

INSURANCE

INS. CASE OWNER:

Richard | CC 4 ~~AXA~~ AXA1900 10158, U x63mz

LKK

IDAC

Surveyor:

US

DOI:

ASSIGNMENT

10/6/19

Date / Time:

10/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLJ 3938E

Name of Insured:

ADAM KINESSE SWIMMING SCHOOL

Insured Tel No.:

HP:

Claim No.:

SAMO 1011/120593

Excess Sec II :SS

D.O.A:

8/6/19

Policy No.:

644890

Make / Model:

UTROB

Place of Accident:

PIE TROS JNRING

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO. Driver Name / Age: KAT JHORO WONG KAT HAK

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO )

Insured Liability:

%

Final ? Yes / No

SMG 1759E



INSRS:

WSP:

Tel:

Liability:

RMKS:

KIM  
JHUEL



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

24x15=360

01hr

170+360

50

50

211

80

921

05/2/19

Pending investigate

email from AXA repudiate claim

email to waterhop repudiate claim

waterhop would like to pre-check survey report

email to AXA TP purchase our report close file

STAGE

DATE / PIC

Non-Reporting ltr (1st)

Non-Reporting ltr (2nd)

Non-Reporting ltr (Final)

Notification ltr (if non-pickup)

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PBR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

\$S

Loss of Rental (LOR):

\$S

(

days)

Loss of Use (LOU):

\$S

(\$

x

days)

Loss of Income (LOI):

\$S

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Pick only one]

GIA/LTA Search

\$S

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

Total:

\$S

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

Name 1:

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

COPY SENT 2/8/19

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SM G 2759R  
 at Workshop m/s L. m chuee  
 of SLJ39386  
 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.

N/S	O/S

Bal. or Market Value: 69k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 10 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

3569W

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SM G 2759R Yr Regn: 12 18  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or CA  
 Make: Mazda 2 hatchback cc 1496  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 14527 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JM6DJ2 HAA01300180  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 185/60 R16  
 R: \_\_\_\_\_

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

YOYO / YOKO or

Front 2 mm Rear 2 mm  
 R/Bal. 2 mm R/Bal. 2 mm  
 L/Bal. 2 mm L/Bal. 2 mm  
 D.O.A. 8/6/19 D.O.I. 10/6/19  
 Survey held at \_\_\_\_\_

Des. 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 SLT4841 ?  
coe 11-12-2018 LTA 35539

18/8/19 confid 2/s \$15.000 net hr.

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

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

) \$ + RS \$

) Photos

) Others

TOTAL

New Cars

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F

SUPREME

CLICK HERE OR CALL  
**64**

## Post an Advertisement

Sell it yourself! Advertise it at just  
**\$58 until it's SOLD!**

Post an Ad

Advertiser Login

Ways of Selling

New 5 Years Cox Renewal Toyota Altis 1.6A



3.13% MP A 40 Agent Freehold  
Finance 2 Year Warranty \$1,600  
Daily Monthly Pgm \$462  
GV Credit Pte Ltd

ABWIN

ONE




Browse by Category

Sort by Date Posted

4 vehicles

MAZDA 2

Advanced Search

Model	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	V
Search Selection	MAZDA 2	Any	Any	2018	Any	Any	
	<b>Mazda 2 1.5A Standard Plus</b>	<b>\$73,000</b>	<b>\$7,970 /yr</b>	<b>13-Apr-2018</b>	<b>1,496 cc</b>	<b>1,600 km</b>	
The Only 1 With Extremely Low Mileage Of 1600 KM, Road Tax Paid For 1 Whole Year. Zero Dents. Flawless. Everything Smell New. Pric For Serious Buyer. No Consignment Agent. Thank You.							
Posted: 09-Jun-2019 Tags: 2018 Mazda 2, 2018 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda							
	<b>Mazda 2 1.5A Standard Plus</b>	<b>\$69,800</b>	<b>\$7,460 /yr</b>	<b>18-Jun-2018</b>	<b>1,496 cc</b>	<b>12,609 km</b>	
In Excellent Condition. Low Mileage Done, Well Kept By Owner And Regularly Serviced. Agent Serviced, Warranty Available. High Loan Welcome. Call Now For Viewing!							
Posted: 02-Jun-2019 Tags: 2018 Mazda 2, 2018 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda							
	<b>Mazda 2 HB 1.5A Deluxe</b>	<b>\$71,000</b>	<b>\$7,740 /yr</b>	<b>27-Feb-2018</b>	<b>1,496 cc</b>	<b>11,000 km</b>	
1 Female Owner With Low Mileage Done! 3 Years Agent Warranty. Clean And Neat Interior. Beautiful And Immaculate Condition! Most F And Easy Handling Unit. Buy With An Peace Of Mind. Trade ...							
360 VR Cars							
Posted: 25-May-2019 Tags: 2018 Mazda 2, 2018 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda							
	<b>Mazda 2 1.5A Standard Plus</b>	<b>\$75,000</b>	<b>\$8,090 /yr</b>	<b>28-May-2018</b>	<b>1,496 cc</b>	<b>9,500 km</b>	
A Just One Year Old Mazda 2 Sedan In Soul Red Colour And Pristine Condition, I Am Selling It As I Do Not Use Frequently.							
Posted: 16-May-2019 Tags: 2018 Mazda 2, 2018 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda							

Save this search criteria, to get email alerts whenever a match is found.

Model Price Depreciation Reg Date Eng Cap Mileage V

For old advertisements, view Expired ads

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3569W

**Vehicle Details**

Vehicle No.:	SMG2759R
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jun 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA2 HATCHBACK 1.5 AT DELUXE 2WD
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	P520560012
Chassis No.:	JM6DJ2HAA01300180
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$17,526.00
Original Registration Date:	12 Dec 2018
First Registration Date:	12 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$17,526.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2028
PARF Rebate Amount:	\$13,144.00

**Intended COE Rebate Details**

COE Expiry Date:	11 Dec 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$23,568.00
COE Rebate Amount:	\$22,395.00
<b>Total Rebate Amount:</b>	<b>\$35,539.00</b>

The information contained herein is correct as at 10 Jun 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	10/06/2019 20:16
Date Of Accident	08/06/2019 16:05
Exact Location Of Accident	ALONG PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2759R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PLANT CULTURE PTE LTD
Co Reg No	200713569W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	MAZDA2 HATCHBACK 1.5 AT DELUXE 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800148634
Cover Note Number	
<b>Driver</b>	
Name of Driver	KRISTIE CHIN
NRIC No	S9620213Z
Date Of Birth	07/06/1996
Occupation	INDOOR
Date Of Driving Pass	07/12/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91178468
Fax Number	
Contact Number	OFFICE-91178468
Email Address	NOEMAIL

Address	BLK 422 PASIR RIS DRIVE 6 #12-139
Postcode	510422
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	CHAIN COLLISION
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	4
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190609/2087.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3938E
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJP3427E

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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHD40T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

KRISTIE CHIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMG2759R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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 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:

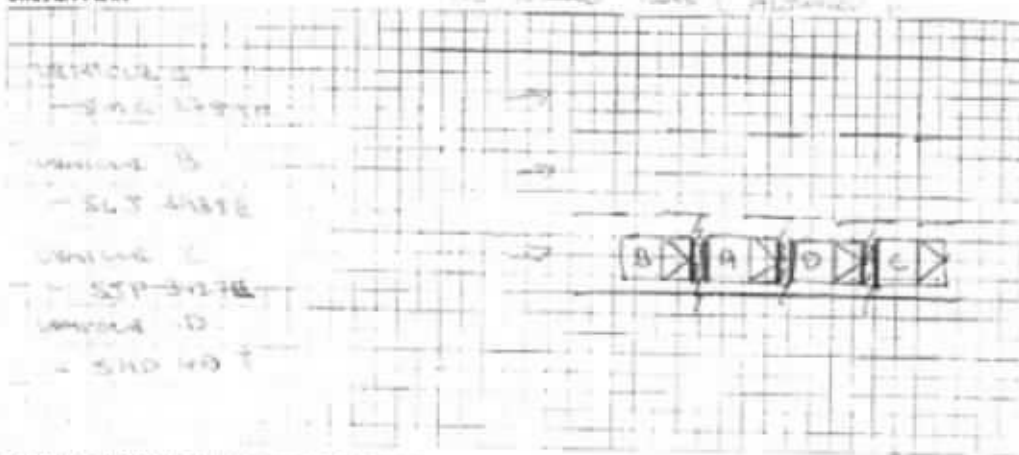
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG P18 TOWARDS THIS DIRECTION. I WAS ON THE EXTREME RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, SUDDENLY THE VEHICLE INFRONT BEGAN TO COMPLETE STOP. AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.

SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. WHICH THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT INTO THE VEHICLE INFRONT.

ALIGHTED FROM MY VEHICLE SHORTLY. AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SLJ 3938E) THAT COLLIDED TO THE REAR OF MY VEHICLE, THUS CAUSING ME TO HIT INTO THE VEHICLE INFRONT OF ME. IT WAS A ACCIDENT INVOLVING 4 VEHICLES.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SMC 2749A      VEHICLE B - SLJ 3938E  
VEHICLE C - SSP 3427E      VEHICLE D - SHD 40T

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T20190606/2087

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
510457  
Tel No: 1800-5852999

1 of 3  
Report No: T20190606/2087

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2019 16:25		Video Report No.:		Station Diary No.: B4	
<b>Informant's Particulars</b>					
Name of Informant: KRISTIE CHIN		Address: APT BLK 422 PASIR RIS DRIVE 5 #12-139 SINGAPORE 510422			
ID Type / ID No.: NRIC NO / S9620213Z		Contact No.: Home/Office: Mobile: 91178468			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 23	Date of Birth: 07/06/1996	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: LANDSCAPE OPERATION MANAGER		Driving Licence information: Class: 3A		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2019 16:05	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PLE towards Tuen at the Aljunied Flyover.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
BHD40T	Taxi				Slightly Damaged	0
BJP3427E	Car				Slightly Damaged	0
SLJ3938E	Car				Slightly Damaged	0
SMG2759R	Car				Slightly Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**



T201906092067

Police Station Of Origin:  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852960

2 of 2  
Report No: T201906092067

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KRISTIE CHIN	ID No.	S9620213Z
Related Vehicle	SMQ2759R (Car)	Contact No.	91178468
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 08/06/19 at about 1605hrs, I was driving my vehicle bearing the plate number SMQ2759R along PIE towards Tuas. As I was driving on the extreme right lane along the Aljunied flyover, a vehicle bearing the plate number SHD40T which was in front of me suddenly brake to a complete stop. I then applied the brake too and was slowing down when the vehicle behind me hit the rear of my vehicle. The vehicle that hit onto the rear of my vehicle is SLJ3S38E. The impact caused my vehicle to move forward and hit onto the rear of SHD40T and caused SHD40T to hit onto the rear end of the vehicle in front of it which is SJP3427E. I then came out of my vehicle and took some photos of the accident. The drivers then exchange contact detail and left the accident location.

As I was feeling pain on the neck area, I went to the hospital and was given 5 days of MC. After visiting the hospital, I went to lodge an accident report with my insurance company and was told to lodge a police report for the accident. I would also like to state that I had submitted my MC to the insurance company. There is also an in car camera installed in my vehicle and it was operating during the accident. No police or ambulance was called down for the accident.

# Police Report



**SINGAPORE  
POLICE FORCE**



T201906092007

Police Station Of Origin:  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No: T201906092007

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/06/2019 16:25

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG, KEVIN

Contact No.: 65472073

Classification Of Case

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Date of Accident : 8/6/19 Accident Time: 1605 hrs (24-HR-Format)  
Accident Place : Along PIE towards Tuar  
Vehicle No. (Car Plate No.) : SMG 2759R Make/Model: Mazda 2  
Insurance Company : AIA Policy No: 1800148634  
Owner or Company Name / IC No. : Plant Culture Pte Ltd / 200713569W  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Kristie chin / 59620213Z  
DRIVER'S Date Of Birth : 7/6/1996 DRIVER'S License Pass Date 7/12/2017  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 422 Pasir Ris Dr 5 #12-139  
DRIVER'S Contact No./ Alt No. : 1) 91178468 2) 5510426  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: SLJ 3938E (AXA)

Vehicle No: SSP 3427E

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

Vehicle ID: SHD40T

\* NEW - Passenger's name & gender:

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



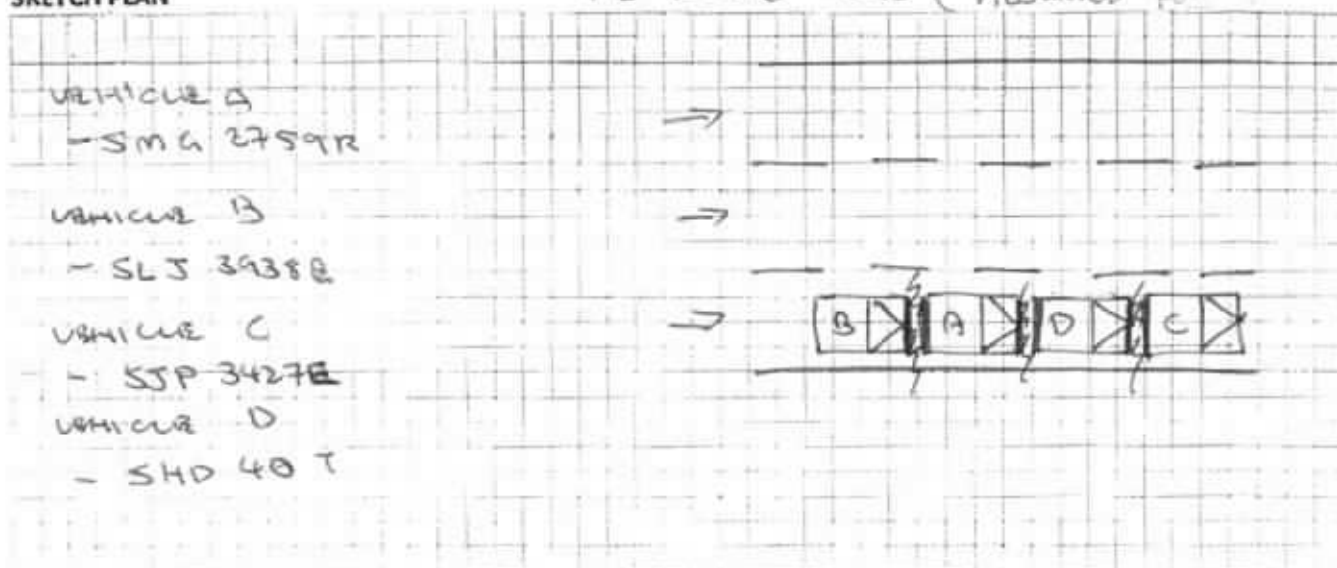
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

P12 TOWARD TATS (ALIGNED FOR)



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG P12 TOWARD TATS DIRECTION, I WAS ON THE EXTREME RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, SUDDENLY THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.

SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. WHICH THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE INFRONT.

ALIGHTED FROM MY VEHICLE SHORTLY, AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SLJ 3938E) THAT COLLIDED TO THE REAR OF MY VEHICLE, THUS CAUSING ME TO HIT ONTO THE VEHICLE INFRONT OF ME. IT WAS A ACCIDENT INVOLVING 4 VEHICLES. THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SMG 2759R	VEHICLE B - SLJ 3938E
VEHICLE C - SJP 3427E	VEHICLE D - SHD 40T

## 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.:



**SINGAPORE  
POLICE FORCE**



T/20190609/2087

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20190609/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/06/2019 16:25	Vide Report No.:	Station Diary No.: 84
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: KRISTIE CHIN			Address: APT BLK 422 PASIR RIS DRIVE 6 #12-139 SINGAPORE 510422		
ID Type / ID No.: NRIC NO / S9620213Z			Contact No.: Home/Office: Mobile: 91178468		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 07/06/1996	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LANDSCAPE OPERATION MANAGER			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 16:05	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Along PIE towards Tuas at the Aljunied Flyover.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD40T	Taxi				Slightly Damaged	0
SJP3427E	Car				Slightly Damaged	0
SLJ3938E	Car				Slightly Damaged	0
SMG2759R	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20190609/2087

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20190609/2087

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KRISTIE CHIN	ID No.	S9620213Z
Related Vehicle	SMG2759R (Car)	Contact No.	91178468
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
Np. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 08/06/19 at about 1605hrs, I was driving my vehicle bearing the plate number SMG2759R along PIE towards Tuas. As I was driving on the extreme right lane along the Aljunied flyover, a vehicle bearing the plate number SHD40T which was in front of me suddenly brake to a complete stop. I then applied the brake too and was slowing down when the vehicle behind me hit the rear of my vehicle. the vehicle that hit onto the rear of my vehicle is SLJ3938E. The impact caused my vehicle to move forward and hit onto the rear of SHD40T and caused SHD40T to hit onto the rear end of the vehicle in front of it which is SJP3427E. I then came out of my vehicle and took some photos of the accident. The drivers then exchange contact detail and left the accident location.

As I was feeling pain on the neck area, I went to the hospital and was given 5 days of MC. After visiting the hospital, I went to lodge an accident report with my insurance company and was told to lodge a police report for the accident. I would also like to state that I had submitted my MC to the insurance company. There is also an in car camera installed in my vehicle and it was operating during the accident. No police or ambulance was called down for the accident.



**SINGAPORE  
POLICE FORCE**



T/20190609/2087

3 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190609/2087

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/06/2019 16:25

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG, KEVIN

Contact No.: 65472073

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

## 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	10/06/2019 10:31
Date Of Accident	08/06/2019 16:10
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ3938E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AQUA FINESSE SWIMMING SCHOOL
Co Reg No	52996020J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97437321
Alternative Phone No	OFFICE-97437321
<b>Vehicle Particulars</b>	
Manufacturer	CITROEN
Model	C4-1.6 PICASSO (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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA418590
Cover Note Number	
<b>Driver</b>	
Name of Driver	ALEJANDRO WONG KOK WAH
NRIC No	S7218746F
Date Of Birth	05/06/1972
Occupation	INDOOR
Date Of Driving Pass	28/12/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97437321
Fax Number	
Contact Number	OFFICE-97437321
EEmail Address	NOEMAIL

Address	BLK 879 YISHUN STREET 81 #08-239
Postcode	760879
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : PASSENGER (GRAB) GENDER: : FEMALE

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG2759R
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KRISTIE CHIN
NRIC/Passport Number	S9520213Z
Contact Number	91178468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SHD40T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG KIM THAI
NRIC/Passport Number	S1135699J
Contact Number	97267177
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJP3427E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAIDER YAHYA
NRIC/Passport Number	S9200388D
Contact Number	91809400
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.
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I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8 June 2019 @ 1600hrs, was travelling along NE towards Jurong. Upon approaching the bend near exit to Kallang Bahru, the vehicle in front of me braked suddenly and I had to perform an emergency brake.

However I was not able to stop in time and hit the vehicle in front of me (SMG 2759 R, driven by Ms Kristie Chin 895262152). I approached her and confirmed that she was not suffering from any injuries after.

DECLARATION

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature  
Date & Time:

Company Chop (if applicable)

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:





# Status of Driving Licence

## Qualified Driving Licence

Qualified Driving Licence Number	S7218746F
Status of Qualified Driving Licence	Valid
Class(es) of Qualified Driving Licence	2A,2B,3
Expiry Date	Lifetime unless revoked, suspended or disqualified

## Provisional Driving Licence

Provisional Driving Licence Number	S7218746F
Status of Provisional Driving Licence	No Licence
Class(es) of Provisional Driving Licence	
Expiry Date	-



## ◀ Re:Claim under investigation.

Type

🔗 Question

Message

Hi, pls advise TP wks that we had repudiated liability for this accident due to breach of policy terms & conditions. TY.

Reply

**Vivian Lau (LKKAuto)**

---

**From:** Vivian Lau (LKKAuto)  
**Sent:** Wednesday, 17 July, 2019 9:13 AM  
**To:** jason@fastechauto.com.sg; 'Nancy Lam'  
**Cc:** Marcus Chua (LKKAuto)  
**Subject:** Your Ref: SMG 2759R, Our Ref: CC4/ASM190110158/Uwb3, ACCIDENT ON 08/06/2019 INVOLVING VEHICLES SMG 2759R AND SLJ 3938E

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Your Ref: SMG 2759R  
Our Ref: CC4/ASM190110158/Uwb3

Dear Jason,

**ACCIDENT ON 08/06/2019 INVOLVING VEHICLES SMG 2759R AND SLJ 3938E**

We refer to the above matter.

We were informed by our principal M/s AXA Insurance Pte Ltd that they have repudiated claim for this accident due to insured had breached the policy terms and conditions .

Please re-direct your client's claim to our insured for redress.

*Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.*

*In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.*

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

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

**<< RE: Re:Claim under investigation.**

Type

🔗 Question

Message

Dear Richard, we refer to the above matter. Please be informed that we informed TP that we had repudiated liability for this accident due to breach of policy terms & conditions. TP repairer would like to purchase our survey report. As such, we will process to close the matter. Thank you. Vivian Lau ( 20/08/2019)

[Reply](#)

## Service Request Details

Claim

S9M01Q11

Reference

None 

Loss Date

8 June 2019

Report Date

10 Jun 2019 11:28:08 AM

Request Date

10 June 2019

Due Date

17 June 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Agree to perform service

[Decline Work](#)[Accept Work](#)

### Vehicle Information

Incident Vehicle Registration #

SMG2759R

P: Nancy

T: 1:19pm

V: Lu

E: ✓

PRODUCT

UNKNOWN

## Service Address

...

## Primary Contact/Insured

AQUA FINESSE SWIMMING SCHOOL

6 MAR THOMAS ROAD, #02-03 THE ELYSIA, 328688, Singapore

68014088

GI@SINGCAPITAL.COM.SG

## Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions

NON-REPORTED

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

**Catherine Chong (LKK Auto)**

---

**From:** Nancy Lam <nancy.lam@fastechauto.com.sg>  
**Sent:** Monday, 10 June, 2019 10:41 AM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Subject:** Request for PRS SMG2759R

**Categories:** Shailendra

Without Prejudice

*Hi Sir*

*My client claiming your insured SLJ 3938E.*

*Please kindly arrange PRS for SMG 2759R.*

*Date of accident 08.06.2019.*

In accordance to APPENDIX C Pre-action Protocol for Non-Injury Motor Accident Cases of PRACTICE DIRECTIONS AMENDMENT NO. 1 OF 2016 paragraph 2.3, you are require to provide a list of at least 10 motor surveyors within 2 days of the notice.

Regards,  
Nancy Lam  
KIM CHWEE Auto Pte Ltd  
Tel: 6746 5405  
Fax: 6745 8520

KIM CHWEE AUTO PTE LTD  
BLK1 KAKI BUKIT AVE 6  
#01-46,48,50 AUTOBAY  
SINGAPORE 417883

VEHICLE NO: SMG 2759R

not Addressed  
Blk  
10/6/19  
2/5 \* 15.000  
10 day.

QTY	PARTICULAR
1 PCS	REAR WINDSCREEN MOULDING 66.50
1 PCS	TAILGATE 1184.20
1 PCS	TAILGATE REAR LOGO 52.00
1 PCS	TAILGATE 'MAZDA' EMBLEM
1 PCS	TAILGATE 'SKYACTIV' EMBLEM
2 PCS	TAILGATE REFLECTORS @\$485.10
1 PCS	TAILGATE INNER LOCK 309.10
1 PCS	TAILGATE WEATHERSTRIP
1 PCS	REAR BUMPER 909.
1 PCS	REAR BUMPER REINFORCEMENT
2 PCS	REAR BUMPER SIDE RETAINERS @\$65.00 32.00
1 SET	REAR BUMPER CLIPS
2 PCS	REAR BUMPER LICENCE PLATE LAMPS @\$45.00
1 PCS	REAR END PANEL 354.40
1 PCS	REAR END PANEL TOP GARNISH 140.30
1 PCS	REAR FLOOR PANEL TOP BOARD
1 PCS	REAR FLOOR PANEL
2 PCS	TAILLAMPS @\$915.00 788.60.
2 PCS	REAR FENDER INNER TRIMS @\$425.00
1 SET	REAR REVERSE CAMERA
1 PCS	REAR SPARE TYRE TOOLS SPONGE
1 PCS	BONNET 702.70
1 PCS	FRONT BUMPER 832.10
1 PCS	FRONT BUMPER CENTRE GRILLE
2 PCS	FRONT BUMPER CENTRE GRILLE CHROMES @\$265.00
2 PCS	FRONT BUMPER SIDE RETAINERS @\$65.00 16.20 x 2 = 32.40
1 SET	FRONT BUMPER CLIPS
1 PCS	FRONT BUMPER REINFORCEMENT 520.80
2 PCS	FRONT BUMPER FOG LAMPS @\$450.00
1 PCS	FRONT BUMPER SPONGE 115.
1 PCS	FRONT GRILLE 46.80
1 PCS	FRONT SUPPORT PANEL 555.40
1 PCS	FRONT BONNET LOCK 215
2 PCS	HEADLAMPS @\$2800.00 2398.60 x 2 = 4787.20
1 PCS	AIRCON CONDENSER 840.50
1 PCS	AIRCON SUCTION HOSE
1 PCS	AIRCON DISCHARGE HOSE
1 PCS	RADIATOR 1490.00
1 PCS	RADIATOR FAN ASSY
2 PCS	FRONT FENDERS @\$330.00

S.NETT

1 SET	REAR BUMPER REVERSE SENSOR
1 PCS	REAR LICENCE PLATE W/HOLDER
1 PCS	REAR END PANEL SEALANT

REAR	\$110.80	
tail/seat	\$1,280.20	
REAR	\$65.80	
REAR	\$45.00	
REAR	\$42.00	
17	\$970.20	X
should/17	\$392.10	
17	\$215.00	
17	\$1,015.00	
17	\$385.00	X
missed	\$130.00	17c
REAR	\$50.00	
17	\$90.00	X
tail/seat	\$635.00	
17	\$289.00	
17	\$610.00	
17	\$1,280.00	X
missed	\$1,830.00	17c
missed	\$850.00	17c
should	\$680.00	
17	\$399.00	
tail/seat	\$1,266.50	
17	\$1,018.00	
17	\$485.00	
17	\$530.00	
17	\$130.00	
17	\$50.00	
17	\$615.00	
17	\$900.00	X
17	\$215.00	
17	\$425.00	
17	\$688.00	
17	\$295.00	
17	\$5,600.00	
tail/seat	\$1,019.00	
17	\$305.00	X
17	\$311.00	X
tail/seat	\$1,465.00	
17	\$1,550.00	X
17	\$660.00	X
	\$28,891.60	

should	\$280.00	200
scr	\$50.00	40
REAR	\$50.00	

17838.20  
202  
14270.50

1 PCS	REAR WINDSCREEN SEALANT	RM	\$50.00	40
1 PCS	FRONT LICENCE PLATE W/HOLDER	CN	\$50.00	20
1 SET	FRONT CENTRE GRILLE CARBON STICKER	RM	\$200.00	✓
	LABOUR CHARGES			
	TO CHECK WIRING		\$80.00	30
	TO DISMANTLE & REPLACING REVERSE SENSOR		\$80.00	50
	TO DISMANTLE & REFIX REAR WINDSCREEN		\$150.00	120
	TO DISMANTLE & REFIX TAILGATE MECHANISM		\$100.00	60
	TO DISMANTLE & REFIX SEAT CUSHION UPHOLSTREY		\$120.00	80
	TO MOUNT VEHICLE ON CAR O-LINER	11	\$380.00	2
	TO SPRAY RUST PROOFING		\$120.00	100
	TO REFILL AIR CON GAS		\$150.00	100
	LABOUR FOR PANEL BEATING & REPLACING PARTS		\$2,200.00	1600
	TO PUTTY & SPRAY PAINTING		\$2,000.00	1800
	<b>TOTAL</b>		<b>\$34,951.60</b>	

4490

18760.58

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No alterations/modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:





# 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

Affiliated to Federation Internationale Des Experts En Automobile				
-		Ref : CC4/TP19010158/Uwb3n2		
TO: PLANT CULTURE PTE LTD C/O 1 KAKI BUKIT AVE 6 #01-46/48/50 AUTOBAYSINGAPORE 417883		Date : 22-08-2019		
		Code : TP011		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	Veh. Inspected		SMG 2759R	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		10/06/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MAZDA 2 HATCHBACK (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JM6DJ2HAA01300180	Colour	GREY	
Odometer	14527	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/60 R16	TOYO	8 mm	
L/H Front Tyre	185/60 R16	TOYO	8 mm	
R/H Rear Tyre	185/60 R16	TOYO	8 mm	
L/H Rear Tyre	185/60 R16	TOYO	8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR AND FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	08/06/2019	Inspection Date	10/06/2019	
Survey held at	KIM CHWEE AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMG 2759R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR WINDSCREEN MOULDING	NECESSARY	110.80	66.50
1	TAILGATE	DENTED / BENT	1,280.20	1,184.20
1	TAILGATE REAR LOGO	NECESSARY	65.80	52.00
1	TAILGATE "MAZDA" EMBLEM	NECESSARY	45.00	45.00
1	TAILGATE "SKYACTIV" EMBLEM	NECESSARY	42.00	42.00
2	TAILGATE REFLECTORS @\$485.10	NOT NECESSARY	970.20	-
1	TAILGATE INNER LOCK	SHORTED / TWISTED	392.10	309.10
1	TAILGATE WEATHERSTRIP	TWISTED	215.00	215.00
1	REAR BUMPER	DISTORTED	1,015.00	909.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	385.00	-
2	REAR BUMPER SIDE RETAINERS @\$65.00	N/S BENT	130.00	32.00
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	50.00
2	REAR BUMPER LICENCE PLATE LAMPS @\$45.00	NOT NECESSARY	90.00	-
1	REAR END PANEL	DENTED / BENT	635.00	354.40
1	REAR END PANEL TOP GARNISH	TWISTED	289.00	140.30
1	REAR FLOOR PANEL TOP BOARD	TORN	610.00	610.00
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	1,280.00	-
2	TAILLAMPS @\$915.00	N/S CRACKED	1,830.00	788.60
2	REAR FENDER INNER TRIMS @\$425.00	N/S TORN	850.00	425.00
1	SET REAR REVERSE CAMERA	SHORTED	680.00	680.00
1	REAR SPARE TYRE TOOLS SPONGE	TORN	399.00	399.00
1	BONNET	BENT / BUCKLED	1,266.50	702.70
1	FRONT BUMPER	DISTORTED	1,018.00	832.10
1	FRONT BUMPER CENTRE GRILLE	DISTORTED	485.00	485.00
2	FRONT BUMPER CENTRE GRILLE CHROMES @\$265.00	CRACKED	530.00	530.00
2	FRONT BUMPER SIDE RETAINERS @\$65.00	NECESSARY	130.00	32.40
1	SET FRONT BUMPER CLIPS	NECESSARY	50.00	50.00
1	FRONT BUMPER REINFORCEMENT	BENT	615.00	500.80
2	FRONT BUMPER FOG LAMPS @\$450.00	NOT NECESSARY	900.00	-
1	FRONT BUMPER SPONGE	TORN	215.00	115.00
1	FRONT GRILLE	CRACKED	425.00	425.00
1	FRONT SUPPORT PANEL	CRACKED	688.00	555.40

Report Ref No. CC4/TP19010158/Uwb3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT BONNET LOCK	TWISTED	295.00	215.00
2	HEADLAMPS @\$2800.00	CRACKED	5,600.00	4,787.20
1	AIRCON CONDENSER	BENT / PUNCTURE	1,019.00	840.50
1	AIRCON SUCTION HOSE	NOT NECESSARY	305.00	-
1	AIRCON DISCHARGE HOSE	NOT NECESSARY	311.00	-
1	RADIATOR	BENT / TWISTED	1,465.00	1,465.00
1	RADIATOR FAN ASSY	NOT NECESSARY	1,550.00	-
2	FRONT FENDERS @\$330.00	TO REPAIR SEE LABOUR	660.00	-
	LESS 20% DISCOUNT		-	-3,567.64
			28,891.60	14,270.56
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET REAR BUMPER REVERSE SENSOR (SN)	SHORTED	280.00	200.00
1	REAR LICENCE PLATE W/HOLDER (SN)	SCRATCHED	50.00	40.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	50.00	40.00
1	FRONT LICENCE PLATE W/HOLDER (SN)	CRACKED	50.00	20.00
1	SET FRONT CENTRE GRILLE CARBON STICKER (SN)	NECESSARY	200.00	200.00
			680.00	550.00
	<b><u>LABOUR</u></b>			
	TO CHECK WIRING.		80.00	30.00
	TO DISMANTLE & REPLACING REVERSE SENSOR.		80.00	50.00
	TO DISMANTLE & REFIX REAR WINDSCREEN.		150.00	120.00
	TO DISMANTLE & REFIX TAILGATE MECHANISM.		100.00	60.00
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.		120.00	80.00
	TO MOUNT VEHICLE ON CAR-O-LINER.	NOT NECESSARY	380.00	-
	TO SPRAY RUST PROOFING.		120.00	100.00
	TO REFILL AIR CON GAS.		150.00	100.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR FLOOR PANEL AND FRONT FENDERS.		2,200.00	1,600.00
	TO PUTTY & SPRAY PAINTING.		2,000.00	1,800.00
			5,380.00	3,940.00
	<b>GRAND TOTAL</b>		<b>34,951.60</b>	<b>18,760.56</b>

Report Ref No. CC4/TP19010158/Uwb3n2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			15,000.00
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Report Ref No. CC4/TP19010158/Uwb3n2

CHUA KANG SENG

Licensed Appraiser

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