ASS. REC. BY:	Dacil	esiasmia	017 418 Rlad.	Bur Special Instruction	
	Jas tun		MENT (Office) ASM (AXA)	Date/Time	03/10/2010
	200		Bill to:	Danting	03 0 -0
OD TP/WS	TP RES / OD RES	S/EVA/ENV/MV			
	ticle No:			naured:	
		A .	workshop	Tel: 6858	3000
of	B1K 1008 &	set Meruh F	ane 3 # 0	-20	
Policy No:		/	Claim No:	S9M 002	HJ
Sum Insured				NII	
Outil montos			Excess	1112	
Make of Veh (Client's Record			Excess:		01/10/2019
Make of Veh (Client's Record CA (REV)	REP. / REV 24 H	RS Person Contacte	Excess:	D.O.A. (epenenti
Make of Veh (Client's Record CA (REV) Date/Time II	REP. / REV 24 H • 40am 3/10/ Action/Instruction	Person Contacte	susun Fire ca	D.O.A H.O.D. End Vehic (ID) Se + Invest	out out
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ACC PEG BY	Copone CSI ASM196		(- 20184 , 2027 18
	ASS	SIGNMENT	(ACX, W. 3000)
From	Date	Veh No: 56L 1952 A	(025F (06XP1R4:2026/A
Estimated Cos	t-	Type: (M.Cer / M.Cycle / Bus / Van /	
OD TP / WS	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To thispect Vel	ide No: 39L19821	Make FIRT M. SCHWMA	CHEC == 2446
at Workshop m	is HIN LUNG	Colour Res	A/C Insured / Std / NI / NA
01 088	BURY MERCH LN 3 # 01-20	Sp.Reading -	T/Radio: Insured / Std / NI / NA
Insured:	ASM (AYA)	Eng/No:	
Policy No.		C/No: ZFA 192 000	500575116
Claims No.		Gen. Cond: Good / Fair Poor / Burn	ht.
Sum Insured:	Excess: NIL	Steering: (norder/ Jammed / Leaker	d / Burnt or
(Client's Reci		Brake: (norder / Jammed / Leaker	d / Burnt or
Make of Veh:		Modi: Nil / SIR m / STD A/Rim	or
			1452KM
(Policy Condi	lian)	R:	1.
	eh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	A / MIC / OHTSU (PIR) SUMI /
repai	r at the time of inspection.	TOYO / YOKO or	ANNINAME REPORTED TO SELECTION
Bal. or Market	Value 48K Wolf.	Front	Rear
IDAC Accident	The second secon	R/Bal, / nm	- R/Bal. / mm
GIA / PR See	March Service Committee Co	L/Bal. (mm	L/Bal. 6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 61 1019	D.O.L. 03/10/19
Lum Sum:	% 3 Val.: Yes or No	- 0111	-non
		Des. of Damages Frid Rear / O/S	SALAN A CONTRACTOR OF THE SALAN AND THE SALA
CA I REV	I REP. I 24 HRS Vehicle: IN I OUT		
Date:	Person Contacted:	The U/C / Chassis frame / Bo	dy Structure affected due to collision.
Date / Time	Action / Instruction		
	TOTAL LOSS		
	RECEIVE	D 1 4 NOV 2018.	
Date/Time, File Pas	: Preli. Report	Days Of Repair:	
		Resurvey No. of Trip:	Survey Fee: 000
0.0	W.W. Linai Kehoit	Acousty No. of Trip;	Survey Fee: 900
1) (4) u Mu Date/Time, File Ro	turn to?		
Date/Time, File Ro		e: Site Insp (\$	WASHINGTON A
11 14/11 hr	Add Fe)5+R55I
Date/Time, File Ro	Add Fe	9: Site Insp (\$ Interview (\$ Tech, Inve (5	WASHINGTON A



Service Request Details

Claim

59M022HJ

Reference

None 🔊

Loss Date

October 1, 2019

Report Date

Oct 3, 2019 8:50:29 AM

Request Date

October 3, 2019

Due Date

October 10, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Fire

Accept Work Accept Work Accept Work

Vehicle Information

Incident Vehicle Registration # SGL1952A

Model

STILO SCHUMACHER 2.4

Service Address

Primary Contact/Insured

TEO TEE HUA

100E PASIR PANJANG ROAD, #07-05 CENTURY WAREHOUSE, 118521, Singapore

ADMIN@ICAREGIA.COM.SG

Claim Handler

TAN Jas

6568804844

jas.tan@axa.com.sg

Additional Instructions

OD - HIN LUNG OD XS NIL please conduct survey and fire investigation

Messages	Invoices	History	Documents	Assessment	Metrics	Notes	
Document Type		Docu	ment SubType				
		•		:▼			
+ Upload Doc	uments						
NAME		14	DL.jpg				
TYPE		For	ms / Claim Docur	nents			
SUB-TYPE		Dri	ver's License / IDI	P			
AUTHOR		нин	N LUNG WORKSH	НОР			
DATE UPLOAD	DED	Oc	tober 3, 2019				
NAME		B	ADVISE.jpg				
TYPE		For	rms / Claim Docur	nents			

AUTHOR

HIN LUNG WORKSHOP

DATE UPLOADED

October 3, 2019

NAME

OD HIN LUNG-ESTIMATE.jpg

TYPE

Reports & Statement

SUB-TYPE

Estimate / Quotation

AUTHOR

HIN LUNG WORKSHOP

DATE UPLOADED

October 3, 2019

NAME

SAS2679237.pdf

TYPE

Reports & Statement

SUB-TYPE

GIA Report

AUTHOR

HIN LUNG WORKSHOP

DATE UPLOADED

October 3, 2019

NAME

GA120540-Certificate of Insurance.pdf

TYPE

Forms / Claim Documents

SUB-TYPE

Policy Schedule / Covernote / Certificate of insurance

AUTHOR

DHIWAR Namrata

DATE UPLOADED

October 3, 2019

NAME

GA120540-Policy Schedule.pdf

TYPE

Forms / Claim Documents

CLID TVDE

Daller Cabadula / Comments / Castificate of Incommen

DATE UPLOADED October 3, 2019 NAME SGL1952A INS GIA.pdf TYPE Reports & Statement SUB-TYPE GIA Report AUTHOR **DHIWAR Namrata** DATE UPLOADED October 3, 2019 NAME OD EMAIL FROM WORKSHOP.pdf TYPE Letters and Correspondence SUB-TYPE Workshop AUTHOR **DHIWAR Namrata** DATE UPLOADED October 3, 2019



SINGAPORE CIVIL DEFENCE FORCE

FIRE REPORT

1. GENERAL INFO	RMATION					
INCIDENT NO. :	/20191001/0486	LOCATION OF FIRE:				
FIRE REPORTED	ON : 01 October 2019	At the junction of Lorong 1 & 6 Toa Payoh				
TIME OF CALL: 1	4:15:02 hrs	Singapore				
STATION COVERAGE : E	Sishan Fire Station		A			
2. INCIDENT INFO	RMATION					
FIRE INVOLVED:	The engine of a Fiat car (Si	GL1952A).				
	INGUISHMENT: By SCDF from fire appliances.	crew using two compress	sed air foam backpacks and a			
PROBABLE CAUS	SE OF FIRE: Accidental (O	verheating at engine com	partment)			
DAMAGE SUSTAI were damaged. Th	NED: As a result of the fire e interior of the car sustain	, the engine, windscreen ed varying degrees of he	and front parts of the car at and smoke damage.			
3. FATALITY/INJU	JRY INFORMATION					
NAME	PIN/FIN	ADDRESS	DEAD/INJURIES SUSTAINED			
NIL	NIL	NIL	NIL			
HUANG WEI KAN		гвү:				

This is a computer generated Fire Report. No signature is required.

SINGAPORE CIVIL DEFENCE FORCE



SINGAPORE CIVIL DEFENCE FORCE 91 UBI AVENUE 4 SINGAPORE 408827 TELEPHONE: 6280 0000

GST REG NO: MG-8400000-5

TAX INVOICE/RECEIPT

Name

: SIEW SHIAU CHAN

Address : 51 UBI AVE 51 UBI AVENUE 1

#01-25 PAYA UBI INDUSTRIAL PARK

Singapore 408933

Receipt No: 5706065615336631303045

Date/Time : 09/10/2019 15:34

eService ID: FR2019100903952

S/No	Payment Mode	Description	Reference No	Net Amount	GST (7% GST)	Gross Amount
1	Credit Card	Fire Report	FR2019100903952	170.00	0.00	170.00
					Total Amount (SGD)	170.00

REMARKS: Date and Time [01/10/2019 14:05] - Location of Fire [T JUNCTION OF TOA PAYOH LOR 1 & LOR 2 T AFFIC LIGHT]]

Note: This is a computer generated receipt. No signature is required. Receipt is void if payment is dishonoured.





Date/Time: 09/10/2019 15:34

Fire Report Application

Your request for the Fire Report has been confirmed and the amount of SGD170.00 will be deducted from your account. You will receive the report within 8 working days upon completion of investigations. Please quote the following transaction number when making enquiries.

Download Tax Invoice/Receipt

Transaction Number: FR2019100903952

Transaction Number: Ph.	2019100903932				Date inite. Ob	10/2019 15.5
INCIDENT DETAILS						
Date and Time	01/10/2019 14:05					
Location of Fire	T JUNCTION OF TOA	PAYOH LOP	1 & LOR 2 TRAFF	IC LIGH	Г	
Fire Involved	MOTORCAR - SGL 19	52A				
REQUESTOR DETAILS						
Requestor Type	Insurance Companies					
Requestor ID Type	Foreign International		Requestor ID	G8	012183R	
Name of Applicant	SIEW SHIAU CHAN					
Company Name	LKK AUTO CONSULT	ANTS PTE L	TD			
Company UEN						
Company Reference Number	CS/ASM19017418/R10	qd3				
CONTACT DETAILS						
Mode of Collection	Email					
Main Contact No.	62563561		Office No.			
Handphone No.			Fax No.			
Email Address	sur@lkkauto.com					
Address	Block No.	51 UBI AVE	Floor No.	01	Unit No.	25
	Street Name	Street Name 51 UBI AVENUE 1				
	Building Name	PAY	A UBI INDUSTRIAL	PARK	Postal Code	408933
PAYMENT DETAILS						
Payment Mode	Credit/Debit Card					
EP Reference No.	570606561533663130	3045				
PSI Reference No.	45416441-f825-4478-a	665-708514	498c63			
Total Fees	SGD170.00					

DHIWAR Namrata

From:

hlungws <hlungws@singnet.com.sg>

Sent:

Wednesday, October 02, 2019 4:33 PM

To:

SG AXA Insurance SM AXA SGP - Motor Survey

Subject:

[EXTERNAL] Re : SGL1952A , AD : 01/10/2019 , OD Claim , Appointment for Survey.

Attachments:

SAS2679237.pdf

Categories:

Namrata

Dear Sirs,

We refer to the above subject and kindly take note that the vehicle is already in our workshop (warded) on 01/10/2019.

Please arrange for survey and the vehicle is beyond repair.

Thank you and please let us hear from you.

Regards,

Anna

Hin Lung Workshop

Tel: 6858 3000 Fax: 6476 0075

Address: Blk 1008 Bukit Merah Lane 3 #01-20 Singapore 159722

24 CHE AND A 1991 25 PANA URI INDICATIONAL PARK, SINGAPORE 400933 TEL 1993; 62563361 VAX 1963; 62564315

Immediate Advice

To: AXA Insurance Pte Ltd

7/10/2019

Survey Details:

Date of loss	1-Oct-19
Date of appointment	3-Oct-19
Date of survey	3-Oct-19
Location of survey	HIN LUNG WORKSHOP

Vehicle Details:

Claim Type:	Own Dama	age	
Vehicle number	SGL 1952A		
Make and Model	FIAT M.SCHUMACHER		
Date of registration	28/8/2006		
Excess	\$		
Market Value	\$	40,000.00	
Parf Rebate	\$	37,597.00	
Nett Loss	\$	2,403.00	

Repair details:

TOTAL LOSS

Proposed/Revised repair cost:

Parts	TOTAL LOSS	
Check items (estimate)	\$	-
Labour	\$	
Total	#\	/ALUE!
Lump Sum(if applicable)		

Number of days for repair	0
---------------------------	---

51 UHLAVE 1, 801-25 PAYA UHLINDUSTRIAL PARK, SINGAPURE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Remarks:

PENDING FOR INVESTIGATION. REPAIR COST NOT	
ECONOMICAL. WE HAVE NOT AUTHORISE REPAIR.	
The first of the second	

Mandate:

Liability(TP)	%	
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total	#VALUE!	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 01 Oct 2019

Singapore NRIC

023F

5GL1952A

Yes

01 Oct 2019

FIAT

M.SCHUMACHER

Red

2005 192A20004528404

ZFA19200000575116

125.0 kW (167 bhp)

\$27,003.00

28 Aug 2006

28 Aug 2006

1

\$29,704,00

Forfeited

\$0.00

27 Aug 2026

E - Open Category

\$54,463.00

\$37,597.00

\$37,597.00

OK

Roperation @ 5:566k

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	02/10/2019 14:25
Date Of Accident	01/10/2019 14:05
Exact Location Of Accident	T JUNCTION OF TOA PAYOH LOR 1 &LOR 2 TRAFFIC LIGHT
Country/State of Loss	SINGAPORE
Market and the little on the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL1952A
Insured/Policyholder	
Name Of Registered Owner	TEO TEE HUA
NRIC No	S0117023F
Email Address	. THAPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96730038
Alternative Phone No	OFFICE-62742111
Vehicle Particulars	
Manufacturer	FIAT
Model	M.SCHUMACHER
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	GA120540
Cover Note Number	
Driver	
Name of Driver	TEO TEE HUA
NRIC No	S0117023F
Date Of Birth	08/03/1952
Occupation	INDOOR
Date Of Driving Pass	06/09/1972
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96730038
20/10/2016/01/05/05	

OFFICE-62742111

THAPL@SINGNET.COM.SG

Address

62 TELOK BLANGAH HEIGHTS #12-205

Postcode

100062

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

FIRE, EXPLOSION OR LIGHTNING

Weather Conditions

SUNNY AND WARM

Road Surface

HOT

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

1 NO

Was any body injured in the Accident? 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?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

999 (TEL)

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

Was there any audio recorded?

NO

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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
 - 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: Anna Name: NRIC/FIN No.:

Policyholder's Signature

Date & Time:

CIRCUMSTANCES OF THE ACCIDENT	
Kindly Ref: Police CAS	I CADD
U /	CAMO
NO: E/2019 1001/0068	
7 7 7	
the transport particulars are true in every respect.	

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name: Fin an

NRIC/FIN No.:



SINGAPORE POLICE FORCE CASE CARD

Report Number: E/2019 1001/0067 Classification No office disclosed

Actions Taken

Police Advisory Issued Magistrate's Complaint Community Mediation Investigation Branch

Others: Officer's Name:

Allo Yvan Tiezhong

Contact Number:

Useful Website Addresses:-

Magistrate's Complaint www.statecourts.gov.sg

Community Mediation Centre: https://www.mlaw.gov.sg/content/cmc/en.html

Samaritans of Singapore:https://sos.org.sg/

Family Service Centre:http://www.ncss.gov.sg/





Report No. D/20191007/2025

1 of 2

POLICE REPORT (NP299)

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

Date/Time Report Made 07/10/2019 13:21	Vide Re E/20191	port No. 001/0068	y 4	Station Diary No.
Name Of Informant TEO TEE HUA	Address APT BLK 62 TELOK BLANGAH HEIGHTS #12-205 SINGAPORE 100062			
ID Type / ID No. NRIC NO / S0117023F	Contact No. Home/Office		Mobile 96730038	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Photographer	Sex Male	Age 67	Date of Birth 08/03/1952	Racé Chinese
Institution/School Name	Language			
Date/Time Of Incident 01/10/2019 13:55	Location Of Incident LORONG 6 TOA PAYOH SINGAPORE In front of Seu Teck Sean Tong Temple			

Brief details.

On the 01/10/2019 at 1355hrs, I was driving my vehicle regn no. SGL 1952 A (Red Fiat Stilo 2.4) along Lor 6 Toa Payoh in front of Seu Teck Sean Tong Temple. At that point of time, I was waiting at the junction and my car was 3rd from the traffic light. Subsequently, I realized there was white smoke coming out from the front left side of my vehicle and I immediately alighted my vehicle and went to the road side and fire started to engulf my vehicle's engine. At that point of time, I was alone.

Signature Of Officer Recording The Report:	Signature Of Informant
D / Sgt 2 MOHAMMED MUNZIR BIN AZIZ	742.
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2019 13:21
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp JELENE ONG WEE SUAN Contact No.: 68727203	Classification Of Case:
Authentication Stamp	(41





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20191007/2025

I called for emergency services and in a short while after they arrived, they managed to put out the fire. After all is done, I contacted my office colleague who contacted AXA insurance and my vehicle was towed to their authorized workshop. I wish to add that my vehicle's engine compartment is totally burnt.

I am lodging this report for insurance purpose.

Signature Of Officer Recording The Report

D / Sgt 2 MOHAMMED MUNZIR BIN AZIZ

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp JELENE ONG WEE SUAN Contact No.: 68727203

Authentication Stamp

Signature Of Informant

Date/Time: 07/10/2019 13:21

Classification Of Case:



51 UBI AVE 1, #01/02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 6256 3561 FAX: (065) 6256 4315

Your Ref :

: S9M022HJ

Date: 19th November 2019

Our Ref

: CS/ASM19017418/R1qd3e2

M/s AXA Insurance Pte Ltd

8 Shenton Way #24-01 AXA Tower Singapore 068811 (The Motor Claims Department)

Attn: Jas Tan

Dear Sirs/Madam,

AUTOMOBILE INSPECTION REPORT OF ACCIDENT VEHICLE SGL 1952A ACCIDENT ON 01/10/2019

Instruction was received to inspect the vehicle Reg. No. SGL 1952A. The inspection was conducted on 03/10/2019 at the premises of M/s Hin Lung Workshop, Blk 1008 Bukit Merah Lane 3 #01-20, Singapore 159722.

The following vehicle information was recorded:

Registration Number

: SGL 1952A

Make/Model

: Fiat M.Schumacher

Year of Registration

: 2006

Body Colour

: Red

Chassis Number

: ZFA19200000575116

Engine Capacity

: 2446 cc

Speedometer Reading

.

The vehicle sustained damages at the front portion. (Details see photographs enclosed).



51 UBI AVE 1, #01/02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 6256 3561 FAX: (065) 6256 4315

In view of this, we are of the opinion that it would be uneconomical to proceed with the repairs due to extensive repair cost and recommend it to be written off as "uneconomical Total Loss".

Market Value	SS	40,000.00
Less: LTA Reimbursement Value (RV)	(S\$	37,597.00)
Nett Liability	SS	2,403,00

Vehicle Inspected By:

MOHD. RASUL BIN MOHD YUNUS AMSOE, AMIRTE, AMSAE-A, M. MATAI Automotive Assessor

K.K.LAU

MSc(Eng M), B Eng(Hons), Peng(UK),
MASME(USA), B Bus(Aust),MBA(UK),
IEng(UK), MIIE(mech), MinstAEA, MFIEA,
MIRTE,MIMI,MSAE,MCIArd, AM,NIJAAR(USA),
AM CATARI(CAN),M.MATA(USA),M.MdATA(USA),
Licensed Appraiser

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