

ASS. REC. BY:

REF: C1/ASM17015583/Pe

Special Instruction:

Survey:

ASSIGNMENT (Office)

From (Person):

Peter Wang

of

ASM(CAXA)

Date/Time:

21/07/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

XE1588D

Insured:

at Workshop no/s

Focus Auto

Tel:

68869047

of

1 Kaki Bukit Ave 6 #02-50

Policy No.:

Claim No.:

S9M01SZX

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

1/7/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:30pm @ 21/7/19

Person Contacted:

Ms. Sin

Vehicle IN/OUT

500/g

Date/Time

Action/Instruction

Johnnie ✓

to investigate detailed scenario and comment on consistency

to check if there is any overloading factor

Pls get vehicle / dump truck capacity and also get work order

proof on D.O.A.

To obtain LOA from Insured company with company stamp.

Request
28/7/2019

Dear Petru



Service Request Details

Please inform

Claim
S9M015ZX

Reference
None

Loss Date
July 1, 2019

Report Date
Jul 5, 2019 12:00:00 AM

Request Date
July 24, 2019

Due Date
July 31, 2019

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss
Own Damage

Services
Loss adjustment

This insured is under Virtual
acc account. Virtual called our office
to check on why we are "disturbing"
their insured after our investigator called
(PH) to request for the docs that you
had requested us to get.

Pls advise our next course of action
as our investigator would require to
All along

9272 9265

meet driver in order to ~~ascertain~~
the details ~~regarding~~ ~~regarding~~ ~~the~~
of the scenario.

Actions

Next Step
Agree to perform service

1) Address the constant damage
of the damage
2) And if there was 1) If they notice
overloading property

Decline Work Accept Work

contact virtual to arrange out
up

Due to improper and interview

Vehicle Information

Incident Vehicle Registration #
XE1588D

Jeunesse
Jan NUS (Executive)

6338 0083

PRODUCT
XXXXXX

Service Address

...

Primary Contact/Insured

ORIENT NATURAL RESOURCES PTE. LTD.
24 SIN MING LANE, #02-94 MIDVIEW CITY, 573970, Singapore
63380083
ASPETRA.MOTOR@GMAIL.COM

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

We would like to engage your service for an OD investigation. The vehicle was already surveyed by o...
(expand)

Messages

Invoices

History

Documents5

Assessment

Metrics

Notes

New Message

TYPE



SENT

7/24/19 11:50 AM

FROM

WANG Peter

SUBJECT

Pls also check if there is a potential TP claim from property owner

BODY



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	05/07/2019 09:13
Date Of Accident	01/07/2019 18:00
Exact Location Of Accident	CONCRETE PLANT OPPOSITE LAMP POST 6 AT LOR HALUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1588D
Insured/Policyholder	
Name Of Registered Owner	ORIENT NATURAL RESOURCES PTE LTD
Co Reg No	201015702G
Email Address	ORIENT@ORIENTNR.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63583268

Vehicle Particulars

Manufacturer	IVECO
Model	TRAKKER
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	GOODS VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1758810
Cover Note Number	

Driver

Name of Driver	SHI JIANJUN
Passport No/FIN	G5410970P
Date Of Birth	24/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) (+65-83660716)
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

9272 9265
AH QIONS

Address	295B COMPASSVALE CRES #04-223 SINGAPORE
Postcode	542295
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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

(1) Refer to Sketch Plan. (2) I, SHI JIANJUN works for ORIENT NATURAL RESOURCES PTE LTD and using the vehicle for work at the time of accident.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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:

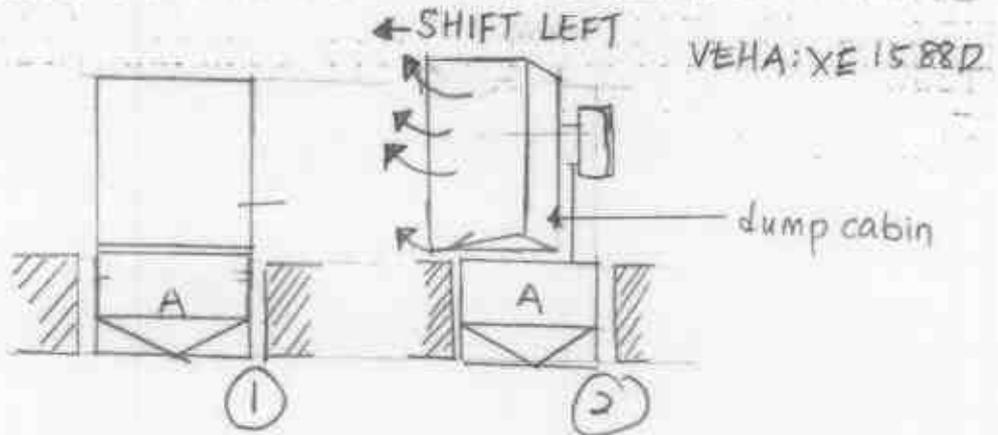
Handwritten signature of the policyholder.

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

Handwritten signature of the driver.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

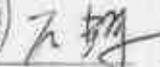
On 1/7/2019 around 1800 pm, I was inside XE 1588 D inside G & W cement plant. My lorry was stationary unloading loading at the plant. Suddenly "dump cabin" sway to the right side.

DECLARATION

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




Policyholder's Signature
Date & Time:




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

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