

2388/2019

ASS. REC. BY:

REF: CS3/ASM/9007517/ESF3-1

serial instructions:

Surveyor: SA/VE

ASSIGNMENT (Office)

From (Person): Tan Wan chong

of AXA

Date/Time: 19.8.19

Estimated Cost:

Bill to:

OD / TP / FWS / TP RES / OD RES / EVA / INV / MV / CS

To inspect Vehicle No: SDV 82234

Insured: SKA 2158E

at Workshop n/s ACI Autolubation

Tel: 68 44 118 4

of 13 Kaki Bkt Rd 4 #03-29

Policy No:

Claim No: S9M01LNE

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 25.4.2019

CA / REV / REP. / REV 24 HRS

"wp"

H.O.D. Endorsement:

Date/Time: 25.19 1:05pm

Person Contacted: Shy wen

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate	
	SDV 8223H - X		X Please do paper survey and insured has also submitted some accident photos. Please do not try the paper survey report in the assessment sheet. let us have the report in the letter head.
	SKA 2158E - X		
	Dismantle: 30/4/2019		
	After repair: 6/5/2019		
	Submit L/S \$ 1,900/- @ 4 days		
	(\$ 3,600/- red - 66%)		

RECEIVED 22 AUG 2019



21/8/2019 150

Surveyor Steve

REF: ASM(CXA)

PRS

ASSIGNMENT

From: 30/4/19

Estimated Cost:

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No: SDV 8223H

at Workshop m/s Ace Auto Solution

of 13 kaki Bkt Rd 4 #03-29

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: car In

(Policy Condition)

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

N/S	O/S

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 up

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SDV 8223H

Yr Regn: 2/8/17

Type: ☒ M/Car M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 33/88 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU31249392

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Modi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: - R

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

TOYO / YOKO or

Front

R/Bal: 7 mm

L/Bal: 7 mm

D.O.A. 25/4/19

Survey held at

Ace Auto Solution

Rear

R/Bal: 7 mm

L/Bal: 7 mm

D.O.I. 30/4/19 1206pm

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

Rear LH

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

Date / Time	Action / Instruction
	MV - 75,900 <u>Apr Range - 2k - 3k</u>
	PV - 45,104 <u>Days - 4 days</u>
	MV - 29,896
	<u>2/5/2019</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

☐ S + RD, ☐ SR

☐ Photos

☐ Others

TOTAL

100
100

Report Format: PRS

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




Service Request Details

Claim

S9M01LNE

Reference

None 

Loss Date

April 25, 2019

Report Date

Apr 29, 2019 9:08:19 AM

Request Date

August 19, 2019

Due Date

August 26, 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 #

SDV8223H

Model

VEZEL-1.5 (A)

Service Address

3 LORONG PUNTONG #08-11, . . 576444

Primary Contact/Insured

IVENA KURNIAWAN

3 LORONG PUNTONG #08-11, THOMSON IMPRESSIONS, 576444, Singapore

LINGKC88@GMAIL.COM

Claim Handler

TAN Wancong

tan.wancong@axa.com.sg

Additional Instructions

please do paper survey and Insured has also furnished some accident photos. please do not key the pa...
(expand)

4

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











CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S • A. RAVIDASS • DON TAN **60158743**

Our ref: AS.190800.a)
Your ref: To be advised

3019750993 - - -

18 July 2019

IVENA KURNIAWAN
806 THOMSON ROAD
#15-12
SINGAPORE 298189



BY CERTIFICATE OF POSTING

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811
ATTENTION: MOTOR CLAIMS DEPARTMENT

BY PDX



Dear Sirs,

**ACCIDENT INVOLVING SDV 8223H & SKA 2158E ALONG BRADDEL ROAD
TOWARDS BISHAN ON 25 APRIL 2019**

We refer to the above matter.

We act for **LIM KENG BIN**, the owner of motor vehicle **SDV 8223H** involved in the captioned accident.

We were instructed by our client to claim damages against you in connection with a road traffic accident on **25 APRIL 2019 ALONG BRADDEL ROAD TOWARDS BISHAN** involving our client's motor vehicle **SDV 8223H** and your motor vehicle **SKA 2158E** driven by you or your authorized driver and/or your insured at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

a)	Cost of Repair	S\$ 5,500.00
b)	Rental (11 days X \$120) inclusive of PRI/weekends/PH	S\$ 1,320.00
c)	Survey fees	S\$ 360.00
d)	LTA	S\$ 14.49
e)	Costs (inclusive of 7% GST)	S\$ 1,070.00
	Total	S\$ 8,264.94

A copy of each of the following supporting documents is enclosed.

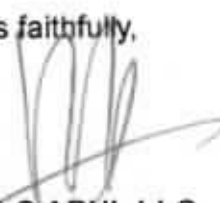
- a) Our client's GIA report;
- b) Copies of the LTA searches;
- c) A copy of Rental invoice;
- d) A copy of Proforma invoice;
- e) A copy of Survey report & invoice;
- f) A copy of PARF/COE rebate for registered vehicle;
- g) A copy of Certificate of insurance;
- h) A copy of vehicle alignment report.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,



CHIA S ARUL LLC
Enclosure(s)

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	26/04/2019 17:30
Date Of Accident	25/04/2019 19:15
Exact Location Of Accident	ALONG BRADDEL ROAD TOWARDS BISHAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV8223H
Insured/Policyholder	
Name Of Registered Owner	LIM KENG B N
NRIC No	S6800131E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90109169
Alternative Phone No	OFFICE-90109169

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-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

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Policy Number
Cover Note Number

Driver

Name of Driver	HOA PENG SUM
NRIC No	S6812926E
Date Of Birth	26/03/1968
Occupation	INDOOR
Date Of Driving Pass	06/01/1990
Driving Experience	29 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90109169
Fax Number	
Contact Number	
Email Address	NOEMAIL

* Address	55 THONG SOON GREEN SINGAPORE
Postcode	787361
*Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

SEE ATTACH SKETCH PLAN & STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT AVAILABLE DURING REPORTING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA2158E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVENA KURNIAWAN
NRIC/Passport Number	
Contact Number	91335988
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

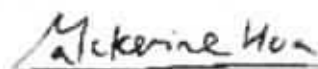
IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:


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

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

Sketch Plan #2

SKETCH PLAN



Vehicle A: GDV823BH
Vehicle B: SKA215EE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 April 2019 at around 7:15 pm, I was travelling along braddel road toward bishan. Suddenly, vehicle B (SKA 158E) collided of my vehicle LH side.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048582
 Tel (65) 6234 0310 Fax (65) 6224 0000
 Operating hours: Monday to Friday, 09:00 - 17:00
 UEN: S46610100 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MR0011405435 Vehicle Registration No: SDV 8223H
 Name (as shown in NRIC) : Lim Keng Bin NRIC/FIN/Passport No : S6800131E
 ("Vehicle Driver / Vehicle Owner") (") Please delete as appropriate
 Address : 55 THONG SOON GREEN Singapore 787361
 Contact (Tel) : — Mobile No.: 90109169
 Email Address : —
 Date of Accident : 25.04.19 Time of Accident : 19:15
 Place of Accident : Along Braddell Road, Towards Bishan
 Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend my address on
my initial report should be 55 Thong
Soon Green & not 55 Hong Soon Green.
Sorry for the inconvenience caused

Policyholder / Driver's Signature

Date: 27.06.19

Reporting Centre Personnel's Signature

Name: —
 NRIC/FIN No.: —
 Date: 27.06.19

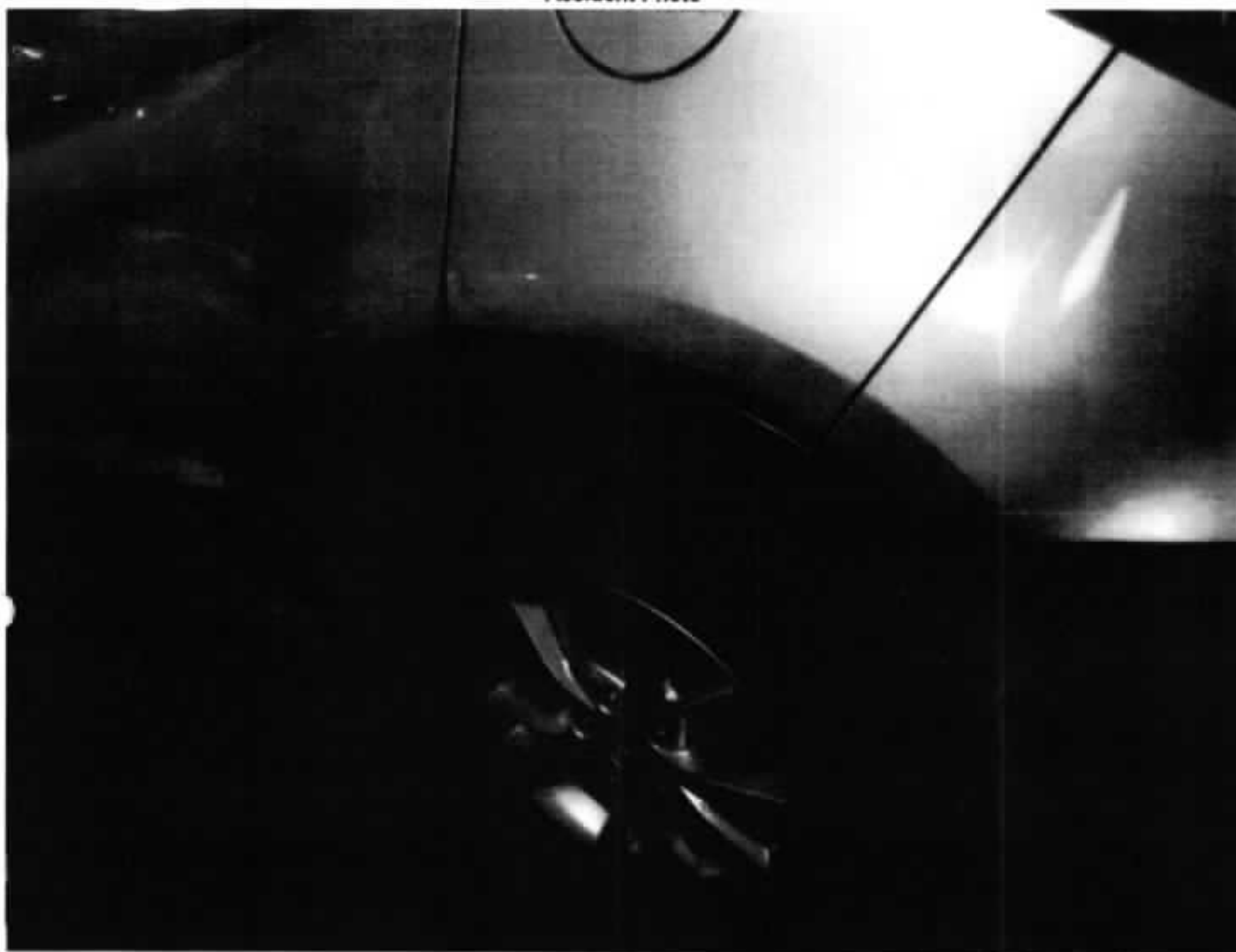
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



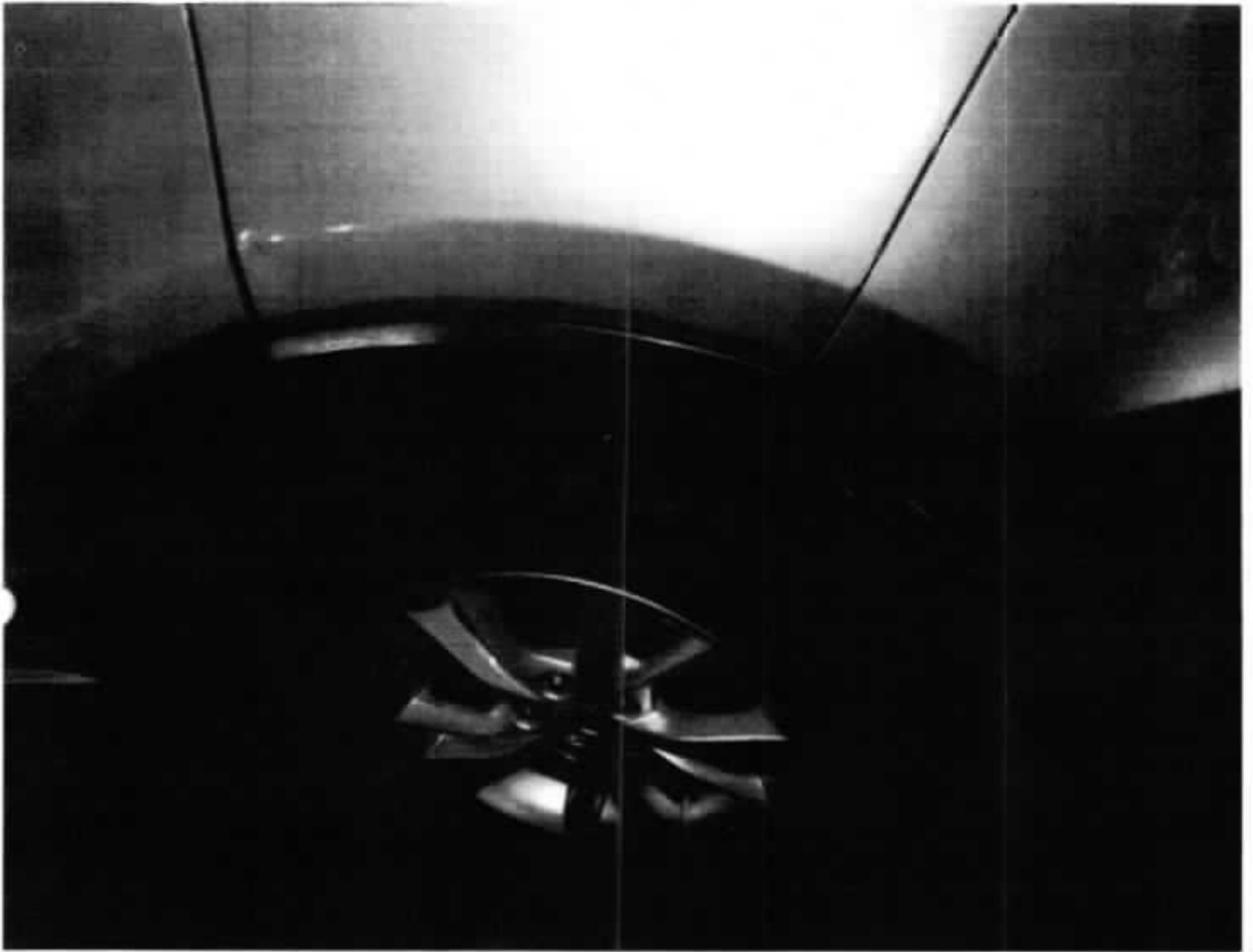
Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle & Owner Information (Vehicle No. SKA2158E As At 25 Apr 2019 / 19:15:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: SDVB223H-CSA

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S8973301D

Owner Name: IVENA KURNIAWAN

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 806

Registered Street Name: THOMSON ROAD

Registered Unit No.: # 15 - 12

Registered Building Name: -

Registered Postal Code: 298189

Current Vehicle Details

Vehicle No.: SKA2158E

Make Description/Model: VOLKSWAGEN / NEW GOLF 1.4 AT 5K13G5

Insurance Company Name: AXA INSURANCE PTE LTD

[Print](#)[OK](#)



Thank you

Chia See Kim Angela Sharon has successfully logged out.

Your last login date and time was 10 Jul 2019, 16:40:22.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

S/N	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction
1	Vehicle	SKA2158E	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Apr 2019 / 17:53:45

Receipt Date/Time : 26 Apr 2013 / 17:53:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190426-003480

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKA2158E As at 25 Apr 2019/19:15:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKA2158E Enquiry Fee 20190426175224076655	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx8446	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

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

ECO AUTOMOBILE LEASING

13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
S417807
T: 6384 7515 F: 6702 4202
E: ecoautoleasing@gmail.com
Co. Reg No. 53354814D

**INVOICE****HIRER DETAIL**

Name : Hoa Peng Sum
Address : 55 Thong Soon Green
Singapore 787361

Registration No. : 20162184M
Invoice No. : ECO/CSL/19/010
Date : 10/5/2019
Payment Term : COD

Tel : 6702 4282
Fax : 6702 4202

Attention: Account Payable

<i>S/N</i>	<i>DESCRIPTION</i>	<i>No. of Days/Wks/ Mths</i>	<i>Per Days/Wks/Mths Rental Charges</i>	<i>Total \$(SGD)</i>
1	Rental of Toyota Axio - Car Plate No. : SLF 4215Y - Period : 25/4/2019 - 6/5/2019	11 Days	\$120.00	\$1,320.00
	Sub Total \$ (SGD)			\$ 1,320.00
	Grand Total \$ (SGD)			\$ 1,320.00

All Cheque are to be crossed and made payable to ECO AUTOMOBILE LEASING

THANK YOU FOR YOUR PAYMENT

THIS IS A COMPUTER GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED



ACE AUTOLUTION PTE LTD

13,KAKI BUKIT ROAD 4 ,BARTLEY BIZ CENTRE #03-29.SINGAPORE 417807.

COMPANY REG. NO : 201403869W

EMAIL: admin@aceauto.com.sg

TEL: 6844 1184

FAX: 6702 4202

NAME : LIM KENG BIN

DATE : 21/6/2019

PROFORMA INVOICE : ACE-036-2019

JOB NO .

-

ADDRESS : 55 THONG SOON GREEN
SINGAPORE 787361

VEHICLE NO. SDV 8223 H

MAKE & MODEL : HONDA
VEZEL

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1	COST OF REPAIR			\$ 5,500.00
		TOTAL		\$5,500.00

IMPORTANT

Please remit payment within 7 days from the due date

An interest of 1.5% per month will be levied on all overdue amounts

*All cheques must be made payable to **ACE AUTOLUTION PTE LTD***

(WE ARE NOT GST REGISTERED)

This a computer generated document.No signature is required.

S K AUTO CONSULTANTS

Invoice

Bill To: LIM KENG BIN

C/o ACE Autolution Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Invoice No:	2019160
Date:	30/5/2019
Our Ref	TP/019/0160SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No. : SDV 8223H	360.00
Date of Accident : 25/04/2019	
Date of Inspection : 30/04/2019	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	360.00
Balance Due	360.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS


Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/019/0160SK

Your Reference: TBA

Date: 30/5/2019

TO: LIM KENG BIN
C/o ACE Autolution Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Assessment of Vehicle No. : SDV 8223H

Date of Accident : 25/04/2019

Date of Inspection : 30/04/2019

We have carried out a physical assessment of SDV 8223H at ACE Autolution Pte Ltd according to your instructions on 30/04/2019 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	SDV 8223H
Make & Model	:	HONDA VEZEL
Year of Registration	:	2017
Engine Capacity (cc)	:	1496
Chassis No.	:	RU31249392
Engine No.	:	LEB5945408
Colour	:	Silver
Mileage (km)	:	na

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	Kumho 215/55R17 - 80%
LH Make/Size	:	Kumho 215/55R17 - 80%

Rear

RH Make/Size	:	Kumho 215/55R17 - 80%
LH Make/Size	:	Kumho 215/55R17 - 80%

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

Page No. 2

Our Reference TP/019/0160SK
Vehicle No. SDV 8223H

4.DESRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Left side rear portion and undercarriage
Please see attached schedule for details.



Estimated Amount : S\$7,327.60
Adjusted Amount : S\$5,500/-
Estimated Repair Days : 5 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/019/0160SK
Vehicle No. SDV 8223H

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)		OUR ASSESSMENT(S\$)	
	PARTS (LIST ITEMS)					
1	Rear bumper	Deformed		1542.00	1542.00	X NM
1	Rear bumper side retainer LHS	Necessary		124.00	124.00	✓
1	LHS Rear fender	Dented		782.00	782.00	X R
1	LHS Rear fender wheel arch garnish	Grazed/Cut		298.00	298.00	195 ✓
1	LHS Rear corner panel	Dented		592.00	592.00	450 ✓
1	LHS Rear wheel bearing	Impact on side wall of tyre Damaged		242.00	242.00	X NM
1	LHS Rear shock absorber			492.00	492.00	X NM
1	Rear axle			1250.00	1250.00	X NM
			less	20%	20%	
				5322.00	5322.00	76960
				1064.40	1064.40	-20%
				4257.60	4257.60	615.68
	SPECIAL NETT ITEMS					
1set	Rear bumper clips	Necessary		60.00	40.00	20 ✓
1set	Rear fender wheel arch garnish clips	Damaged		60.00	40.00	10 ✓
1	LHS Rear sports rim	Grazed/dmg.		980.00	980.00	600 ✓
	TOTAL PARTS			5357.60	5317.60	530

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/019/0160SK



Vehicle No. SDV 8223H

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; and replace damaged parts & components	1000.00	800.00 500✓
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	600.00	400.00 /
3	To remove and replace rear undercarriage parts	250.00	200.00 150✓
4	To conduct computerised wheel alignment test	120.00	100.00 60✓
	Labour Total :	1970.00	1500.00 1110
	TOTAL (PARTS & LABOUR):	7327.60	6817.60

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

The final adjusted Lump Sum contract amount is S\$5,500/-

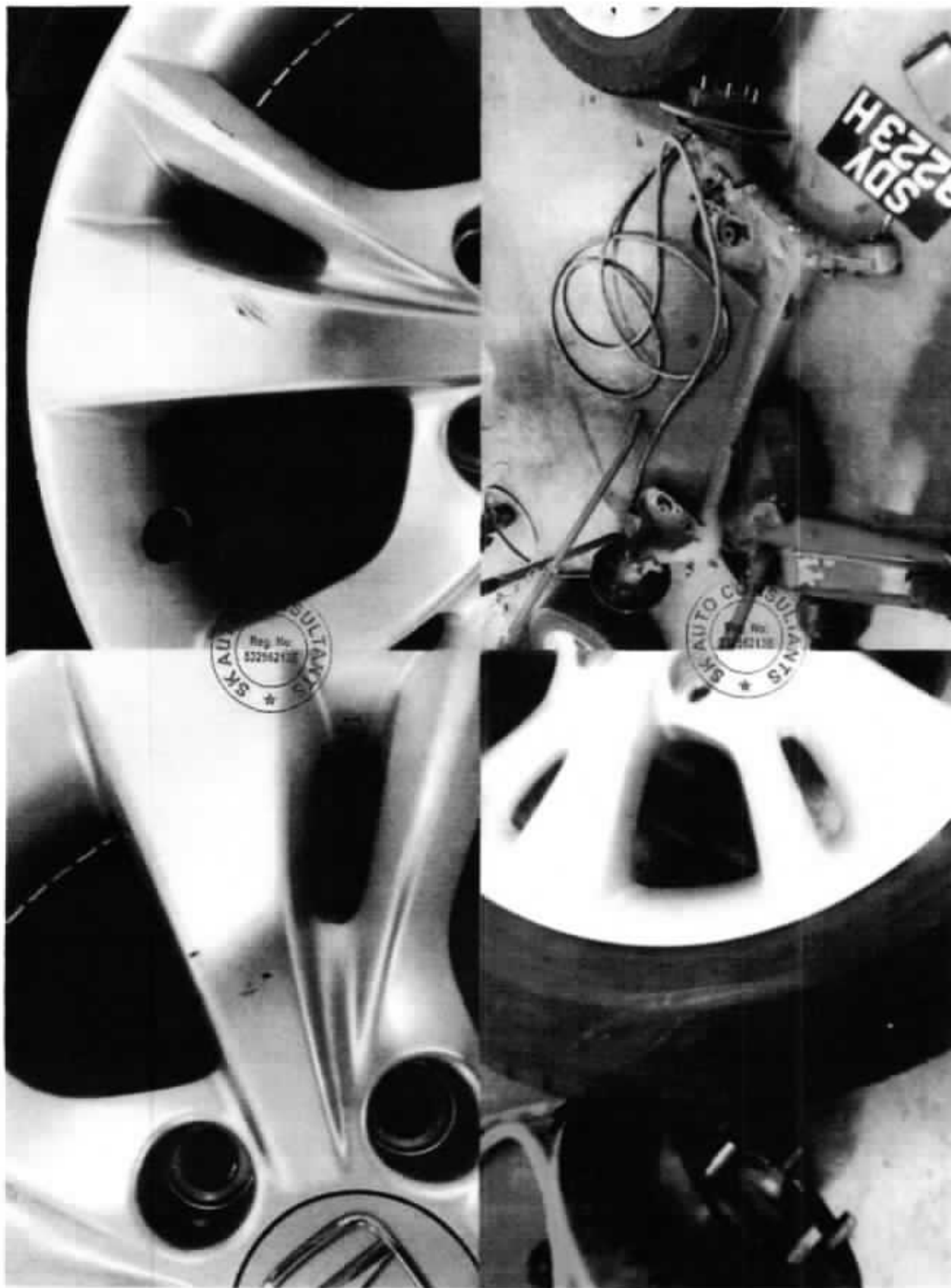


 S. Kumanan
 Motor Surveyor

P - 615.68
 AI - 630
 L - 1110
 2 355.68
 4 repair days
 L/S - 1884.54
 = 1909

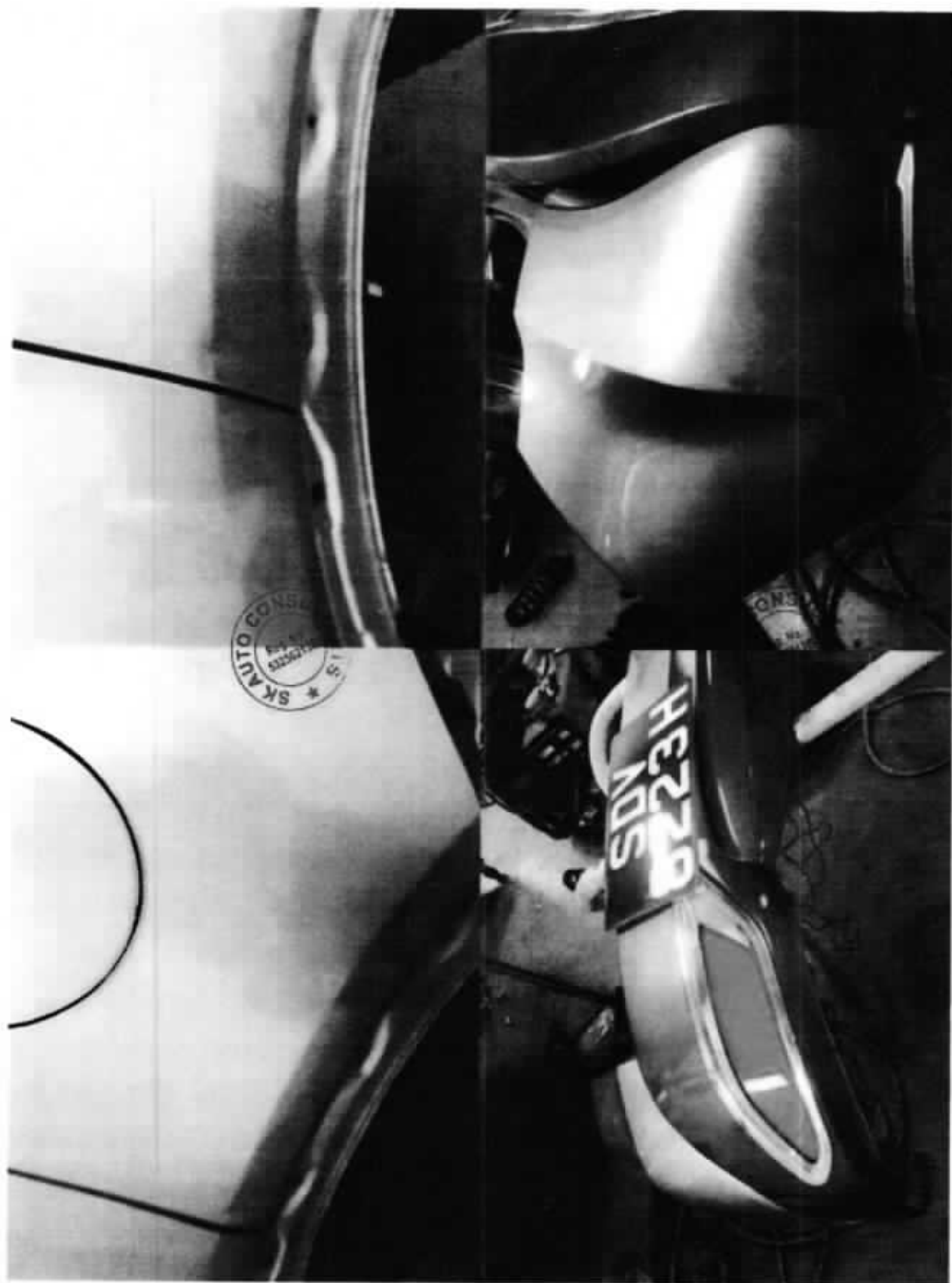


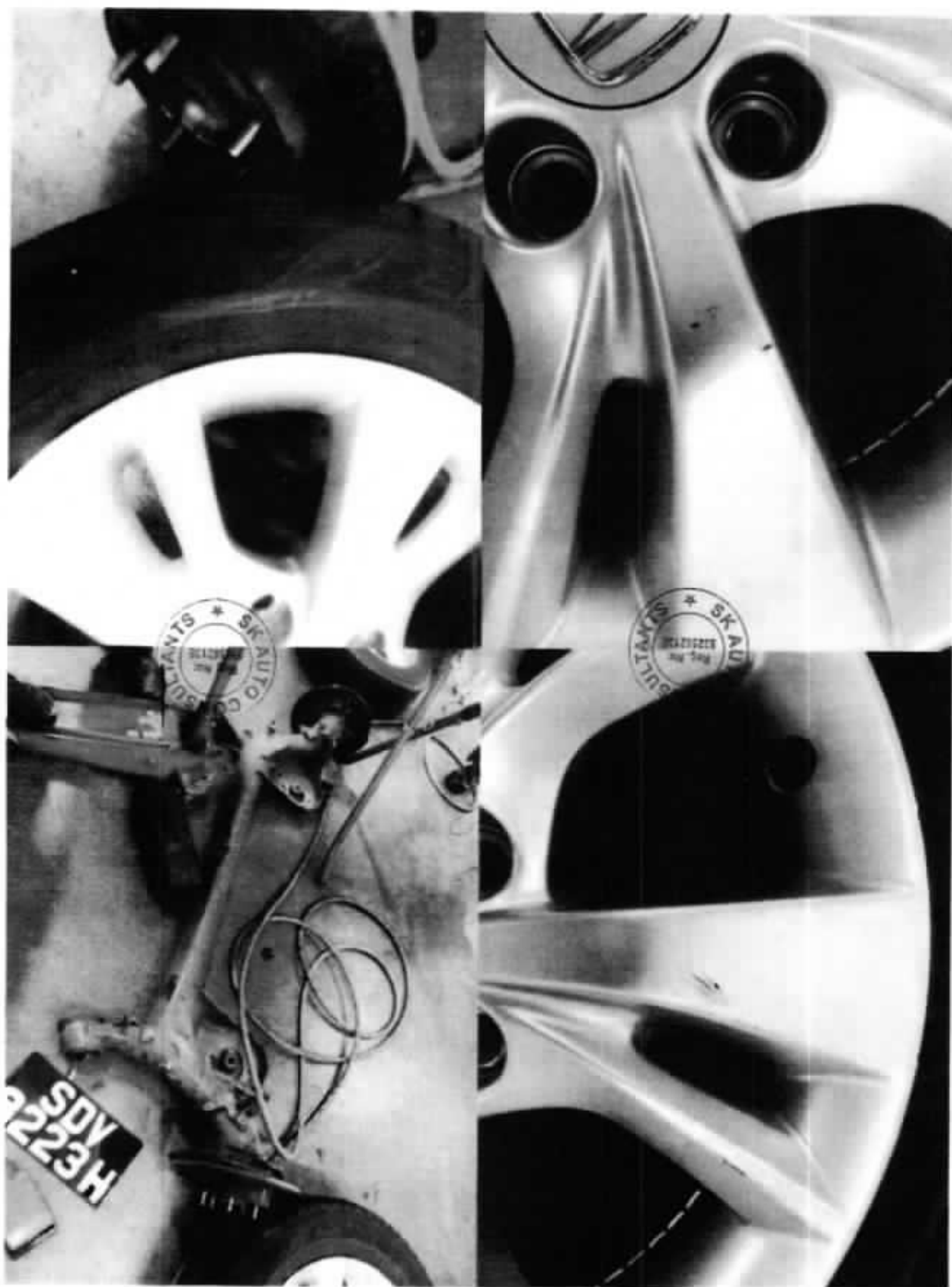












Customer: SDV8223H

Date: 29-Apr-19 3:01PM

Company:

VIN

License NO:

Technician:

Odometer:

Order NO:

VEHICLE ALIGNMENT REPORT**Primary Angles**

			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	---	---	---	---
		Right	---	---	---	---
	Camber	Left	-0.5	---	---	-0.5
		Right	-0.3	---	---	-0.3
	Toe	Left	0.05	---	---	0.05
		Right	0.00	---	---	0.00
		Total	0.05	---	---	0.05
Rear	Camber	Left	-2.1	---	---	-2.1
		Right	-0.9	---	---	-0.9
	Toe	Left	0.70	---	---	0.70
		Right	0.10	---	---	0.10
		Total	0.80	---	---	0.80
	Max Thrust Angle			---		

Secondary Angles

			Initial	Specifications		Final
				Min.	Max.	
		Total	---	---	---	---
Rear	Camber	Left	---	---	---	---
		Right	---	---	---	---
	Toe	Left	---	---	---	---
		Right	---	---	---	---
		Total	---	---	---	---
	Max Thrust Angle		---	---		---

Secondary Angles

Secondary Angles		Initial	Specifications		Final
			Min.	Max.	
SAI	Left	---	---	---	---
	Right	---	---	---	---
Included Angle	Left	---	---	---	---
	Right	---	---	---	---
Toe Out On Turns	Left	---	---	---	---
	Right	---	---	---	---
Max Turn Inside	Left	---	---	---	---
	Right	---	---	---	---
Toe Curve Change	Left	---	---	---	---
	Right	---	---	---	---
Setback	Front	---	---	---	---
	Rear	---	---	---	---
Track Width Diff.		---			---
Wheel Base Diff.		---			---
Front Ride Height	Left	---	---	---	---
	Right	---	---	---	---
Rear Ride Height	Left	---	---	---	---
	Right	---	---	---	---
Frame Angle					---

Customer: SDV8223H	Date: 6-May-19 2:03PM
Company:	VIN
License NO:	Technician:
Odometer:	Order NO:

VEHICLE ALIGNMENT REPORT

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	---	---	---	---
		Right	---	---	---	---
	Camber	Left	-0.5	---	---	-0.5
		Right	-0.3	---	---	-0.3
	Toe	Left	0.05	---	---	0.00
		Right	0.00	---	---	0.00
		Total	0.05	---	---	0.00
Rear	Camber	Left	-1.0	---	---	-1.0
		Right	-0.9	---	---	-0.9
	Toe	Left	0.10	---	---	0.10
		Right	0.10	---	---	0.10
		Total	0.20	---	---	0.20
	Max Thrust Angle			---		

Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
		Total	---	---	---	---
Rear	Camber	Left	---	---	---	---
		Right	---	---	---	---
	Toe	Left	---	---	---	---
		Right	---	---	---	---
		Total	---	---	---	---
	Max Thrust Angle		---	---		---

Secondary Angles		Initial	Specifications		Final
			Min.	Max.	
SAI	Left	---	---	---	---
	Right	---	---	---	---
Included Angle	Left	---	---	---	---
	Right	---	---	---	---
Toe Out On Turns	Left	---	---	---	---
	Right	---	---	---	---
Max Turn Inside	Left	---	---	---	---
	Right	---	---	---	---
Toe Curve Change	Left	---	---	---	---
	Right	---	---	---	---
Setback	Front	---	---	---	---
	Rear	---	---	---	---
Track Width Diff.		---			---
Wheel Base Diff.		---			---
Front Ride Height	Left	---	---	---	---
	Right	---	---	---	---
Rear Ride Height	Left	---	---	---	---
	Right	---	---	---	---
Frame Angle					---

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

Owner ID Type: Singapore NRIC
Owner ID: 0131E

Vehicle Details

Vehicle No.: SDVB223H
Vehicle to be Exported: Yes
Intended Deregistration Date: 30 Apr 2019
Vehicle Make: HONDA
Vehicle Model: VEZEL HYBRID 1.5X AUTO
Primary Colour: Silver
Manufacturing Year: 2017
Engine No.: LEB5949408
Chassis No.: RU31249392
Maximum Power Output: 112.0 kW (150 bhp)
Open Market Value: \$29,946.00
Original Registration Date: 02 Aug 2017
First Registration Date: 02 Aug 2017
Transfer Count: 0
Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 01 Aug 2027
PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 01 Aug 2027
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$50,110.00
COE Rebate Amount: \$40,088.00
Total Rebate Amount: \$43,838.00

The information contained herein is correct as at 30 Apr 2019

OK

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1967
ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 1091817884 01 Cover : **NTUC PREMIUM**

1. Make, make and Registration Number of Vehicle: **SDW3223H**
Chassis Number: **R133245982**

2. Name of Policyholder: **LIM KENG BIN**

3. Effective Date of Insurance: **02 Aug 2018**

4. Expiry Date of Insurance: **01 Aug 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 business or profession.

This Policy does not cover:

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

■ Limitations rendered inoperative by Section 3 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM KENG BIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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, 1967 (Malaysia)

Agency : VENTURE CARS PTE. LTD. (00000573058)
Date of issue : 03 Jul 2018 10:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	27/04/2019 09:44
Date Of Accident	25/04/2019 19:10
Exact Location Of Accident	BARTLEY FLYOVER.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2158E
Insured/Policyholder	
Name Of Registered Owner	IVENA KURNIAWAN
NRIC No	S8973301D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91375988
Alternative Phone No	OFFICE-91375988

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA437439/1
Cover Note Number	

Driver

Name of Driver	IVENA KURNIAWAN
NRIC No	S8973301D
Date Of Birth	03/10/1989
Occupation	INDOOR
Date Of Driving Pass	25/08/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91375988
Fax Number	
Contact Number	OFFICE-91375988
EMail Address	NOEMAIL

Address	806 THOMSON ROAD #15-12
Postcode	298189
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

VEHICLE INFRONT OF ME HAD AN ACCIDENT, I SIGNAL RIGHT AND CHECKT IT WAS CLEAR THEN I START TO FILTER RIGHT, SUDDNELY VEHICLE B SPEED THROUGHT AND MY FRONT RIGHT PORTION WAS DAMAGE.

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	SDV8223H
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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)	

IMPORTANT NOTICE

1. Please read and correctly fill in the details of the accident on this form.
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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

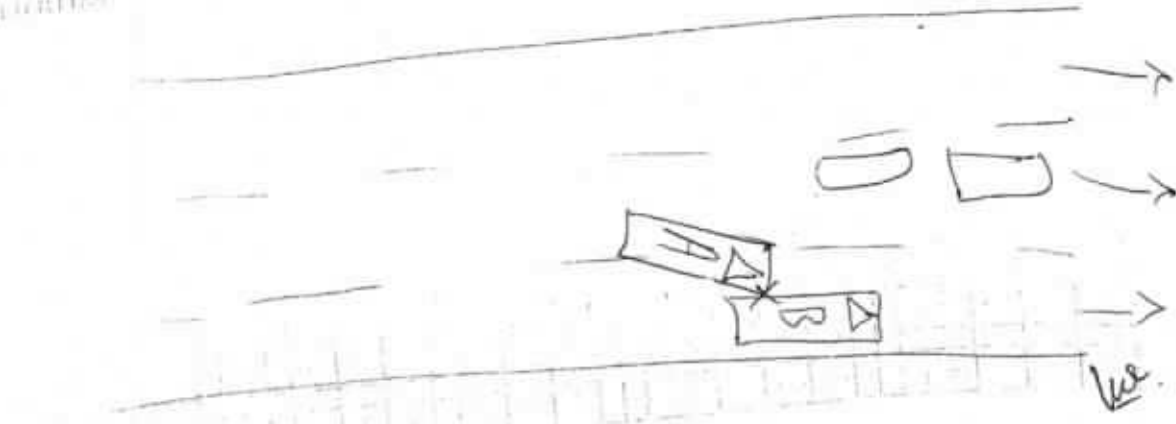
Policyholder's Signature
Date & Time:

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

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

26/4/2019
1200hrs-

SECTION 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle in front of me had an accident. I signal right and check it was clear then I start to filter right. Suddenly vehicle B speed through and my front right portion was damage.

DECLARATION

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

[Signature]
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.:


LETTER OF UNDERTAKING

I/We, IVENA KURNIAWAN, the owner of vehicle no. SKA 2158E

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

.....
Date

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8973301D



Name
IVENA KURNIAWAN

Race
CHINESE
Date of birth
03-10-1989
Country of birth
INDONESIA

Sex
F

4057330

REPUBLIC OF SINGAPORE DRIVING LICENCE



NAME: IVENA KURNIAWAN

DATE OF BIRTH: 03 OCT 1989

SEX: F

DATE OF ISSUE: 25 AUG 2009



NAME: S8973301D



Date of issue
19-11-2010

Address
**808 THOMSON ROAD
#15-12
SINGAPORE 298189**

4051441

REPUBLIC OF SINGAPORE DRIVING LICENCE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

25 Aug 2009



Licence No: S8973301D

NP 425A



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

14684

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)

Policy details

Policyholder name	IVENA KURNIAWAN	Certificate number	0A437439 / 1
Cover	Comprehensive	Chassis number	WVWZZZ1KZBW141317
Plan name	Essential	Engine number	CAX594785
NCD applicable	0%		
Vehicle registration number	SKA2158E		
Period of Insurance	from 27/01/2019 to 26/01/2020 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. LING KIM CHUAN
 (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	SGD 800.00
	Windscreen Excess	SGD 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 Workshops.

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 (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

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	26/04/2019 17:30
Date Of Accident	25/04/2019 19:15
Exact Location Of Accident	ALONG BRADDEL ROAD TOWARDS BISHAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV8223H
Insured/Policyholder	
Name Of Registered Owner	LIM KENG BIN
NRIC No	S6800131E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90109169
Alternative Phone No	OFFICE-90109169

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-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 THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

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

Driver

Name of Driver	HOA PENG SUM
NRIC No	S6812926E
Date Of Birth	26/03/1968
Occupation	INDOOR
Date Of Driving Pass	06/01/1990
Driving Experience	29 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90109169
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	55 THONG SOON GREEN SINGAPORE
Postcode	787361
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

SEE ATTACH SKETCH PLAN & STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT AVAILABLE DURING REPORTING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA2158E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVENA KURNIAWAN
NRIC/Passport Number	
Contact Number	91335988
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 Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:


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

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

Sketch Plan #2

SKETCH PLAN

Vehicle #: SDV8223H

Vehicle B - SEARVISE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 April 2019 at around 7:15 pm, I was travelling along bridel road

toward bishan Suddenly, vehicle B (SEA2158E) collided of my vehicle

LH side -

DECLARATION

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

Policyholder's Signature _____

Diaper & Tissue

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature _____

Nursing

NRC/FIN No. 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 348582
 Tel (65) 6224 0312 Fax (65) 6224 0292
 Operating hours: Monday to Friday, 09:00 - 17:00
 UEN: S66550200 / GST Reg. No.: M40017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MIL0001905436 Vehicle Registration No: SDV 8223H
 Name(s) shown in RQC: Lim King Pin NRIC/FIN/Passport No: 56806131E
 ("Vehicle Driver / Vehicle Owner") ("Please delete as appropriate)
 Address: 55 THONG SION GREEN Singapore (787561)
 Contact (Tel): --- Mobile No.: 90109169
 Email Address: ---
 Date of Accident: 25-04-19 Time of Accident: 19:15
 Place of Accident: Along Bridle Road, Towards Bishan
 Insurance Company: AFAC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend my address on
my initial report should be to Thong
Sion Green & not 55 Thong Sion Green
Sorry for the inconvenience caused

Policyholder / Driver's Signature

Date: 27-04-19

Reporting Centre Personnel's Signature

Name: ---
 NRIC/FIN No.: ---
 Date: 07-04-19



Your Ref: S9M01LNE

Date: 22nd Aug 2019

Our Ref: CS3/ASM19007517/Esf3e2-1

M/s Axa Insurance Pte Ltd

8 Shenton Way #24-01

Axa Tower

Singapore 068811

(The Motor Claims Department)

Attn : Tan Wancong

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SDV 8223H
INSURED VEHICLE: SKA 2158E
ACCIDENT DATE: 25/04/2019**

We thank you for your instruction on 19/08/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SDV 8223H from M/s S K Auto Consultants.
- b) Singapore Accident Statement of Vehicles SDV 8223H and SKA 2158E.
- c) Final Repair Bill of SDV 8223H from M/s Ace Autolution Pte Ltd.
- d) Colour damaged vehicle photographs of SDV 8223H.

Pre-Repair Inspection Date : 30/04/2019 at M/s Ace Autolution Pte Ltd, 13 Kaki Bukit Road 4, #03-29 Bartley Biz Centre, Singapore 417807.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SDV 8223H
Make & Model	: Honda Vezel Hybrid 1.5X Auto
Year of Registration	: 2017
Chassis Number	: RU31249392
Engine Capacity	: 1496 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDV 8223H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	NOT NECESSARY	1,542.00	-
1	REAR BUMPER SIDE RETAINER LHS	NECESSARY	124.00	124.00
1	LHS REAR FENDER	TO REPAIR SEE LABOUR	782.00	-
1	LHS REAR FENDER WHEEL ARCH GARNISH	GRAZED / CUT	298.00	195.00
1	LHS REAR CORNER PANEL	DENTED	592.00	450.60
1	LHS REAR WHEEL BEARING }	NOT NECESSARY	242.00	-
1	LHS REAR SHOCK ABSORBER }	NOT NECESSARY	492.00	-
1	REAR AXLE }	NOT NECESSARY	1,250.00	-
	LESS 20% DISCOUNT		-1,064.40	-153.92
			4,257.60	615.68
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	20.00
1	SET REAR FENDER WHEEL ARCH GARNISH CLIPS (SN)	DAMAGED	60.00	10.00
1	LHS REAR SPORTS RIM (SN)	GRAZED / DAMAGED	980.00	600.00
			1,100.00	630.00
LABOUR				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; AND REPLACE DAMAGED PARTS & COMPONENTS. INCLUSIVE OF THE REPAIR OF LHS REAR FENDER.		1,000.00	500.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED.		600.00	400.00
	TO REMOVE AND REPLACE REAR UNDERCARRIAGE PARTS.		250.00	150.00
	TO CONDUCT COMPUTERISED WHEEL ALIGNMENT TEST.		120.00	60.00
			1,970.00	1,110.00
GRAND TOTAL			7,327.60	2,355.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,900.00



Report Ref No. CS3/ASM19007517/Esf3e2-1

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.