

22/03/2002

ASS. REC. BY:

REF: CS/SPF 19016714/ Rly \$30k

Special Instruction:

Survivor: Rasu

ASSIGNMENT (Office)

From (Person): Frankie Thay

of SPF

Date/Time: 23.9.19 9.19.a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMC 18145

Insured: TP 83P

at Workshop m/s Borno motor

Tel: 9742757

of 2 Pandan Crescent Level 4

Policy No:

Claim No: AEMD / 105 / 009 / 2019 / 095

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 18.9.2019

CA / REV / REP. / REV 24 HRS

imp

H.O.D. Endorsement:

Date/Time: 23.9.19 11.31a.m

Person Contacted: Joe Tan

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SMC 18145-X

TP 83P-NBA / 1K14002504 / Y / D.O.A. / 09/01/2014

Do Not Finalise

RECEIVED 11 DEC 2019

Ass. File BY: Rahul

REP:

SPF

3856

ASSIGNMENT

From: _____ Date: 24/9
Estimated Cost: _____
OD: TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SMC 18143
at Workshop m/s Borneo Motor
of 2 Pandan Crescent
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

24/9/2019 11am-12pm

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: SMC 18143 Yr Regn: 2018 Jun
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: TOYOTA CHR 1.27.ACA C.C. 1197
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 7822 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTNK438X101068157
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / SRim / STD A/Rim or
Tyre Size: F: 215/50R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 18/09/19 D.O.I. 24/09/19
Survey held at BORNEO MOTOR
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S FRONT
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>11/12/19</u>	<u>Upper Range \$2200 - \$2500</u>
<u>11/12/19</u>	<u>Submit PIP \$2366-40 4 days Weekend 0 days</u> <u>(Red \$3488-90, 59%)</u>

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 4

1)

☐

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

11/12/19 Typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

220

Transportation:

S + RS. \$

Photos

Others

TOTAL

220

Report Format:

Lump Sum / LBL: (\$

Nivitha (LKK Auto)

From: Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>
Sent: Monday, 23 September 2019 9:21 AM
To: assignments; Veron Chen (LKKAuto)
Cc: Rosalyn TAN (SPF); Hafizul Farhan RAHMAT (SPF)
Subject: RE: Pre-Repair Inspection for vehicle SMC1814S involving RTA with government vehicle TP83P

Your reference: SMC1814S

Our reference: AEMD/105/009/2019/095

Veron,

Please conduct a Pre-Repair Inspection for vehicle SMC1814S at the address listed below:

Kindly contact Motor Claim Assessor, **Joe Tan @ 9742 7757 / 6631 1507** is located at **2 Pandan Crescent / Level 4** for an appointment to inspect (currently vehicle NOT in workshop).

Thanks.

Frankie Thay (Mr)
Safe Driving Manager
Automotive Engineering & Management Division
Police Logistics Department
Singapore Police Force
DID: (65) 6478 4841 | FAX: (65) 6478 4848



HOME TEAM
TRANSFORMATION 2025
One Home, One Team
Building Our Future Together

WARNING "Privileged/Confidential information may be contained in this message. If you are not the intended addressee, you must not copy, distribute or take any action in reliance thereon. Communication of any information in this email to any unauthorized person is an offence under the Official Secrets Act (Cap 213). Please notify the sender immediately if you receive this in error."

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	20/09/2019 10:17
Date Of Accident	18/09/2019 08:50
Exact Location Of Accident	THE BEND OF THE EXIT FROM PIE AT CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1814S
Insured/Policyholder	
Name Of Registered Owner	ZHANG JING
NRIC No	S6976385E
Email Address	CHLOEZHANG98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97390470
Alternative Phone No	OFFICE-97390470

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR-1.2 (A)
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?	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	CN894676
Cover Note Number	

Driver

Name of Driver	ZHANG JING
NRIC No	S6976385E
Date Of Birth	09/11/1969
Occupation	INDOOR
Date Of Driving Pass	23/11/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97390470
Fax Number	
Contact Number	OFFICE-97390470
Email Address	CHLOEZHANG98@GMAIL.COM

Address	450 CORPORATION RD #16-04
Postcode	649810
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TP83P
Vehicle Make/Model/Colour	MUHD KHAIR AMIN
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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: 20/9/19 8:12

Driver's Signature

(If driver is not the policyholder)

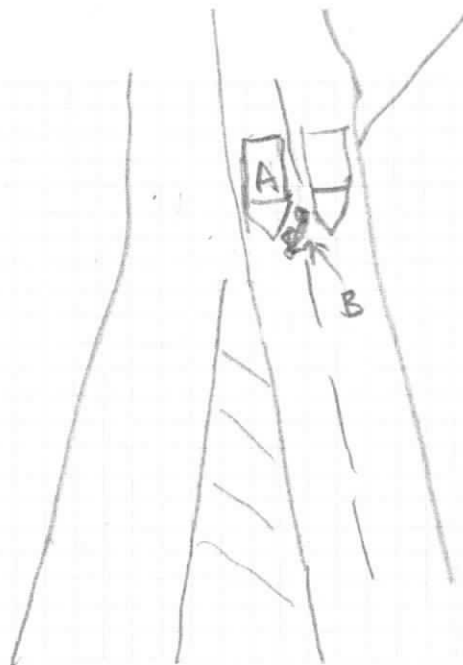
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A - SMC18145

B - TP83P

on the bend of the exit
from PIE (To city) at
Clementi Ave 6.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 20/9/19 8:12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 10:18	Vide Report No.: J/20190918/0045	Station Diary No.: 52
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Informant's Particulars

Name of Informant: ZHANG JING			Address: 450 CORPORATION ROAD #16-04 SINGAPORE 649810		
ID Type / ID No.: NRIC NO / S6976385E			Contact No.: Home/Office: Mobile: 97390470		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 49	Date of Birth: 08/11/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 18/09/2019 08:50	Type of Location: Bend
Location: Along Road 1 CLEMENTI AVENUE 6				
PIE twds Airport , along bend of Clementi Ave 6 Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC1814S		TOYOTA	C-HR 1.2 TURBO ACTIVE (AUTO)	White		0
TP83P						0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190918/2038

2 of 2

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190918/2038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC1814S	AXA INSURANCE SINGAPORE PTE LTD	P2142966	27/06/2018	26/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHANG JING	ID No.	S6976385E
Related Vehicle	SMC1814S	Contact No.	97390470
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A 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 above mentioned date, time and location, I was on the bend of the exit from PIE at Clementi Ave 6.

There was an accident further in front along the same road, hence I was stationary due to the extremely slow moving road. I was on the right lane. Suddenly I felt a slight impact.

I realized that a traffic police motorcycle, TP83P had side swiped my car, on the left side, causing a small scratch. The traffic police officer stopped to make checks, another officer came. He took my In-car Camera SD card and advised me to lodge a police report.



SINGAPORE
POLICE FORCE



T/20190918/2038

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20190918/2038

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 3 KANG HUI MING, DON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/09/2019 10:18

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA: JORTAN

MOTOR ACCIDENT REPORT

Date Of Report : 20/09/2019 Time: 8:12 Date Of Accident : 18/09/2019 Time: 8:50
Exact Location Of Accident : The Bend of the Exit from PIE at Clementi Ave 6
Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number : SMC1814S Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No : 56976385E
Name Of Registered Owner : ZHANG JING
Mobile Number : 97390470 Alternative No: Email Address: chloezhang98@gmail.com

Vehicle Particulars

Manufacturer : Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model : CHR
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify) :
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒
Vehicle Category : Private Car ☒ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company : AXA Insurance Pte Ltd
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: CN894676

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver : ZHANG JING NRIC/ Passport / FIN No : 56976385E
Date Of Birth : 09 Nov. 1969 Occupation: Indoor ☒ Outdoor ☐
Date Of Driving Pass : 23 Nov 2005 Gender: Male ☐ Female ☒
Mobile Number : 97390470 Fax No: Alternative No:
Address : 450 Corporation Road #16-04 Postal Code: 649810
Email Address : chloezhang98@gmail.com
Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: OWNER
Vehicle Registration Number of Driver's Own Vehicle (if applicable):
Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident : LEFT FRONT COLLISION
Number of Passengers in the above vehicle (Including Driver): 1 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: Gender: Male ☐ Female ☒
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):
Was any body injured in the Accident? No ☒ Yes ☐
Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐
Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:
Number of vehicles involved in the accident: 2
Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below
Witness Name: Contact No.: Email:
Was there any other vehicle or property damaged? No ☐ Yes ☒ TP83P MOTORBIKE.
Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☒
Was the accident reported to the police? No ☐ Yes ☒ (If yes, please state which Police Station): CLEMENTI N.P.C.
Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number : TP83P Vehicle Make/Model/Colour:
Details Of Properties Damage in Accident:
Vehicle Category:
Name of Driver : MUHD KHAIR AMIN
NRIC/Passport/FIN Number: Contact Number:
Address: Postal Code:
Insurance Company Name:
Nature Of Damage: No. Of Passenger (Including Driver):

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M

**Original**Agent Code: **14885**Policy No. (if any): **BSTU042 SERINA****New Business**

SmartDrive Quote Ref:

MOTOR COVER NOTENo. **CN894676**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	ZHANG JING
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA C-HR 1.2
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2018
ENGINE NO.	8NRU197628
CHASSIS NO.	JTNKY3BX101008157
ENGINE CAPACITY/TONNAGE	1197
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HONG LEONG FINANCE LIMITED
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 22/06/2018 TO: 21/06/2020
EXCESS (S\$)	500
AXA PREMIUM WORKSHOP?	NO BORNEO MOTORS (S) PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by **AISINCHCAPE4** on **21/06/2018 3:27pm**


 Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.



Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

ESTIMATE

Download "My Toyota SG" app on Playstore or Appstore to access your Toyota ME account & more!

Account Detail				Account No		Customer Detail			
THIRD PARTY CLAIM				S1000020 / TPCLAIM		Mdm Zhang Jing 450 Corporation Road #16-04 Singapore 649810 Mobile: 97390470			
				Document No					
				0					
				Document Date					
				24/09/2019					
Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks		
18	AHXNXQ	A1	NGX10R	27/06/2018	SMC1814S	0	48814 84/TP/SMC1814S		
Chassis No		Engine No		Terms	Service Engineer	Vehicle In	Collected On		
JTNKY3BX101008157		8NRU197628		60	Joe Tan Joo Seng	--/--/----	0.00 --/--/---- 0.00		
L	Cd	Job/Parts Description				Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES T/P CLAIM ACC DATE:18/09/19 TOW/DRIVE IN: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:							50 100.00
2	B	BP-LAB2 TO CHECK WIRING AND LIGHTS FUNCTIONING AND CARRY OUT WATER LEAK TEEST.							122.40 X
3	B	BP-ECU2 TO RESET ECU AND REPROGRAMME							180.00
4	B	BP-ECU2 TO CONDUCT ADJUSTMENT ON WAVE RADAR SENS OR.							180.00
5	B	BP-LAB2 TO DRILL HOLE AND RE-INSTALL FRONT SENSO R.							180.00 X
6	B	BP-LAB2 TO REMOVE NECESSDARY DAMAGED PARTS, REPLACE AND REPAIR L/F PORTION OF CAR.							720 2160.00
7	I	BP-RES2 TO SPRAY PAINT ON DAMAGED AFFECTED L/F PORTION OF CAR.							1180 2360.00
8	1	T52119-10916 COVER, FR BUMPER repair				1.00	397.60		397.60
9	2	T52536-10040 RETAINER, FR BUMPER Xsn				1.00	118.90		118.90
10	3	S52161-0K040 PIECE, RR BUMPER ne				10.00	4.10		41.00
Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.									
For & on behalf of Borneo Motors			Customer's Signature			Change Summary		Total	
			Please acknowledge receipt of vehicle			Parts Labour Materials Lubrication/Fluid Others		Less	
								Amount Due	

PLEASE TEAR ALONG PERFORATED LINE

4044347

TO SECURITY GUARD

4044347

PLEASE ALLOW THE UNDERMENTIONED
VEHICLE TO LEAVE THE COMPANY PREMISES.
SMC1814S

VEHICLE NO

CUSTOMER

SIGNATURE
FOR BORNEO MOTORS (SINGAPORE) PTE LTD

**Borneo Motors**

Inchcape



Borneo Motors (Singapore) Pte Ltd

Online Service Booking:
 Toyota Bodycare Centre
 No. 2 Pandan Crescent
 Singapore 128462
 Tel no.: 6631 1188

ESTIMATE

Co Reg No : 196700086Z
 GST Reg No : MR-8500000-9

Download "My Toyota SG" app on Playstore or Appstore to access your Toyota ME account & more!

Account Detail		Account No	Customer Detail	
THIRD PARTY CLAIM		S1000020 / TPCLAIM	Mdm Zhang Jing	
		Document No	450 Corporation Road	
		0	#16-04	
		Document Date	Singapore 649810	
		24/09/2019	Mobile: 97390470	

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
18	AHXNXQ	A1	27/06/2018	SMC1814S	0	48814	84/TP/SMC1814S

Chassis No	Engine No	Terms	Service Engineer	Vehicle In	Collected On
JTNKY3BX101008157	8NRU197628	60	Joe Tan Joo Seng	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
11	4	T89348-F4030 RETAINER, ULTRASONIC <i>acc</i>	1.00	15.40		15.40

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

Resul
Hp 90010068
4 days
24/09/19 @ 1125
Resurvey before after repair

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors	Customer's Signature	Change Summary	Total	5,855.30
	Please acknowledge receipt of vehicle	Parts 572.90	GST 7.00%	409.87
		Labour 5,282.40	Less	0.00
		Materials 0.00		
		Lubrication/Fluid 0.00		
		Others 0.00	Amount Due	6,265.17

PLEASE TEAR ALONG PERFORATED LINE

4044348

4044348

TO SECURITY GUARD

PLEASE ALLOW THE UNDERMENTIONED
 VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 24/09/2019
 TIME 11:21

VEHICLE NO SMC1814S

CUSTOMER

SIGNATURE
 FOR BORNEO MOTORS (SINGAPORE) PTE LTD

**Borneo Motors**

Inchcape



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

Affiliated to Federation Internationale Des Experts En Automobile			
AUTOMOTIVE ENGINEERING & MGT DIVISION		Ref : CS/SPF19016714/R1yf3e2	
ACCIDENT CLAIM SECTION(SPORE POLICE FORCE)1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333 ATTN : FRANKIE THAY		Date : 11-12-2019	
		Code : SPF	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	TP 83P	Veh. Inspected	SMC 1814S
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2019/095	Excess (\$)	0.00
Assign From	FRANKIE THAY	Assign Date	23/09/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA C-HR 1.2 TURBO ACTIVE (A)	c.c	1197
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTNKY3BX101008157	Colour	WHITE
Odometer	7822	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/50 R17	DUNLOP	6 mm
L/H Front Tyre	215/50 R17	DUNLOP	6 mm
R/H Rear Tyre	215/50 R17	DUNLOP	6 mm
L/H Rear Tyre	215/50 R17	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/09/2019	Inspection Date	24/09/2019
Survey held at	BORNEO MOTORS (S) PTE LTD 2 PANDAN CRESCENT SINGAPORE 128462		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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. SMC 1814S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	SUNDRIES (SN)	NECESSARY	100.00	50.00
1	COVER, FR BUMPER (SN)	TO REPAIR SEE LABOUR	397.60	-
1	RETAINER, FR BUMPER (SN)	SERVICEABLE	118.90	-
10	PIECE, RR BUMPER (SN)	NECESSARY	41.00	41.00
1	RETAINER, ULTRASONIC (SN)	NECESSARY	15.40	15.40
			672.90	106.40
LABOUR				
	TO CHECK WIRING AND LIGHTS FUNCTIONING AND CARRY OUT WATER LEAK TEST.	NOT NECESSARY	122.40	-
	TO RESET ECU AND REPROGRAMME.		180.00	180.00
	TO CONDUCT ADJUSTMENT ON WAVE RADAR SENSOR.		180.00	180.00
	TO DRILL HOLE AND RE-INSTALL FRONT SENSOR.	NOT NECESSARY	180.00	-
	TO REMOVE NECESSARY DAMAGED PARTS, REPLACE AND REPAIR L/F PORTION OF CAR. INCLUSIVE OF THE REPAIR OF COVER, FR BUMPER.		2,160.00	720.00
	TO SPRAY PAINT ON DAMAGED AFFECTED L/F PORTION OF CAR.		2,360.00	1,180.00
			5,182.40	2,260.00
GRAND TOTAL			5,855.30	2,366.40
RECOMMENDED COST OF REPAIRS				2,366.40

Report Ref No. CS/SPF19016714/R1yf3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$2,200-\$2,500

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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