

22/03/2002

ASS. REC. BY:

REF: CS3/ASM MO 17 650 / Fcf3/12 Special Instruction:

Surveyor: Ram

ASSIGNMENT (Office)

From (Person): Winnie Ho

of

ASM (AXA)

Date/Time: 4.10.19 5.45pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SCN 39E

Insured: EJ 13 B

at Workshop m/s Teamwork

Tel: 68442476

of BIK 53 Ubi Ave 1 #01-24

Policy No:

Claim No: S9M022V

Sum Insured:

Excess:

Make of Veh:

D.O.A. 4.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 8.10.19 9.11a.m

Person Contacted:

Shu Shan

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	SCN 39E - X
	EJ 13 B - NA / CTJ / 1901 / 542 / 24
	Dismantle: 9/10/2019
	After paint: 16/10/19
	Submit PRS.

D.O.A. - 04/10/2019

ASS. REQ. BY:

REF: ASM (A88)

# ASSIGNMENT

PRS

Dec, 2012

From:

Date:

8/10/19

Estimated Cost:

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

To Inspect Vehicle No: SCN 39E

at Workshop m/s Teamwork Garage

of 53 ubi Ave 1 #0-24

Insured:

Policy No.

Claims No.

Sum Insured:

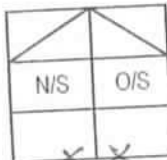
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>1up</sup>

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SCN 39E

Yr Regn:

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

Truck / Trailer or

Make:

LEXUS RX270 Autosport c.c 2672

Colour:

black

A/C: Insured / Std / NI / NA

Sp Reading:

61640

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTJZA11A002015408

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 235/55 R19

R: 235/55 R19

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. 04/10/2019

D.O.I. 08/10/19 0405pm

Survey held at

Teamwork garage

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

rear

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

Date / Time

Action / Instruction

Range: \$3000 - \$4000

Repair days: 4 days

MW: \$76101

PV: \$63015

NV: \$13086

Days Of Repair:

Resurvey No. of Trip:

Date/Time, File Pass to?

☐

: Preli. Report

1) 21/10 1up

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

PRS

Lump Sum / LBL: \$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inv (\$

☐

: Weekend (\$

Survey Fee:

100

Transportation:

\$ + RS \$

Photos

Others

TOTAL

100



## Service Request Details

Claim

S9M022OV

Reference

None 

Loss Date

October 4, 2019

Report Date

Oct 4, 2019 4:55:00 PM

Request Date

October 8, 2019

Due Date

October 15, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SCN39E

Model

RX270-2.7 (A)

Service Address

...

Primary Contact/Insured

CHUA NAK SING

15H NIM ROAD, 804987, Singapore

ADMIN@ALFACREDIT.COM.SG

Claim Handler

HO Winnie

6568804833

winnie.ho@axa.com.sg

Additional Instructions

2

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

**DHIWAR Namrata**

---

**From:** TEAMWORK <claims@teamworkgarage.com>  
**Sent:** Monday, October 07, 2019 3:49 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Cc:** TEAMWORK  
**Subject:** [EXTERNAL] OUR REF : 1910-01 // YOUR REF : EJ13B ACCIDENT INVOLVING EJ13B AND SCN39E  
**Attachments:** GIA REPORT.PDF  
**Categories:** Namrata

WITHOUT PREJUDICE

OUR REF : 1910-01  
YOUR REF : EJ13B

Dear Sir / Madam,  
PRE-REPAIR INSPECTION FOR SCN39E  
ACCIDENT INVOLVING EJ13B AND SCN39E ON 04.10.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Thank you and have a nice day.

Regards,

*Shu Shan*

Teamwork Garage Pte Ltd  
Blk 53 Ubi Avenue 1  
#01-24  
Paya Ubi Industrial Park  
Singapore 408934  
Tel: 6844 2475  
Fax: 6844 2474



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

21/10/2019

### Survey Details:

Date of loss	4-Oct-19
Date of appointment	4-Oct-19
Date of survey	8-Oct-19
Location of survey	TEAMWORK GARAGE

### Vehicle Details:

Claim Type:	Third Party Claim
Vehicle number	SCN 39E
Make and Model	TOYOTA LEXUS RX270 A
Date of registration	6/12/2012
Excess	-
Market Value	\$ 76,000.00
Part Rebate	\$ 63,015.00
Nett Loss	\$ 12,985.00

### Repair details:

Initial Estimate	\$ -
------------------	------

### Proposed/Revised repair cost:

Parts	
Check items (estimate)	
Labour	
<b>Total</b>	\$ -
<b>Lump Sum(if applicable)</b>	

<b>Number of days for repair</b>	<b><u>4</u></b>
----------------------------------	-----------------



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

### Remarks:

*The estimate repair cost of the damaged vehicle is in the region of \$3,000.00 - \$4,000.00.*

### 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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	498A
<b>Vehicle Details</b>	
Vehicle No.:	SCN39E
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS RX270 AUTO SPORT
Primary Colour:	Black
Manufacturing Year:	2012
Engine No.:	1AR0733725
Chassis No.:	JTJZA11A202015408
Maximum Power Output:	138.0 kW (185 bhp)
Open Market Value:	\$52,057.00
Original Registration Date:	06 Dec 2012
First Registration Date:	06 Dec 2012
Transfer Count:	0
Actual ARF Paid:	$\$52,057.00 \times 50\% = \$26,028.50$
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Dec 2022
PARF Rebate Amount:	\$33,837.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	05 Dec 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$92,400.00
COE Rebate Amount:	\$29,178.00
<b>Total Rebate Amount:</b>	<b>\$63,015.00</b>

The information contained herein is correct as at 08 Oct 2019

Remaining : 3 years 2 months 1 (38.03) OK

Depri : \$15800/yearly \$1316.66/monthly

$38.03 \times \$1316.66 = \$50072.57$

$\$50072.57 + \$26028.50 = \$76101.07$



**Post an Advertisement**  
Sell it yourself! Advertise it at just  
**\$58 until it's SOLD!**

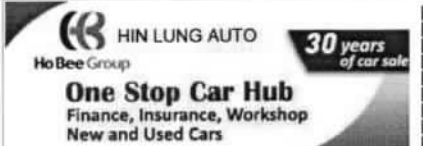
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Advertiser Login

Ways of Selling

2013 MINI John Cooper Works.

Lowest Mileage Of 33k Km,  
Original John Cooper Works. Not  
Just Kit. 211hp.  
Direct Owner StatAd



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HoBee Group  
**One Stop Car Hub**  
Finance, Insurance, Workshop  
New and Used Cars

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Sort by Date Posted ▼

20 results/page ▼

3 vehicles

Lexus RX270

Advanced Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
<b>Search Selection</b>	<b>Lexus RX270</b>		Any	Any	<b>2014</b>	Any	Any	Any	<b>Available</b>
	<b>Lexus RX270</b>		<b>\$107,800</b>	<b>\$15,650 /yr</b>	<b>24-Nov-2014</b>	<b>2,672 cc</b>	<b>37,943 km</b>	<b>SUV</b>	<b>Available</b>
Don't Miss With Regrets, Confirm Only Unit! Facelifted Pearl White RX270, Agent Unit. Amazing Low Mileage Done 37943km! Serviced At Reputable Workshop With History. Totally Like New. 1 Owner, Rarely Use. New Tyres. Original Paintwork. 100% Accident-Free. Call Now!									
Lake View Credit Pte Ltd									
Posted: 05-Oct-2019 Tags: 2014 Lexus RX270, 2014 lexus rx270, Lexus RX270, lexus rx270, Lexus, RX270, rx270, Used Lexus									
	<b>Lexus RX270</b>		<b>\$104,800</b>	<b>\$15,780 /yr</b>	<b>01-Sep-2014</b>	<b>2,672 cc</b>	<b>72,000 km</b>	<b>SUV</b>	<b>Available</b>
We Provide Door Steps Viewing, Facelifted Model, Classic Metallic Black, 1 Owner Only, Low Mileage Done, 100% Accident Free, Very Well Maintained, Flexible In House And Bank Loan Available! Price Negotiable, Call For Viewing Today.									
Posted: 05-Oct-2019 Tags: 2014 Lexus RX270, 2014 lexus rx270, Lexus RX270, lexus rx270, Lexus, RX270, rx270, Used Lexus									
	<b>Lexus RX270</b>		<b>\$102,800</b>	<b>\$15,700 /yr</b>	<b>25-Jul-2014</b>	<b>2,672 cc</b>	<b>96,000 km</b>	<b>SUV</b>	<b>Available</b>
Only 1 Owner, Complimentary In-Car Camera! Facelifted Model, Very Clean And Excellent Conditions, Regular Maintained, Reliable Unit, Genuine Mileage, Trade In Welcomed, Bank/High In House Finance Available, Call Or Text Us Now For Viewing Appointment.									
Posted: 14-Sep-2019 Tags: 2014 Lexus RX270, 2014 lexus rx270, Lexus RX270, lexus rx270, Lexus, RX270, rx270, Used Lexus									

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
------	-------	-------	--------------	----------	---------	---------	----------	--------

For old advertisements, view **Expired ads**

20 ▼ results/page

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## 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	04/10/2019 15:57
Date Of Accident	04/10/2019 09:55
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN39E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG WUN YING
NRIC No	S0124498A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97592122
Alternative Phone No	OTHERS-91151102

### Vehicle Particulars

Manufacturer	LEXUS
Model	RX270-2.7 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100323739
Cover Note Number	

### Driver

Name of Driver	KHONG KAM WAH
NRIC No	S2593174B
Date Of Birth	05/04/1943
Occupation	INDOOR
Date Of Driving Pass	26/11/1971
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91151102
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1 YOUNGBERG TERRACE #10-11 SINGAPORE
Postcode	357741
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : TANG WUN YING GENDER: : FEMALE

#### 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	EJ13B
Vehicle Make/Model/Colour	
Details Of Properties	
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBJ1679J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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/PIN No.:

## Sketch Plan #2

### SKETCH PLAN

	<p><b>Vehicle</b>  A - SCN 39E  B - EJ13 B  C - GBJ1679J</p> <p><b>Legend</b>   Vehicle   Motorcycle</p>
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE towards City. As the traffic was heavy, all vehicles were moving very slow. Out of sudden, I felt an impact from my rear. When I went to check, I realised I was involved in a chain collision.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your Insurer may have a fourteen (14) days time limit whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



**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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM19017650/Fcf3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 23-10-2019		
ATTN : WINNIE HO		Code: ASM		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	EJ 13B	Veh. Inspected	SCN 39E	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M022OV	Excess (\$)	0.00	
Assign From	WINNIE HO	Assign Date	04/10/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	LEXUS RX270 AUTO SPORT	c.c	2672	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	JTJZA11A202015408	Colour	BLACK	
Odometer	61640 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	235/55 R19	BRIDGESTONE	6 mm	
L/H Front Tyre	235/55 R19	BRIDGESTONE	6 mm	
R/H Rear Tyre	235/55 R19	BRIDGESTONE	6 mm	
L/H Rear Tyre	235/55 R19	BRIDGESTONE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	04/10/2019	Inspect Date / Time	08/10/2019 ( 04:05 PM )	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

Report Ref No. CS3/ASM19017650/Fcf3e2

Inspected By



PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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