

10/00002

ASS. REC. BY:

Surveyor

Adnan

REF:

C83/LPC19008313/Avd3-1
C83/LPC19008313/Avd3-1

Special Instruction:

ASSIGNMENT (Office)

3/7/2019

From (Person):

ong hti

of

lpc

Date/Time:

4/5/19 @ 3:13pm

Estimated Cost:

Bill to:

OD / CI / AWS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

S12 54R

Insured:

XE 3695U

at Workshop n/s

D's Gruffiti Concepts

Tel:

8608 3456

of

Ikaki Bulait Ave 6 # 01-59

Policy No:

Claim No:

18/19/19 / VCOS/021776

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A

7/5/2019.

CA / REV / REP. / REV 24 HRS

DAYE

H.O.D. / Employment

Date/Time:

9:47am @ 10/5/19

Person Contacted:

Vehicle:

IN / OUT

Date/Time

Action/Instruction (X) Estimate

S12 54R - X

XE 3695U - X...

23/5/19

Submit PRS

7/8/19

Submit LS \$8050 (Red 6950, 4690), 10 days

Adrian

ASSIGNMENT

Front: _____ 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: _____

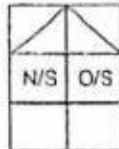
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SL254R Yr Regn: 12Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz c.c. 1796Colour: Black / red A/C: Insured / Std / Nil / NASp. Reading 101200 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDD207347DF 083849Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/30R19R: 275/30R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. 10/05/19Survey held at D. Graffiti 12:00 pm

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

Rear o/s

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

Date / Time Action / Instruction

TP Con Pce PRS

Date/Time, File Pass to?

Date/Time, File Return to?

1) 23/5 - typist

2) _____

3) _____

4) _____

5) _____

6) _____

Prek Report: _____

Final Report: _____

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

12.0

Nivitha (LKK Auto)

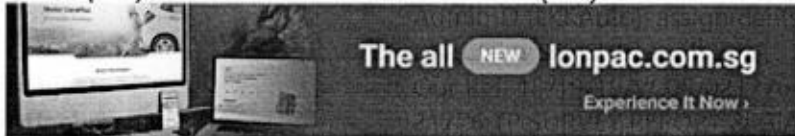
From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 3 July 2019 4:29 PM
To: Admin-D (LKKAuto); assignments
Cc: MT_Claim_SG; SUR
Subject: Our Ref: 18/19/19/VC05/021776 [External General]
Attachments: 21776 TP SURVEY REPORT & GIA REPORT.pdf

Lonpac External - General

Dear Nivitha

Please see attached and let us have your surveyor's review and report.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Friday, 10 May, 2019 11:51 AM
To: ONG LI LI; assignments
Cc: MT_Claim_SG; SUR
Subject: RE: Scan Data from FX-1C7D2231071B Our Ref: 18/19/19/VC05/021776 [External General]

Dear Li Li,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: ONG LI LI [mailto:llong@lonpac.com]
Sent: Thursday, 9 May 2019 3:13 PM
To: Dorothy Dylegal <admin@dylegal.asia>; assignments@lkkauto.com; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>

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 08/05/2019 16:45
 Date Of Accident 07/05/2019 17:40
 Exact Location Of Accident CTE EXIT MOULMEIN RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ54R
Insured/Policyholder
 Name Of Registered Owner HO FUI LENG
 NRIC No S0139690J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-98281298
 Alternative Phone No OFFICE-87494014

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model E250

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

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number GA275114

Cover Note Number

Driver

Name of Driver LEE ENG WAI RONALD
 NRIC No S7420861D
 Date Of Birth 04/07/1974
 Occupation INDOOR
 Date Of Driving Pass 14/12/2004
 Driving Experience 14 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90220001

Fax Number

Contact Number

Email Address RONLEE9000@GMAIL.COM

Address BLK 55 TELOK BLANGAH DRIVE #11-54
Postcode 100055

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1
NAME: : UNKNOWN GENDER: UNKNOWN
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NPP

Police Station Address ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190507/2183.

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 XE3659U

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

. Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers, or the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the 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' lawyer(s)/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 on responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

MOJLMEIN ROAD

VEH A - 3L254R

VEN 3 XE 34510

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:

Date & Time:

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

(If driver is not the policyholder)

Date & Time:

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

Name: _____

NRIC/PIN No.:


LETTER OF UNDERTAKING

I/We, AIO FUI LENDY, the owner of vehicle no. SL254R

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:


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

.....
Company stamp

05/06/2019
.....
Date



**SINGAPORE
POLICE FORCE**



T/20190507/2183

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No. T/20190507/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 20:13	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars

Name of Informant: LEE ENG WAI RONALD			Address: APT BLK 55 TELOK BLANGAH DRIVE #11-54 SINGAPORE 100055	
ID Type / ID No.: NRIC NO / S7420861D			Contact No.: Home/Office: Mobile: 90220001	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 04/07/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/05/2019 17:40	Type of Location: T-Junction
Location: Along Road 1 MOULMEIN ROAD				
CTE Exit towards Moulmein Road, at the junction near to Lamp Post 12 Lamp Post Number: 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SLZ54R	Car	MERCEDES BENZ		Black	Slightly Damaged	1
XE3659U	Heavy Lorry			Blue	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/20190507/2183

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20190507/2183

CONTINUATION OF REPORT

Driver			
Name	LEE ENG WAI RONALD		ID No. S7420861D
Related Vehicle	SLZ54R (Car)		Contact No. 90220001
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the 07/05/2019 at about 5.41pm I was driving my car (SLZ54R) and traveling from CTE towards Moulmein Road with a passenger.

I was exited CTE and was turning left towards Moulmein Road at the junction near to Lamp Post 12, at that point of time the traffic was heavy and slow moving. I felt a huge impact coming from the rear of my car. I was shock by the impact and a second impact follows after. I exited the car to discovered that a Heavy Lorry had collided to the rear of my car. I waved at the driver signaling him to stop and he pointed towards the front of the road. I assumed that he wanted to stop at the front thus I moved forwards as not to congests the traffic.

I moved my car to the front and I realized that the said Lorry had drove off. Neither me or my passenger was injured.



**SINGAPORE
POLICE FORCE**



T/20190507/2183

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20190507/2183

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: D / Sgt 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 20:13
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case: SM 045
Authentication Stamp NP168 	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0139690J



HO FUI LENG

何 惠 玲

CHINESE

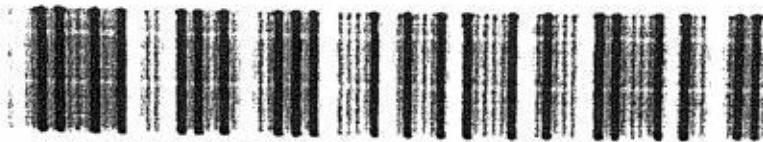
DATE OF BIRTH

27-06-1954

COUNTRY OF BIRTH

SINGAPORE

2785322



NO. S0139690J



Serial Date Date of issue

0- 21-02-1993

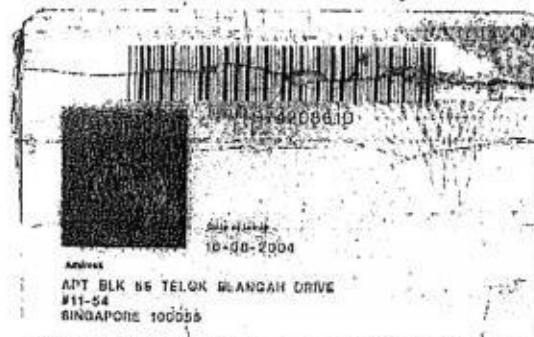
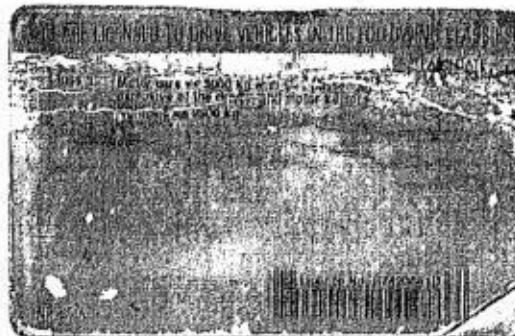
APT ILAKS TELOK BLANGAH DEWE H151
SINGAPORE 10113

NRIC No. S0139690J

Date: 21-02-1993

No. 2552569

Accident Sketch Plan Pg. 1





redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

account number
05163

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987 - Road Transport Act, 1987 (Malaysia)
-Motor Vehicles (Third-Party Risks) Rules, 1987 (Malaysia)

Policy details

Policyholder name	HO FUL LING	Certificate number	GA175114 / 1
Cover	Comprehensive	Chassis number	WDD2073472F033849
Plan name	Essential	Engine number	27188030145385
NCD applicable	50%		
Vehicle registration number	S1254R		
Period of insurance	from 10/10/2019 to 29/10/2019 (both dates inclusive)		
Finance/loan company	HERITAGE AUTO ENTERPRISE PTE LTD		

Persons or classes of persons entitled to drive*

(a) The usage of the vehicle by the Policyholder (Insured) is not covered under this policy.

(b) Any Named Driver as stated in the Policy.

1. LEE ENG WAI RONALD

(c) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS	Basic Own Damage Excess	S\$0 600.00
	Windscreen Excess	S\$0 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorised Driver
2. S\$500 for declared Young and Inexperienced Driver
3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Windshields.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature

Important note

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). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (109903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811

1 of 3

Accident Photo



Accident Photo

