 #02-32Policy No: \_\_\_\_\_ Claim No: S9MOINIS

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 10.5.2019  
(Client's Record) 21.5.2019

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 17.5.19 2.33 p.m Person Contacted: Mr Chng Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>STS 3530L ✗</u>
	<u>XB 7886 V - CC4/ ASM18013514/ 12/29.3</u> <u>DoA - 28/05/2018</u>
	<u>Dismantle: 21/5/2019</u>
	<u>After repair: 24/5/2019</u>






## Service Request Details

Claim

S9M01NJ2

Reference

None 

Loss Date

10 May 2019

Report Date

15 May 2019 2:28:52 PM

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

Pre-Repair Survey

p: mr chng

t: 2.33pm

v: Out

E: ✓

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SKS3530L

Model

TBC

Service Address

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29 TUAS AVENUE 8, , 639244

Primary Contact/Insured

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TIDY MAINTENANCE &amp; ENGINEERING PTE. LTD.

29 TUAS AVENUE 8, 639244, Singapore

63380083

SALES@KM.SG

Claim Handler

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YONG Johnny

6568804733

johnny.yong@axa.com.sg

Additional Instructions

Virtual account - TP workshop - Chng Brothers Motor / Contact Person: Mr Chng (6747-0407... (expand)

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



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	10-May-19
Date of appointment	16-May-19
Date of survey	21-May-19
Location of survey	CHNG BROTHERS MOTOR

### Vehicle Details:

Claim Type:	Third Party
Vehicle number	SKS 3530L
Make and Model	TOYOTA HARRIER 2.0 PREMIUM
Date of registration	9-Apr-15
Excess	
Market Value	\$85,000
Parf Rebate	\$58,904
Nett Loss	\$26,096

### 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 \$3,000.00 - \$4,000.00

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	0399N
<b>Vehicle Details</b>	
Vehicle No.:	SKS3530L
Vehicle to be Exported:	No
Intended Deregistration Date:	21 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER 2.0 PREMIUM CVT 2WD SR
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	3ZRB491784
Chassis No.:	ZSU600033818
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$28,682.00
Original Registration Date:	09 Apr 2015
First Registration Date:	09 Apr 2015
Transfer Count:	0
Actual ARF Paid:	\$22,155.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Apr 2025
PARF Rebate Amount:	\$16,616.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	08 Apr 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$71,889.00
COE Rebate Amount:	\$42,288.00
<b>Total Rebate Amount:</b>	<b>\$58,904.00</b>

The information contained herein is correct as at 21 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	13/05/2019 14:41
Date Of Accident	10/05/2019 12:50
Exact Location Of Accident	207 WOODLANDS AVE 9 #01-56
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3530L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	NA
Email Address	JAYSONNEO27@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90011583

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VMCP/19-000432-00
Cover Note Number	

### Driver

Name of Driver	NEO KIAN KOK JAYSON (LIANG JIANGUO JAYSON)
NRIC No	S7133527E
Date Of Birth	27/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90011583
Fax Number	
Contact Number	
Email Address	JAYSONNEO27@GMAIL.COM

Address	BLK 484 ADMIRALTY LINK #12-49 SINGAPORE
Postcode	750484
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 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	XB7886U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG YEW LEE
NRIC/Passport Number	S1322027A
Contact Number	90836166
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan Pg. 1

### 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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

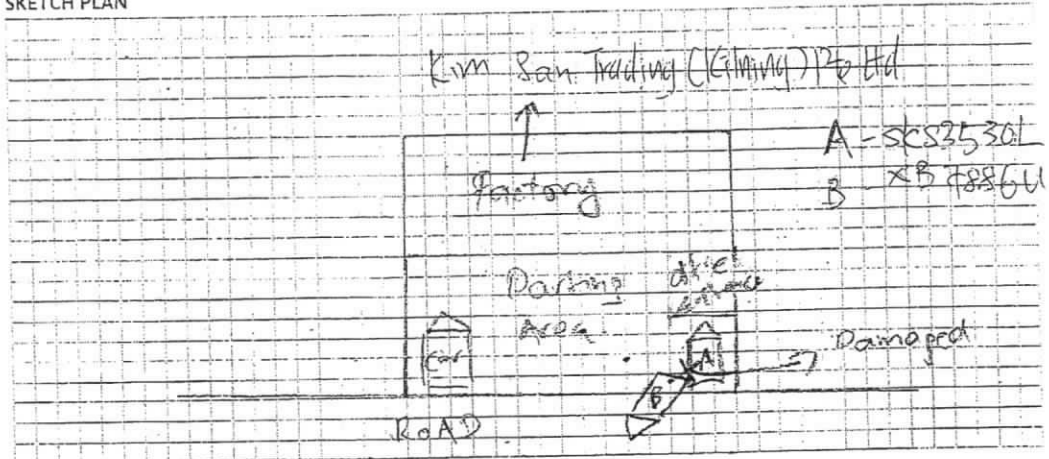
KELVIN CHANG (MR)  
Manager  
Vehicle Solutions  
Total Vehicle Solutions Department  
Policyholder's Signature  
Date & Time:

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SKS3530L was parked in the parking area of my client factory premises, it was stationary when a lorry truck hit the side of my car when reversing to the factory parking area.

Upon contact, someone called me and picture me the damaged of my car, the lorry driver admitted on the spot and I was advised to call ~~the car~~ his company on the damaged claims.

The company boss who I spoken to, ask me to make a accident report and claim their company insurance.

Both parties no injuries.

## DECLARATION

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

~~ELVIN CHANG (MR)~~  
Manager

Vehicle Solutions  
Police Vehicle Solutions Department  
Date & Time:

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

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


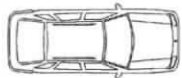
**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM19008817/Ecd3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 13-06-2019		
ATTN : JOHNNY YONG		Code: ASM		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	XB 7886U	Veh. Inspected	SKS 3530L	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M01NJ2	Excess (\$)	0.00	
Assign From	JOHNNY YONG	Assign Date	16/05/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA HARRIER	c.c	1986	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	ZSU600033818	Colour	BLACK	
Odometer	139789 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	265/35Z R22	CONTINENTAL	6 mm	
L/H Front Tyre	265/35Z R22	CONTINENTAL	6 mm	
R/H Rear Tyre	265/35Z R22	CONTINENTAL	6 mm	
L/H Rear Tyre	265/35Z R22	CONTINENTAL	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.				
<b>5. General Information</b>				
Accident Date	10/05/2019	Inspect Date / Time	21/05/2019 ( 11:00 AM )	
Survey held at	CHNG BROTHER MOTOR SERVICE 2 KAKI BUKIT AVENUE 2 #02-32 KAKI BUKIT AUTOHUB SINGAPORE 417921.			
<b>5a. Remarks</b>				
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 \$3,000-\$4,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/ASM19008817/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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