ASS. REC. BY: | REF: C1/ASM1901617S/D | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Cynthia Koh of AXA Date/Time: 5/9/2019

Estimated Cost: Bill to:

~~OD / TP / WST~~ TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SJF9J41L Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: 89M01ZA7

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 31/8/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SJF9J41L-X

5/9/19

Service Request Details

Claim
59M01ZA7

Reference
None

Loss Date
August 31, 2019

Report Date
Sep 5, 2019 4:21:00 PM

Request Date
September 6, 2019

Due Date
September 13, 2019

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss
Own Damage

Services
Investigation

Actions

Next Step
Agree to perform service

Decline Work | Accept Work

Vehicle Information

Incident Vehicle Registration #
SJF9241L

Model
CIVIC 1.8 VTI

Service Address

...

Primary Contact/Insured

MARIE RAJENDRA ANNE
BLK 273A JURONG WEST AVE 3, #06-35, 641273, Singapore
98581975
SOUZA79@SINGNET.COM.SG

Claim Handler

LOH Cynthia
6568804843
cynthia.loh@axa.com.sg

Additional Instructions
MODIFICATION INVESTIGATION

New Message

DHAKAL Raghav

From:	Nabilah <nabilah@mova.com.sg>
Sent:	Thursday, September 05, 2019 3:50 PM
To:	SG AXA Insurance SM AXA SGP - Motor Survey
Cc:	'Mova - Alan (Fan Yoong)'; 'Suann'; 'Nitha'
Subject:	[EXTERNAL] OD Claim - SJF9241L - DOA : 31/08/2019
Attachments:	RPT.pdf
Importance:	High
Categories:	Raghav

Dear Sir/Mdm,

Kindly assist to arrange survey on 06/09/2019 (Friday) morning at Mova (Fan Yoong).
Vehicle is in since 03/09/2019.

Thank you.

Best Regards,
Nabilah Senin
MOVA Automotive Pte Ltd
15 Fan Yoong Road
Singapore 629792
Tel: +65 6262 3377
Fax: +65 6264 3151

MOVA
Automotive Pte Ltd

Connect with us on

Nivitha (LKK Auto)

From: LIM Wee Teck Brian
Sent: Friday, 6 September 2019 1:11 PM
To: bhtay@autoprobe.com.sg; admin@autoprobe.com.sg; nick@lbs-auto.com; benson@lbs-auto.com; jimmy.lee@priorityservices.sg; cynthia.ong@priorityservices.sg; valuation@lkkauto.com; admin-a@lkkauto.com; edwardchowl@yahoo.com; mail@vpappraisal.com
Cc: CHOW Soon Hee Gene; LOH Cynthia
Subject: Effect MV for SJF9241L
Attachments: PARF_COE Rebate Enquiry SJF9241L.pdf

Dear Valued Partners,

Kindly check MV and update Ms Cynthia Loh.

DOA : 31/8/2019

Thank You

Brian Lim (Mr)
Specialist (SIU & SITF)
AXA Insurance Pte Ltd | 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 www.axa.com.sg

HP : 97541858

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	382G

Vehicle Details

Vehicle No.:	SJF9241L
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Sep 2019
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.8L A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	R18A13032957
Chassis No.:	JHMFD163085215060
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	$21,964.00
Original Registration Date:	15 Apr 2008
First Registration Date:	15 Apr 2008
Transfer Count:	2
Actual ARF Paid:	$21,964.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	14 Apr 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	$40,881.00
COE Rebate Amount:	$35,180.00
Total Rebate Amount:	**$35,180.00**

The information contained herein is correct as at 06 Sep 2019

OK

MHLW19116509 / Hin Lung Workshop - HQ
ENTRY DATE & TIME: 03/09/2019 11:42
SUBMITTED BY: Ong Puay Kang

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/09/2019 12:03

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	03/09/2019 11:42
Date Of Accident	31/08/2019 15:35
Exact Location Of Accident	02 JURONG WEST ST 23 (BESIDE GOOGLE OFFICE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF9241L
Insured/Policyholder	
Name Of Registered Owner	ANNE MARIE RAJENDRA
NRIC No	S8005382G
Email Address	SOUZA79@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98519849
Alternative Phone No	OTHERS-98581975
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8 VTI
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA460581
Cover Note Number	
Driver	
Name of Driver	DE SOUZA TIMOTHY WILBERT
NRIC No	S7939227H
Date Of Birth	14/12/1979
Occupation	INDOOR
Date Of Driving Pass	20/04/2001
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581975
Fax Number	
Contact Number	
EMail Address	TIMOTHY@CIMELIAGLOBAL.COM

Bought 4 yrs. So far no mechanical issue.

brake spring rear all swap from previous vehicle.

No LTA cert for exhaust manifold.

Address	BLK 273A JURONG WEST AVENUE 3 #06-35
Postcode	641273
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	COLLIDED INTO PARKED VEHICLE
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

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB8304R
Vehicle Make/Model/Colour	RUBBISH TRUCK / GREEN
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VENKAT RAMAW RAJA
NRIC/Passport Number	G2320374Q
Contact Number	83590628
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 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.

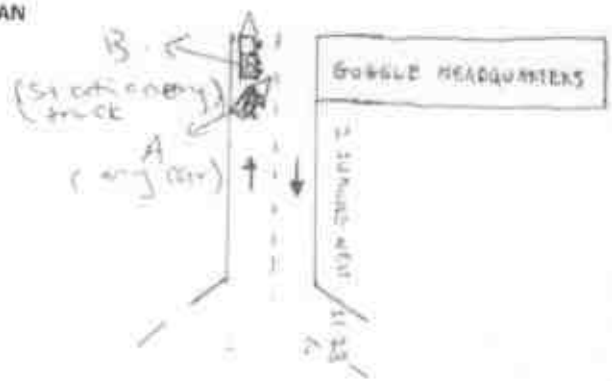
Policyholder's Signature
Date & Time: 3 Sept 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02 Sept 2019

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A – SSF 9241L (MY CAR) B – XB 8304R (rubbish truck)

I was driving along No 2 Jurong West St 23, I tried to overtake a stationary truck but instead I accidentally hit his back right of the truck.

proceed along Jurong West St 23.

as I misjudged the distance between the truck and the clearance space of my car.

The truck driver checked his vehicle and mentioned there was no damage to his vehicle

No one was injured at the time of the accident

DECLARATION

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

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 25 Sept 2019 3.30pm	Date & Time: 25 Sept 2019 3.30pm	Name: Amin NRIC/FIN No.: