

1/20/19

REF: CS3/ASM 1802/391/18/6/2019

ASSIGNMENT (Office)

From (Person): Denial Pay of ASM (AXA) Date/Time: 18-6-2019
 Estimated Cost: Full

Special Instructions:

L/SUM = \$8000.00

Third Parties:

Claimant:

Surveyor: PRIME APPRAISAL SERVICES

Workshop: PRECISE AUTO

OD/TT Re-inspection / Evaluation

To Inspect Vehicle No: SFJ 395L

at Workshop n/s: PRECISE AUTO

of: 1 Kaki Bkt ME 6 # 02-33

Insured: SSL 2180T

Tel: 67457367

Policy No:

Claim No: S8M014AA

Sum Insured:

Excess:

Make of Veh:

D.O.A.

(Client's Record)

Inspection on: 27-6-2019 12:00p.m

HOI Disbursement Date:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time:

Confirmed with

Final Fig:

days (Red \$ / %; Original days)

Date/Time:

27/6/19

Submit Final Fig

4/56100

6 days (Red \$ 1900/- 24 %; Original 8 days)

Date/Time

Action/Instruction

4/5 6100

RECEIVED 28 JUN 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)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Addl

Transport

Photos

Others

Total

Date:

150

150

1) Date/Time

File Pass to

2) Date/Time

File Return to

3) Date/Time

File Pass to

4) Date/Time

File Return to

5) Date/Time

File Pass to

6) Date/Time

File Return to

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s: _____

of: _____

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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 5 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: SF339SL Yr Regn: 2017 NOVType: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Vezel Hybrid 1496Colour: Grey A/C Insured / Std / NI / NASp Reading: 77742 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/Nr: RU31262608Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rip / STD A/Rim orTyre Size F: 215/60R16R: 215/60R16

BS / DUN / EXNOVA / GY / F5 / LIZA / MICY OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal: 06 mm R/Bal: 06 mmL/Bal: 06 mm L/Bal: 06 mmD.O.A. D.O.I. 28/11/18 @ 09:45AMSurvey held at: PreciseDes. 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: _____

TP AXA PRS
Estimated repair range \$5,000 - \$6,000

MV: 881KPV: 497KNett: 383K

13/12/2018

TC to me
 Bill
 12/12/18

Com/Tow. File Pass to:

☐ : Prel. ReportDays Of Repair: 5

is

☐ : Final ReportResurvey No. of Trip: 2

Com/Tow. File Return to:

Survey Fee:

Transportation:

1. 5-400 14

2. 1000

3. 1000

4. 1000

5. 1000

6. 1000

7. 1000

8. 1000

9. 1000

10. 1000

Add Fee:

☐ Site Insp. \$☐ Interview \$☐ Tech. Insp. \$☐ Weekend \$Report Format: PRS

Lump Sum / L.B. \$:

100


100

◀ Service Request Details

Claim

S8M014AA

Reference

None 

Loss Date

November 24, 2018

Report Date

Nov 27, 2018 9:10:00 AM

Request Date

June 18, 2019

Due Date

June 25, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration

SFJ395L

VEZEL

VEZEL HYBRID-1.5 RS (A)

Service Address

51 Ubi Avenue 1, #01-25, ., 408933

Primary Contact/Insured

KENT AUTO SERVICES

2 KAKI BUKIT AVE 2, #01-21 KAKI BUKIT AUTOHUB, 417921, Singapore

67412539

HONGYEN.CHONG@ALLINK.COM.SG

Claim Handler

PAY Daniel

zhihao.pay@axa.com.sg

Additional Instructions

Please conduct re-inspection.

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

Catherine Chong (LKK Auto)

From: PAY Daniel
Sent: Tuesday, 18 June, 2019 9:24 AM
To: bonnie kwok; admin-a@lkkauto.com
Subject: RE: Acknowledgement Your ref : BK.19132.19.JL Our ref : S8M014AAMC/PAY, Acc Inv: SFJ 395 ; & SJL 2180 T ON 24 NOVEMBER 2018

Dear Sir/Mdm,

We refer to your email dated 17 June 2019.

We shall appoint LKK to re-survey your client's vehicle.

Dear LKK,

Please refer to the below email.

FYA please.

Best Regards



Daniel Pay
Specialist, Claims (Litigation) Department
AXA Insurance Pte Ltd

8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Email: zhihao.pay@axa.com.sg
Customer Care hotline 1800-880 4888
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: bonnie kwok [mailto:litigation@bonniekwok.com]
Sent: Monday, June 17, 2019 5:31 PM
To: VISHNU BATHAM Shekhar <shekhar.batham@axa.com.sg>
Cc: CHIA Mary <mary.chia@axa.com.sg>; PAY Daniel <zhihao.pay@axa.com.sg>
Subject: Re: Acknowledgement Your ref : BK.19132.19.JL Our ref : S8M014AAMC/PAY, Acc Inv: SFJ 395 ; & SJL 2180 T ON 24 NOVEMBER 2018

Dear Daniel,

We refer to your email dated 13 June 2019.

Kindly have your surveyor attend at No. 1 Kaki Bukit Ave 6 #02-34 Autobay Singapore 417883 on 27 June 2019 at 12.00 p.m. for the re-survey of our client's vehicle.

Kindly ensure that your surveyor attends punctually.

Kindly let us know which surveyor you have appointed so that we may inform our client accordingly.

Please let us have your offer of settlement as soon as possible.

Regards,
June

On Thu, 13 Jun 2019 at 14:46, VISHNU BATHAM Shekhar <shekhar.batham@axa.com.sg> wrote:

ACCIDENT INVOLVING SJL2180T AND SFJ395L ON 24/11/2018

Without Prejudice

We acknowledge receipt of your letter dated 07/06/2019 and the enclosures on 11/06/2019

We would like to conduct a re-inspection of your client's vehicle **SFJ395L**. 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 PAY Daniel at zhihao.pay@axa.com.sg

Regards,

AXA Singapore



-----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.

--

BONNIE KWOK LLC

Advocates & Solicitors
101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358
TEL: 6536 6026
FAX: 6536 2279
email : litigation@bonniekwok.com
GST Reg. No.: 201203547Z

We do not accept service of documents by facsimile or email. Our business hours are from Mondays to Fridays from 9 am to 6 pm and we are closed on Saturday, Sundays and Public Holidays.

-- Email Disclaimer --

This message contains information that may be privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this message in error, please delete it from your system and notify the sender. You are advised to carry out your own checks on this message for computer viruses and other defects. Please note that we disclaim liability for any loss or damage caused by computer viruses and/or other defects.



Virus-free www.avg.com

BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
[Not for service of court documents]
GST Reg No. 201203547Z

60153062

Your Ref: SJL 2180 T
Our Ref: BK.19132.19.jl
(Please quote our reference when replying)

7 June 2019

M/s AXA Insurance Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811



By Hand

Dear Sirs

ACCIDENT INVOLVING SFJ 395 L & SJL 2180 T ON 24 NOVEMBER 2018

We act for M/s Lexus Limousine Services, the owner of vehicle no. SFJ 395 L in the above matter.

We are instructed that on the 24 November 2018, your insured driving vehicle no. SJL 2180 T had negligently collided into our client's said motor vehicle.

We are instructed that as a result of the said collision, our client has suffered loss and damage as follows: -

i.	Cost of Repairs	-S	8,560.00
ii.	Loss of Rental	-S	840.00
iii.	Survey Report fees	-S	570.00
iv.	LTA search fees	-S	8.00
v.	GIA search fees	-S	29.00
vi.	Transport, Postage, Xerox and other incidental	-S	53.50
vii.	Costs	-S	1,605.00
	Total	\$	<u>11,665.50</u>

We enclose herewith a copy of the LTA search result, GIA report of our client and your insured, survey report and invoice, repair bill, rental bill, the certificate of insurance, vehicle registration card and 80 original photographs for your attention.

Kindly note that under the NIMA protocol, all requests for resurvey are required to be made during the protocol period in eight (8) weeks from receipt of this letter.

Kindly revert whether liability is admitted.

Yours faithfully

BONNIE KWOK

Enc. (by hand)

c.c. Client; and
Lai Chui Fun

Enquire Vehicle & Owner Information (Vehicle No. SJL2180T As At 24 Nov 2018 / 17:35:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: PRECISE-SFJ395L

Current Owner Details

Owner ID Type: Business
Owner ID: 52974332M
Owner Name: KENT AUTO SERVICES
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 2
Registered Street Name: KAKI BUKIT AVENUE 2
Registered Unit No.: # 01 - 21
Registered Building Name: KAKI BUKIT AUTOHUB
Registered Postal Code: 417921

Current Vehicle Details

Vehicle No.: SJL2180T
Make Description/Model: TOYOTA / ALLION 1.5 A
Insurance Company Name: AXA INSURANCE PTE LTD



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M4C0017735

TAX INVOICE

Our Ref No: GR-18-184916

Date of Request: 28/11/2018

Your Ref No: WALK IN TERRY

PRECISE AUTO SERVICE
NO 1 KAKI BUKIT AVE 6, #02-34/36
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SFJ395L
Date of Accident: 24/11/2018
Place of Accident: JURONG WEST ST 65
Involving Vehicle No: SJL2180T

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-184917

Date of Request: 28/11/2018

Your Ref No: WALK IN TERRY

PRECISE AUTO SERVICE
NO 1 KAKI BUKIT AVE 6, #02-34/36
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 24/11/2018
Vehicle No: SFJ395L
Place of Accident: JURONG WEST ST 65
Involving Vehicle No: SJL2180T

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJL2180T	JURONG WEST ST 65	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You,

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

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 26/11/2018 13:33
Date Of Accident 24/11/2018 17:00
Exact Location Of Accident JURONG WEST ST 93 SLIP ROAD UPPER JURONG ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL2180T
Insured/Policyholder
Name Of Registered Owner KENT AUTO SERVICES
Vehicle Particulars
Manufacturer TOYOTA
Model ALLION-1.5 (A)
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number P2167709
Cover Note Number

Driver

Name of Driver LAI CHUI FUN
NRIC No S8430589H
Address BLK 601 JURONG WEST STREET 62 #03-167
SINGAPORE

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 1

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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

SFJ395L

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

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 remediate 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 the 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 if required.
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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (collectively the "Data Recipients") for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or negligence;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claim (including the handling of correspondence, documents, statements, receipts, etc.) in connection with which could involve disclosure of certain personal data about my handling status, delivery of that data or receipt of that data, internal cover or endorsement/endorsement; and/or
 - (v) complying with applicable law or governmental, regulatory, and/or judicial orders, including with the "Access to Information Act" ("Access Act").
- (b) Insurers who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firm, the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (collectively the "Data Recipients") may/are permitted to collect, use, disclose and/or process my Personal Information for the purpose(s) of:
 - (i) my Personal Information may/are disclosed to the Insurers' lawyers/law firm, the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (collectively the "Data Recipients") for the purpose(s) of:
 - (i) my Personal Information may/are disclosed to the Insurers' lawyers/law firm, the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (collectively the "Data Recipients") for the purpose(s) of:
 - (i) my Personal Information may/are disclosed to the Insurers' lawyers/law firm, the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (collectively the "Data Recipients") for the purpose(s) of:

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

Upper Young Road

Vehicle
A - 57L280T
B - SF1395L

Legend



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/2018. Around 5pm. I was driving
 from Young West St 93 Stop road towards
 Upper Young road. That was a car B (SF1395L)
 ahead of me suddenly jam brake, and I was
 unable to stop in time, cause my car collided
 with the car B.

DECLARATION

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

This statement must be made within 14 days of the date of the accident. It must be made in the presence of the police officer who attended the accident. It must be made in the presence of the police officer who attended the accident.

Policyholder's Signature
 Date & Time:

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

Reporting Officer's Signature
 Name:
 NRC/BN No.:

Image As per Original
---CSU---

This is NOT an admission of blame / liability, but a summary of activities and facts which will speed up the settlement of claims

1 Date of accident <u>24/11/18</u> Time <u>PM</u>		2 Exact location of accident <u>Junag highway 13 slip road upper junag road</u>		3 Injuries even if slight <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4 Material damage To vehicles other than vehicle A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To property other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Discuss terms, conditions and total cost to be undertaken if repairs a passenger in vehicle A or vehicle B	

Registration No. **5JL 780 T**
(VEHICLE A)
☒ Licensed ☐ Policyholder ☐ Auto insurance card
Name **Rent Auto Services**
Address _____
Phone / Fax no. **52974332M**
Tel no. (Home, Fax, Tel. Sec.) _____
IP **7754 7573**
☒ Vehicle **Toyota Altis 1.8**
Make, type _____
☒ Transport company **HAH** ☐ C ☐ P ☐ T ☐ F ☐ O
Does this policy cover damage to vehicle? ☒
No ☐ Yes ☐ **P2167709**
Policy No. _____
☒ Driver **Lai Chi Fun** ☐ Share as Driver
Name (English letters) _____
IDPC / Transport no. **58430589H**
Class of license **3**
Lic. no. **8899 5777**
Gender Male ☐ Female ☒

	12	CIRCUMSTANCES
↓		It is a CRIME (that) each of the residents thinks is appropriate to visit during
A		
Q1		Paul Jackson
Q2		James Thompson
Q3		Deborah, not named
Q4		Colleen, not named
Q5		Colleen, not named
Q6		Colleen, not named
Q7		Colleen, not named
Q8		Colleen, not named
Q9		Colleen, not named
Q10		Colleen, not named
Q11		Colleen, not named
Q12		Colleen, not named
Q13		Colleen, not named
Q14		Colleen, not named
Q15		Colleen, not named
Q16		Colleen, not named
Q17		Colleen, not named
Q18		Colleen, not named
Q19		Colleen, not named
Q20		Colleen, not named
Q21		Colleen, not named
Q22		Colleen, not named
Q23		Colleen, not named
Q24		Colleen, not named
Q25		Colleen, not named
Q26		Colleen, not named
Q27		Colleen, not named
Q28		Colleen, not named
Q29		Colleen, not named
Q30		Colleen, not named
Q31		Colleen, not named
Q32		Colleen, not named
Q33		Colleen, not named
Q34		Colleen, not named
Q35		Colleen, not named
Q36		Colleen, not named
Q37		Colleen, not named
Q38		Colleen, not named
Q39		Colleen, not named
Q40		Colleen, not named
Q41		Colleen, not named
Q42		Colleen, not named
Q43		Colleen, not named
Q44		Colleen, not named
Q45		Colleen, not named
Q46		Colleen, not named
Q47		Colleen, not named
Q48		Colleen, not named
Q49		Colleen, not named
Q50		Colleen, not named
Q51		Colleen, not named
Q52		Colleen, not named
Q53		Colleen, not named
Q54		Colleen, not named
Q55		Colleen, not named
Q56		Colleen, not named
Q57		Colleen, not named
Q58		Colleen, not named
Q59		Colleen, not named
Q60		Colleen, not named
Q61		Colleen, not named
Q62		Colleen, not named
Q63		Colleen, not named
Q64		Colleen, not named
Q65		Colleen, not named
Q66		Colleen, not named
Q67		Colleen, not named
Q68		Colleen, not named
Q69		Colleen, not named
Q70		Colleen, not named
Q71		Colleen, not named
Q72		Colleen, not named
Q73		Colleen, not named
Q74		Colleen, not named
Q75		Colleen, not named
Q76		Colleen, not named
Q77		Colleen, not named
Q78		Colleen, not named
Q79		Colleen, not named
Q80		Colleen, not named
Q81		Colleen, not named
Q82		Colleen, not named
Q83		Colleen, not named
Q84		Colleen, not named
Q85		Colleen, not named
Q86		Colleen, not named
Q87		Colleen, not named
Q88		Colleen, not named
Q89		Colleen, not named
Q90		Colleen, not named
Q91		Colleen, not named
Q92		Colleen, not named
Q93		Colleen, not named
Q94		Colleen, not named
Q95		Colleen, not named
Q96		Colleen, not named
Q97		Colleen, not named
Q98		Colleen, not named
Q99		Colleen, not named
Q100		Colleen, not named

↓ Registration No. (VEHICLE B) **SF3395L**

☒ Insured (policyholder (See instructions part.))

10 Name _____
(Copy All Names)

20 _____

30 Address _____

40 _____

50 HIRE / Personal use _____

60 Tel no. (Home, Office, Cell, Fax) _____

70 HP _____

80 ☒ Vehicle

90 Make, type _____

100 ☒ Transportation company

110 ☐ C ☐ FH ☐ LD

120 Does not pay for damage sustained by vehicle B?

130 Yes ☐ No ☐

140 Policy No. (if available) _____

150 ☒ Driver (See driving licence)

160 (If different from Insured B, please)

170 Name _____

180 (Copy All Names)

190 HIRE / Personal use _____

200 Class of licence _____

210 EP _____

220 Damages: None ☐ Possible ☐

Side view of the 1997 Ford Taurus SE. The car is shown from the side, facing right. It is a four-door sedan with a boxy design characteristic of the mid-1990s. The wheels are black, and the car has a dark color.

2. Results of accident when impact occurred ☐ 3.

1. Direction of the road 2. The direction of vehicles A and B with arrows
3. The positions of the trees of impact 4. The road signs 5. The position of the impact to vehicle

REFER TO ATTACHED

20 40 position of road signs 60 80 100 120 140 160 180 200

A  B

12. Calculate the point of initial descent with an arrow(s).



REFER TO ATTACHED

Image As per Original
---CSU---

Page 6 of 18

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 189) *Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 *Road Transport Act, 1987 (Malaysia) *Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)		
CERTIFICATE NO.	: VFX/P2167709	Account No. : 03944
Coverage	: Third Party Only	
Sum Insured	: NIL	
Name of Policy Holder	: KENT AUTO SERVICES	
Vehicle Registration No.	: SJL2180T	
Period of Insurance	: From 17/08/2018 To 16/08/2019 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*		
Named Driver(s) as stated in the Policy		
1. ANY AUTHORISED DRIVER		
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*		
(a) Use for the carriage of passengers or goods in connection with the Policyholder's business.		
(b) Use for social, domestic and pleasure purposes.		
The Policy does not cover		
(a) Use for racing, pace making, reliability trial or speed-testing		
(b) Use whilst drawing a trailer except the towing 'other than for reward' of any one disabled mechanically propelled vehicle		
(04)		
EXCESS :		
Sect II-Used In Singapore Only : SGD 1,500.00		
Sect II-Driven Outside S'pore : SGD 3,000.00		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOVKRS on 31/08/2018

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. 189).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy



SINGAPORE POLICE FORCE



T/20181124/2117

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20181124/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 20:49	Vide Report No.:	Station Diary No.: 44
--	------------------	--------------------------

Informant's Particulars

Name of Informant: WONG KOK KWONG			Address: APT BLK 640 JURONG WEST STREET 61 #13-06 SINGAPORE 640640		
ID Type / ID No.: NRIC NO / S1479603G			Contact No.: Home/Office: Mobile: 98556654		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 19/09/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2018 17:35	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 65				
Weather: Clear -		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
SFJ395L	Car				Slightly Damaged	0
SJL2180T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181124/2117

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

3 of 3

Report No. T/20181124/2117

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:

J /

Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature:

Signature Of Informant:

Date/Time:

24/11/2018 20:49

Classification Of Case:

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	25/11/2018 10:03
Date Of Accident	24/11/2018 17:35
Exact Location Of Accident	JURONG WEST ST 65
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ395L
Insured/Policyholder	
Name Of Registered Owner	LEXUS LIMOUSINE SERVICES
Co Reg No	53354287A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98556654
Alternative Phone No	OFFICE-98556654

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID-1.5 RS (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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095319153 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	WCNG KOK KWONG
NRIC No	S1479603G
Date Of Birth	19/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98556654
Fax Number	
Contact Number	OFFICE-98556654
Email Address	NOEMAIL

Address	640 JURONG WEST STREET 61 #13-06
Postcode	S640640
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH ROAD #01-53 , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2180T
Vehicle Make/Model/Colour	TOYOTA ALLION
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI CHUI FUN
NRIC/Passport Number	S8430589H
Contact Number	84995777
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	WONG KOK KWONG
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SFJ395L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6560 0722
 Email: vacbb@singnet.com.sg

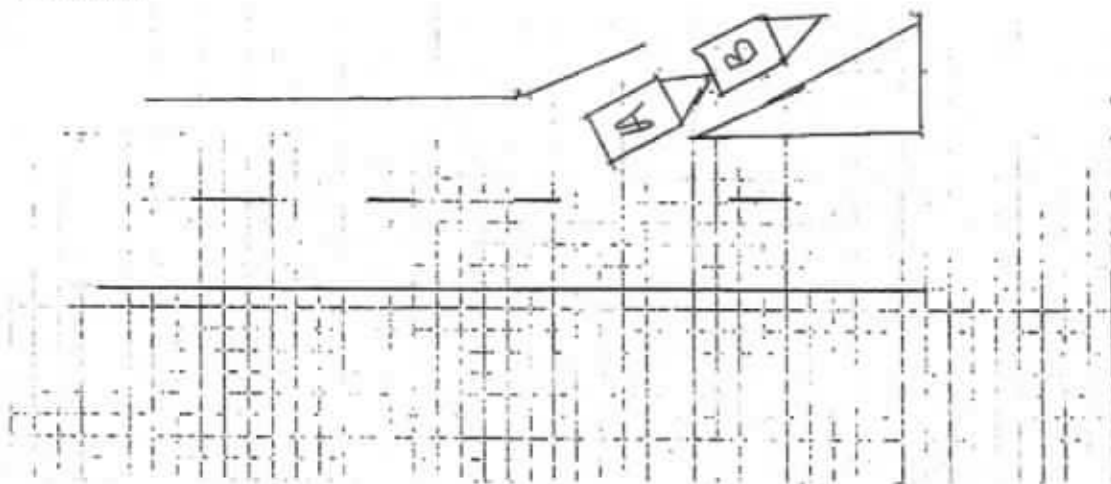
Policyholder's Signature
 Date & Time:

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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:

25 NOV 2018

IDAC BUKIT BATOK
511 Bukit Batok Street 21
Singapore 659512
Tel: 6560 3312 Fax: 6560 6712
Email: vachb@idac.org.sg

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

PREMIER APPRAISER SERVICES

Insurance Loss Adjusters and Qualified Appraisers
16 Sin Ming Walk, #03-02 Singapore 575568
Tel: 6554-2269 Fax: 6685-1399
Regn. No: 52864369W

To Lexus Limousine Services
c/o 1 Kaki Bukit Ave 6
#02-34/36 AutoBay
Singapore 417883

INVOICE NO : PT1811015
Our Ref : PT1811015-L
Your Ref : -
Date : 07th December 2018

	AMOUNT
VEHICLE REGISTRATION NO : SFJ 0395 L	
VEHICLE MAKE/MODEL : Honda Vezel Hybrid	
TO SERVICE RENDERED:-	
<input checked="" type="checkbox"/> CONSULTANT/APPRaiser FEES	\$ 430.00
<input checked="" type="checkbox"/> PHOTOGRAPHS	\$ 80.00
<input checked="" type="checkbox"/> TRANSPORT CHARGES	\$ 60.00
<input type="checkbox"/> RE-INSPECTION FEES	\$ -
	<u>\$ 570.00</u>
DOLLARS :- FIVE HUNDRED & SEVENTY ONLY	

E. & O. E.

for PREMIER APPRAISER SERVICES

PREMIER APPRAISER SERVICES

Insurance Loss Adjusters and Qualified Appraisers
16 Sin Ming Walk, #03-02 Singapore 575568
Tel: 6554-2269 Fax: 6685-1399
Regn. No: 52864369W

Our Ref : PT1811015-L
Date : 07th December 2018

Lexus Limousine Services
c/o 1 Kaki Bukit Ave 6
#02-34/36 AutoBay
Singapore 417883

WITHOUT PREJUDICE

Dear Sir,

Re: Third Party Claim / Workshop :- Precise Auto Service
Vehicle Regn. No. : SFJ 0395 L

We refer to your instruction to appraise the above-mentioned vehicle on 28th Nov 2018 .

A static inspection was carried out and our report is enclosed for your perusal. The estimated repair costs submitted by the repairer for **S\$ 11,531.12** as per our attached schedule have been scrutinized and revised by us against the actual damages found on the vehicle and we recommend the replacements and rectification accordingly.

The repairer has agreed to undertake the repairs at our adjusted amount of **S\$ 8,000.00 lump sum** corresponding to supply of parts, labour charges and spraypainting. However, we have not given instruction to authorize.

Under normal circumstances the estimated period of repairs is **EIGHT (8) days**. The estimated period of repairs given above is based on **Working Day (s)** only.


Photographs of the damaged vehicle taken by us during our inspection are enclosed.

We are leaving the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services always.

Very truly yours
PREMIER APPRAISER SERVICES


LESLIE K C LIM CAE (UK), MIMI (UK)
MSAAA, Automotive Appraiser
Dip.MTM. Automotive Engineer

FORM 1001

ASS. REC. BY

REF

CS3/ASM18021391/Acd3e2

social instruction

Surveyor

Adrian

ASSIGNMENT (Office)

From (Person)

Chen Kan chuan

of

MM (AxA)

Date/Time

27.11.2018

Estimated Cost

Bill to

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

To Inspect Vehicle No.

SFS 395L

Insured

SJT 2180T

at Workshop n/s

Precise Auto

Tel:

6745 7367

of

1 Kaki Bkt Ave 6 # 02-33

Policy No.

Claim No.

S8M014AA

Sum Insured

Excess

Make of Veh.

(Client's Record)

D.O.A

24/11/18

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement

Date/Time

24/11/18 @ 4.03pm

Person Contacted

Ariane

Vehicle

☒ IN ☐ OUT

Date/Time	Action/Instruction (x) Estimate
	SFS 395L - NHA/INC/ISSUE/CMR/y 20/11/18
	SJT 2180T - CS3/CM18021391/Blade 2-1 20/11/18
	Discovered 29/11/2018
	After repair: 3/12/2018
	Range 7,000/2 - 8,000/2

PREMIER APPRAISER SERVICES

VEHICLE INSPECTION REPORT

To :	Lexus Limousine Services	Our Ref. :	PT1811015-L
	c/o 1 Kaki Bukit Ave 6	Policy No. :	-
	#02-34/36 AutoBay	Claim No. :	-
	Singapore 417883	Sum Insured :	-
		Type of Claims :	T/P Claim
		Date :	07th December 2018

Assigned By :	Lexus Limousine Services
Date of Assignment :	28th Nov 2018
Date of Accident :	24th Nov 2018
Date of Inspection :	28th Nov 2018 Follow up inspections were also conducted.
Name of Workshop :	Precise Auto Service
Place of Inspection :	1 Kaki Bukit Ave 6 #02-34/36 AutoBay
	Singapore 417883

PARTICULARS OF VEHICLE

Registration No. :	SFJ 0395 L	Odometer/km :	077742
Make/Model :	Honda Vezel Hybrid	Chassis No. :	RU31262608
Type Of Body :	SUV	Engine No. :	LEB5962625
Year of Manuf./Regn. :	2017	Engine Cap. :	1496 cc
Colour :	Silver	Carrying Cap. :	4 Passengers

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake :	Serviceable	Body Work :	Good	Market Value :	-
Footbrake :	Serviceable	Paint Work :	Good	Scrap Value :	-
Steering :	Serviceable	Modifications :	None	Others :	-

CONDITION OF TYRES

	Size	N/s - Tread Depth/Make	O/s - Tread Depth/Make
Front Tread :	215/60 - R16	7mm - Michelin	7mm - Michelin
Rear Tread (inner) :			
Rear Tread (outer) :	215/60 - R16	7mm - Michelin	7mm - Michelin

The above represent an estimated remaining life of the tyre treads in mm.

POINT OF IMPACT/GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained an impact on the rear portion.

The tail gate, boot floor, rear end panel, taillamp panels, rear bumper, bumper side pads, rear end extension panels were badly dented/ buckled/ distorted.

For details of damages please refer to our schedule attached.

REMARKS :

This survey was conducted strictly without prejudice.

This report is confidential and is given for the use of clients and their agents and any disclosure or publication of it or parts thereof shall be the responsibility of such person and no liability shall be attached to us therefore.

PREMIER APPRAISER SERVICES

Our Ref : PT1811015-L

Vehicle No : SFJ 0395 L

Qty	Parts Descriptions	Conditions	Repairer's Est.	Our Revised
LIST ITEMS:				
1	tail gate	badly dented	SS 1,100.00	SS 1,100.00 ✓
2	tail gate hinges	serviceable	110.00	NN - X
2	tail gate absorber	damaged	360.00	NN 360.00 X
1	tail gate lock	bent/stiffened	195.00	195.00 ✓
1	tail gate lock striker	bent	24.70	24.70 ✓
1	tail gate lock buzzer	damaged	85.00	85.00 ✓
1	tail gate lock outer sensor	damaged	198.70	198.70 ✓
1	tail gate weatherstrip	warped	165.00	165.00 ✓
1	tail gate inner handle holder	serviceable	27.50	NN - X
1	tail gate inner trimboard	damaged	295.00	295.00 ✓
3	tail gate inner trimboard clips	necessary	36.00	36.00 ✓
1	tail gate badge - logo	damaged	29.00	29.00 ✓
1	tail gate " VEZEL " emblem	damaged	65.00	65.00 ✓
1	tail gate " HYBRID " emblem	damaged	65.00	65.00 ✓
1	tail gate glass mldg	necessary	120.00	120.00 ✓
14	tail gate glass mldg clips	necessary	98.00	NN 98.00 X
1	tail gate glass inner seal	necessary	40.00	40.00 ✓
2	tail gate reflectors	chafed/grazed	700.00	700.00 ✓
4	tail gate reflector clips	necessary	18.00	NN 18.00 X
2	tail gate reflector sealant	necessary	56.00	NN 56.00 X
1	n/s tail lamp	chafed/grazed	652.00	652.00 ✓
1	n/s tail lamp clips	damaged	5.00	NN 5.00 X
1	n/s tail lamp sealant	damaged	55.00	NN 55.00 X
1	rear bumper fascia	badly dented	1,020.00	762 1,020.00 ✓
2	rear side bumpers	chafed/damaged	470.00	470.00 ✓
10	rear bumper clips	necessary	39.00	39.00 ✓
2	rear bumper side retainer	damaged	76.00	76.00 ✓
2	rear bumper side attachment	damaged	62.00	62.00 ✓
2	rear bumper reflectors	serviceable	302.00	NN - X
1	rear end panel	badly dented	580.00	580.00 ✓
1	rear end panel top trim	damaged	100.00	100.00 ✓
4	rear end panel top trim clips	necessary	20.00	NN 20.00 X
2	rear end side extension panel	bent/buckled	190.00	NN 190.00 X
1	n/s rear fender inner trim board	damaged	395.00	395.00 ✓
8	n/s rear fender inner trim board clips	necessary	40.00	40.00 ✓
1	rear floor panel under garnish cover	damaged	225.00	NN 225.00 X
1	tools tray sponge	warped	215.00	215.00 ✓
			SS 8,233.90	SS 7,794.40 6509.4
			LESS 20%	20% 1,558.88
			6,587.12	6,235.52
S/NETT ITEMS:				
1	tail gate glass sealant	necessary	60.00	NN 60.00 40
2	tail gate reflector black sticker	necessary	180.00	NN 180.00 X
2	tail lamp black sticker	n/s necessary	180.00	NN 90.00 X
1	rear number plate	serviceable	45.00	NN - X
1	rear number plate casing	serviceable	29.00	NN - X
1	rear bumper top chrome	not fitted	250.00	NN - X
1	reverse sensors w control unit	damaged	380.00	220.00 200
TOTAL S/PARTS c/d			SS 7,711.12	SS 6,785.52

PREMIER APPRAISER SERVICES

Our Ref : PT1811015-L

Vehicle No : SFJ 0395 L

Qty	Parts Descriptions	Repairer's Est.	Our Revised
	Balance b/f	SS 7,711.12	SS 6,785.52
	Towing charges.	80.00	60.00 ✓
	To remove/refit tail gate glass to assist repairs.	180.00	120.00 ✓
	To remove/refit luggage trims & garnish to assist repairs.	180.00	80.00 ✓
	To mount vehicle on " car-O-liner " bench to assist chassis alignment.	380.00	170 X
	Labour charges to repair, panel beat and straighten damaged parts and replace the above-mentioned parts.	1,000.00	960.00 700
	To remove/transfer tail gate fittings.	200.00	80.00 ✓
	To replace reverse sensors.	120.00	50.00 ✓
	To check wiring functions.	150.00	30.00 ✓
	To reset ECU.	280.00	170 240.00 X
	To putty, apply primer & spray-paint the affected areas.	1,000.00	960.00 ✓
	To apply rust-proofing on repaired/replaced panels.	250.00	80.00 ✓
	TOTAL	SS 11,531.12	SS 9,445.52

7607.62
6008

Note: The repairer has agreed to undertake the repairs at our adjusted amount of **SS 8,000.00 lump sum** corresponding to supply of parts, labour and spray painting charges.
The estimated period of repairs is **EIGHT (8)** days.
Pursuant to your instruction we have **not** authorised repairs on your behalf.

PREMIER APPRAISER SERVICES

LESLIE K C LIM CAE (UK), MIMI (UK)
MSAAA, Automotive Appraiser
Dip.MTM. Automotive Engineer

TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO
PRECISE AUTO SERVICE C/O LEXUS LIMOUSINE SERVICES 640 JURONG WEST STREET 61 #13-06 SINGAPORE 640640

DATE	INVOICE NO.
12-Dec-2018	A 38619

VHA NO.	DUE DATE	VEH. NO.
A 38619	12-Dec-2018	SLE 8665 K

DESCRIPTION	NO. OF DAYS	AMOUNT
RENTAL FROM 26 NOVEMBER 2018 TO 03 DECEMBER 2018 YOUR REF: SFJ 395 L	7	785.05
GST @ 7%		\$54.95
TOTAL		\$840.00

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



VEHICLE HIRING AGREEMENT

Workshop: *Franchise*

HIRER'S PARTICULARS

Name (as in I/C): Mr. Lim K. S.
 NRIC/Passport No: 7129436 Date of Birth: 15-9-1985
 Address: 11, V. P. 201 Age: 28
 S(14-1-1)
 Name & Address of Employer: Leong L. Lim & Co. Services
 Occupation: Driver Driving Exp: 6 yrs
 Driving Licence No: 12345678 Passed Date: 1-1-1985
 S/L Type: Local/Int'l/Others: Local
 Tel(C) 91234567 (R) 91234567 HP 91234567

DRIVER'S PARTICULARS

Name (as in I/C): Mr. Lim K. S.
 NRIC/Passport No: 7129436 Date of Birth: 15-9-1985
 Address: 11, V. P. 201 Age: 28
 S(14-1-1)
 Occupation: Driver Driving Exp: 6 yrs
 Driving Licence No: 12345678 Passed / Expiry Date: 1-1-1985
 S/L Type: Local/Int'l/Others: Local Contact No: 91234567

INDICATE:
 A - Accidents
 D - Dents
 S - Scratches
 X - Crack

W. K. H. C. S.

Hirer's Own Vehicle No: FT395 Replace Veh No: FT395
 Loan Vehicle No: SLFC665K VR No: FT395
 Make & Model: 11. V. P. 201 Auto/Manual Group: Auto

CHARGES		\$	cts
Daily	day @ \$ <u>120</u>	Per day	
Weekly/Monthly	week @ \$ <u>840</u>	Per week/Monthly	
Others			
CDW/PAI	@ \$ <u>100</u>	Per day/Monthly	
Delivery/Collection Svc			
GST			
OR No: <u>FT395</u>		(A) SUB-TOTAL	
Petrol Level	OUT	E	1/4
		1/2	3/4
		F	
Surcharge	IN		
First <u>100</u> km FREE per day		GST	
Excess mileage is chargeable at <u>10</u> cents per km		TOTAL CHARGES	

Security Deposit : \$ 1000 Bank: Bank of China
 CASH/NETS/VISA/MC/AMEX/CHQ No: 12345678
 Expiry Date: 1-1-1985 Card ID No: 12345678
 Name as on Card: Mr. Lim K. S.

NON WAIVER EXCESS (Subject to GST): \$2500
ACCESSORIES CHECK
☐ Data Cards ☐ Camera Systems ☐ Hub Cap ☐ Radio / CD Cartridge
☐ Jack ☐ Spare Tyre ☐ Petrol Cap ☐ Spare Tyre

 Hirer's Signature: Mr. Lim K. S. Additional Driver's Signature: Mr. Lim K. S.
SINGAPORE Use Only

I, the undersigned, read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have been given BKW Rent A Car Pte Ltd in connection with this agreement is true.

- IMPORTANT**
- The Hirer and the Authorized Driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be borne by the Hirer/Authorized Driver.
 - All vehicles are supplied with petrol and should be returned with petrol level likewise. A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
 - No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
 - Use of the vehicle for illegal purpose (For instance, in connection with theft, drug peddling or trafficking, smuggling), is strictly prohibited.
 - Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of BKW Rent A Car Pte Ltd. The hirer is liable for a penalty fee of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
 - The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatever reason in respect of or in connection with its use or operation.
 - The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expenses including legal costs on a full indemnity basis, whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace a replacement vehicle if an accident occurred. Any damage to the car will be repair at BKW authorized workshop.
 - Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair, between \$200 - \$400.
 - The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event of the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the hirer shall bear the cost of such response at \$50.00 per trip.
 - In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
 - The hirer/driver also have the responsibility to ensure that the fuel level in the car is sufficient and do not drive when the fuel level is not sufficient.
 - All custom or data will be kept strictly confidential for the purpose of completing the sales transactions and for the purpose of maintaining the relationship with the customer.
 - I understand and agree to the personal data collected and used in accordance with the Terms and Conditions Page.

Date Out	Time Out	Mileage	Check By	Remarks
24/1/18	9:00 AM	1499	NIK	

Return Of Vehicle: The Hirer Driver is Required to Sign In The Column "Signature Of Hirer Driver Failing Which The Day And Time Inserted Below Shall Be The Day And Time The Vehicle Is Returned To BKW Rent A Car Pte Ltd And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)"

Date In	Time In	Mileage	Check By	Remarks

PRECISE AUTO SERVICE

NO 1 KAKI BUKIT AVE 6 #02-33/34/36 AUTOBAY SINGAPORE 417883

TEL : 6745 7367 FAX : 6841 3390

CO. REG. NO. : 35766600C GST REG. NO. : 35766600C

=====

Accident Date : 24-11-18

OUR REF : SFJ 395L/T/18

Lexus Limousine Services

60 Jurong West St 61

#13-06

Singapore 640640

TAX INVOICE

Invoice No. : TP1904-014

DATE : 29-04-19

FINAL BILL ON VEH. NO. : SFJ 395L

VEHICLE MODEL : HONDA VEZEL

LUMP SUM REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

8,000.00

SUB-TOTAL	:	8,000.00
ADD GST 7%	:	560.00
TOTAL AMOUNT SGD	:	8,560.00

This is a computer generated document and requires no signature.

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096319153-01

Cover : drive CLASSIC

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SFJ395L |
| Chassis Number | : RU31262608 |
| 2. Name of Policyholder | : LEXUS LIMOUSINE SERVICES |
| 3. Effective Date of Insurance | : 29 Nov 2018 |
| 4. Expiry Date of Insurance | : 28 Nov 2019 |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEO NG FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : VV INSURANCE AGENCY PTE. LTD. (00000614878)
Date of Issue : 13 Nov 2018 16:30 hrs
Reprint : 13 Nov 2018 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SFJ395L
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID SENSING 1.5X A
Chassis No.:	RU31262608
Propellant:	Petrol-Electric
Engine No.:	LEB5962625
Motor No.:	H12375724
Engine Capacity:	1496 cc
Power Rating:	22.0 kW
Maximum Power Output:	112.0 kW (150 bhp)
Maximum Laden Weight:	1555 kg
Unladen Weight:	1280 kg
Year Of Manufacture:	2017
Original Registration Date:	29 Nov 2017
Lifespan Expiry Date:	-
COE Category:	B - Car above 1600cc or 97kW (130bhp)
Quota Premium:	\$57,414.00
COE Expiry Date:	28 Nov 2027
Road Tax Expiry Date:	28 Nov 2019
PARF Eligibility Expiry Date:	28 Nov 2027
Inspection Due Date:	28 Nov 2020
Intended Transfer Date:	28 Nov 2018
CO2 Emission:	94.00 (g/km)
CEV/VES Rebate Utilised	\$22,272.00
Amount:	
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK Print

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	26/11/2018 13:33
Date Of Accident	24/11/2018 17:00
Exact Location Of Accident	JURONG WEST ST 93 SLIP ROAD UPPER JURONG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL2180T
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97547573
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION-1.5 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P2167709
Cover Note Number	
Driver	
Name of Driver	LAI CHUI FUN
NRIC No	S8430589H
Date Of Birth	24/09/1984
Occupation	INDOOR
Date Of Driving Pass	02/07/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84995777
Fax Number	
Contact Number	
Email Address	CHRYSTAL2409@GMAIL.COM

Address	BLK 601 JURONG WEST STREET 62 #03-167 SINGAPORE
Postcode	640601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SFJ395L
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

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 renege on 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 lodging 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.

3. 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 claim history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN

upper Jurong Road

Jurong West St 93

Vehicle

A - SJL2120 T

B - SFJ395L

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/2018, Around 5pm. I was driving from Jurong West St 93 slip road towards upper Jurong road. That was a car B (SFJ395L) in front of me suddenly jam brake, and I was unable to stop in time, cause my car collided onto the car B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1) Date of accident 24/11/18		2) Exact location of accident Jung West St 23 slip road upper		To be signed by BOTH drivers 3) Injury even if slight <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4) Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5) Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Registration No. (VEHICLE A) **5JL 780T**

☒ Insured (policyholder (not insurance corp.))
Name **Kent Auto**
(company name) **services**

Address _____

NRIC / Passport no. **52974330M**

Tel. no. (home, fax, tel. store)
HP **7754 7573**

☒ Vehicle
Make, type **Toyota Altis 1.8**

☒ Insuring company
MAA ☐ C ☐ TFS ☒ TMO
Does this policy cover damage to vehicle A?
Yes ☒ No ☐
Policy No. **P2167709**

☒ Driver ☐ Seasonal driver
Name **Lai Chai Fun**
(company name)
NRIC / Passport no. **58430589H**

Class of license
Lic. **8409 5777** ³
Gender Male ☐ Female ☒

12 CIRCUMSTANCES	
Put a cross (X) in each of the relevant boxes applicable to <u>your</u> setting.	
A	Free Culture
C1	Culture and Religion
C2	Culture and Morality
C3	Culture and Public Order
C4	Culture and Environment
C5	Culture and Heritage
C6	Culture and Language
C7	Culture – Other Cultural
C8	Culture – Other Cultural
C9	Culture – Other Cultural
C10	Culture – Other Cultural
C11	Culture – Other Cultural
C12	Culture – Other Cultural
C13	Culture – Other Cultural
C14	Culture – Other Cultural
C15	Culture – Other Cultural
C16	Culture – Other Cultural
C17	Culture – Other Cultural
C18	Culture – Other Cultural
C19	Culture – Other Cultural
C20	Culture – Other Cultural
C21	Culture – Other Cultural
C22	Culture – Other Cultural
C23	Culture – Other Cultural
C24	Culture – Other Cultural
C25	Culture – Other Cultural
C26	Culture – Other Cultural
C27	Culture – Other Cultural
C28	Culture – Other Cultural
C29	Culture – Other Cultural
C30	Culture – Other Cultural
C31	Culture – Other Cultural
C32	Culture – Other Cultural
C33	Culture – Other Cultural
C34	Culture – Other Cultural
C35	Culture – Other Cultural
C36	Culture – Other Cultural
C37	Culture – Other Cultural
C38	Culture – Other Cultural
C39	Culture – Other Cultural
C40	Culture – Other Cultural
C41	Culture – Other Cultural
C42	Culture – Other Cultural
C43	Culture – Other Cultural
C44	Culture – Other Cultural
C45	Culture – Other Cultural
C46	Culture – Other Cultural
C47	Culture – Other Cultural
C48	Culture – Other Cultural
C49	Culture – Other Cultural
C50	Culture – Other Cultural
C51	Culture – Other Cultural
C52	Culture – Other Cultural
C53	Culture – Other Cultural
C54	Culture – Other Cultural
C55	Culture – Other Cultural
C56	Culture – Other Cultural
C57	Culture – Other Cultural
C58	Culture – Other Cultural
C59	Culture – Other Cultural
C60	Culture – Other Cultural
C61	Culture – Other Cultural
C62	Culture – Other Cultural
C63	Culture – Other Cultural
C64	Culture – Other Cultural
C65	Culture – Other Cultural
C66	Culture – Other Cultural
C67	Culture – Other Cultural
C68	Culture – Other Cultural
C69	Culture – Other Cultural
C70	Culture – Other Cultural
C71	Culture – Other Cultural
C72	Culture – Other Cultural
C73	Culture – Other Cultural
C74	Culture – Other Cultural
C75	Culture – Other Cultural
C76	Culture – Other Cultural
C77	Culture – Other Cultural
C78	Culture – Other Cultural
C79	Culture – Other Cultural
C80	Culture – Other Cultural
C81	Culture – Other Cultural
C82	Culture – Other Cultural
C83	Culture – Other Cultural
C84	Culture – Other Cultural
C85	Culture – Other Cultural
C86	Culture – Other Cultural
C87	Culture – Other Cultural
C88	Culture – Other Cultural
C89	Culture – Other Cultural
C90	Culture – Other Cultural
C91	Culture – Other Cultural
C92	Culture – Other Cultural
C93	Culture – Other Cultural
C94	Culture – Other Cultural
C95	Culture – Other Cultural
C96	Culture – Other Cultural
C97	Culture – Other Cultural
C98	Culture – Other Cultural
C99	Culture – Other Cultural
C100	Culture – Other Cultural

↓ **Registration No. (VEHICLE B)** **SF3395L**

☒ **Insured / policyholder** (See insurance card.)

B

☐ Name _____
(printed letters)

☐ Address _____

☐ HIRC / Passport no. _____

☐ Tel no. (Home) (UK Zone) _____

☐ VPI _____

☒ **Vehicle**

☐ Make, Year _____

☒ **Insurance company**

☐ C ☐ IFFI ☐ IFO

☐ Does the policy cover damage to vehicle B?

☐ Yes ☐ No

☐ Policy No. (if available) _____

☒ **Driver** (See driving license)
(if different from Insured B above)

☐ Name _____
(printed letters)

☐ HIRC / Passport no. _____

☐ City of license _____

☐ VPI _____

☐ Gender: Male ☐ Female ☐

Sketch of accident when impact occurred

1. layout of the road - 2. the description of vehicles A and B with arrows
3. their positions at the time of impact - 4. the road signs - 5. names of the driver or rider

REFER TO ATTACHED

3.18 Indicate the point of initial impact with an arrow(→)

1.1 Visible damage to vehicle &

1.2 Any remarks

REFER TO ATTACHED

(1E)	Signature of driver	(1F)	Qty
A		B	

(c) Parties damaged by vehicle D

¹⁰ In the event of repairs or in the event of damage to property, the user is required to pay for the replacement of the damaged property.

Do not alter anything on this statement after signing
Subsequently, such error should take care

For expert's Individual Statement
(Part II) see page 104 →

Individual Statement

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1. Occupation (if more than one, state all)		Email: <u>Chrystal 2401 (2) 91461-0241</u>																				
	2. Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity																				
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship or Drive with owner <u>Hire</u>		State the vehicle number and name of owner of driver's own vehicle (where applicable)																				
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire																						
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present To no																						
Of which vehicle are you the owner?	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																						
	If no, state action to be taken: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																						
	7. Date of birth: <u>24/9/84</u> Occupation: <u>Indoor</u> <u>Outdoor</u> Date of license pass: <u>2/7/2012</u>																						
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																						
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Hire</u>																						
Driver or person in charge of vehicle at the time of accident (including insured)	8. Give details of any pre-existing impairment of sight or hearing and of any other disability																						
	9. Full details of all driving convictions including pending prosecutions in the last 10 months																						
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty																
	Date	Offence	Penalty																				
10. Name(s), address(es) and approximate age(s)																							
<table border="1"> <thead> <tr> <th>Injuries sustained</th> <th>If vehicle occupied, state in which vehicle</th> <th>Were seat belts being worn?</th> <th>Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>				Injuries sustained	If vehicle occupied, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Injuries sustained	If vehicle occupied, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?																				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
Damage to property & vehicles (other than vehicle in 6 and 8)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property																				
	12. Name(s) and address(es) of insurer(s)		Insurer's name and address (if known)																				
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																						
	If yes, please state which Police station																						
Accident details	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																						
	If yes, against whom?																						
	14. Weather conditions: Clear <input checked="" type="checkbox"/> Rainy <input type="checkbox"/> Others <input type="checkbox"/>																						
	15. Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>																						
	16. Speed of vehicle: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr																						
	17. What warnings were given by driver or other party?																						
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>																						
	19. What lights were displayed on your vehicle/the other vehicle(s)?																						
	20. If your vehicle is commercial, state weight of load carried at time of accident																						
	21. State how accident happened, width of roads, speed limits, etc. (Refer to attached)																						
22. State number of Passengers (Including Driver) <u>1</u>																							
Declaration	I/We declare the foregoing particulars are true in every respect																						
	Policyholder's signature <u>[Signature]</u>		Date <u>26/11/18 12:30pm</u>																				
Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date																					

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 189) * Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 * Road Transport Act, 1987 (Malaysia) * Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)		
CERTIFICATE NO.	: VFX/P2167709	Account No. : 03944
Coverage	: Third Party Only	
Sum Insured	: NIL	
Name of Policy Holder	: KENT AUTO SERVICES	
Vehicle Registration No.	: SJL2180T	
Period of Insurance	: From 17/08/2018 To 15/08/2019 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* Named Driver(s) as stated in the Policy 1. ANY AUTHORISED DRIVER 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* (a) Use for the carriage of passengers or goods in connection with the Policyholder's business. (b) Use for social, domestic and pleasure purposes. The Policy does not cover (a) Use for racing, pace making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle (04)		
EXCESS : Sect II-Used In Singapore Only : SGD 1,500.00 Sect II-Driven Outside S'pore : SGD 3,000.00 * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD


 Authorized Signature

Issued by - SGOVKRS on 31/08/2018

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 Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

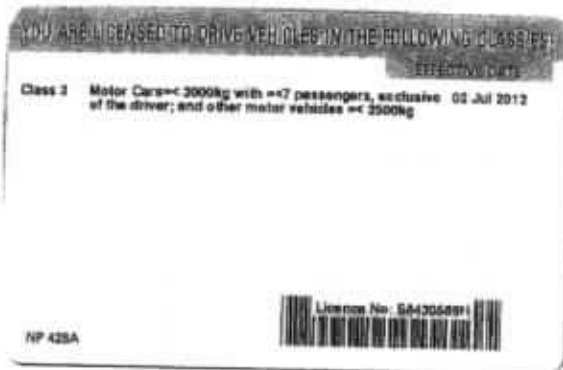
FOR INDIVIDUAL CUSTOMERS

: Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS

: Please refer to the Premium Warranty Clause on the policy

DRIVER NRIC & LICENSE Pg. 1



Accident Photo



Accident Photo



Accident Photo



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	25/11/2018 10:03
Date Of Accident	24/11/2018 17:35
Exact Location Of Accident	JURONG WEST ST 65
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFJ395L
Insured/Policyholder	
Name Of Registered Owner	LEXUS LIMOUSINE SERVICES
Co Reg No	53354287A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98556654
Alternative Phone No	OFFICE-98556654
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID-1.5 RS (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096319153 (CLASSIC)
Cover Note Number	
Driver	
Name of Driver	WONG KOK KWONG
NRIC No	S1479603G
Date Of Birth	19/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98556654
Fax Number	
Contact Number	OFFICE-98556654
Email Address	NOEMAIL

Address	640 JURONG WEST STREET 61 #13-06
Postcode	S640640
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2180T
Vehicle Make/Model/Colour	TOYOTA ALLION
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI CHUI FUN
NRIC/Passport Number	S8430589H
Contact Number	84995777
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG KOK KWONG

Approximate Age

Injuries Sustain REFER TO POLICE REPORT

Injured person in which vehicle? SFJ395L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



T/20181124/2117

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20181124/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 20:49		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: WONG KOK KWONG		Address: APT BLK 640 JURONG WEST STREET 61 #13-06 SINGAPORE 640640		
ID Type / ID No.: NRIC NO / S1479603G		Contact No.: Home/Office: Mobile: 98556654		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 19/09/1961	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2018 17:35	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 65				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
SFJ395L	Car				Slightly Damaged	0
SJL2180T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181124/2117

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 3

Report No. T/20181124/2117

CONTINUATION OF REPORT

Driver			
Name	WONG KOK KWONG		ID No. S1479603G
Related Vehicle	SFJ395L (Car)		Contact No. 98556654
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ TAMAN JURONG PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	24/11/2018	Date Discharge	24/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LAI CHUI FUN		ID No. S8430589H
Related Vehicle	SJL2180T (Car)		Contact No. 84995777
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/11/18, around 1735hrs, I was travelling along JW St 65 turning left into JW St 62 in my vehicle V1) SFJ395L. I stopped after the filter lane to give way into oncoming traffic. Subsequently, V2) SJL2180T collided into rear of V1. I was injured and went to Prohealth Clinic Taman Jurong for treatment and received 3 days MC. No police or ambulance attended to me. I am lodging this report for insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20181124/2117

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

3 of 3

Report No. T/20181124/2117

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:

J /

Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2018 20:49

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

