

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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: _____ 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: **SGD7307R** yr Regn: **2016 June**
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Lexus RX200** c.c. **1998**
 Colour: **Grey.** A/C: Insured / Std / NI / NA
 Sp. Reading: **25646** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JTJBAMCAS02007013**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Modi: Nil / ☒ S/Rim / STD A/Rim or
 Tyre Size: F: **235/55R20**
 R: **235/55R20**
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.I. _____ D.O.I. **29/11/19**
 Survey held at **Itua Meng**
 Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP mslh.
	US \$7300/- (Red \$12583-66, 63%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to? ☐ Preli. Report

1) ☐ Final Report

Date/Time, File Return to?

2) **23/4/20 Typist**

Report Format:

☒ M.B.R. \$7300/-

Days Of Repair: **6**

Resurvey No. of Trip: **2**

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

☐ Other (\$)

Survey Fee:

Transportation:

3 + P.S. \$

Other:

Other:

Other:

Other:

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Nov 2019		03 Dec 2019 10:48 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS			[Created by insurer]						
Insured:	STREAM ENVIRONMENT (S) PTE LTD , Co. Reg. No.: 199700615D								
Main Claimant:	NEO SOON WAH , ID: S6916003D								
Vehicle Reg. No.:	SGD7307R	Date of Loss:	28/11/2019 14:00 - :59 [41 Months and 5 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 234117	Policy/Cover Note No.:	1000990694 (Comprehensive) Coverage: 24/06/2019 - 23/06/2020						
Vehicle Reg. No. (Insured):	SLN6530G	Policy No. (Claimant):	GA460398						
		Excess:	S\$0.00						
Repairer:	Hua Meng Spray Painting Workshop (HQ) No 1 Kaki Bukit Avenue 6, #01-61 Autobay@Kaki Bukit, 417883 Kaki Bukit - Tel: 67478064, 67465519								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Pauline Tham - 6594 2545]								
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6880 4888								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Imm.Advice due 04/12/2019]								
Driver/Custodian (Insured):	GAN CHI MENG (36 / Male), NRIC: S8360509Z, Tel: +6583832237 Email:								
Adj Asg. Remarks:	on WP. Manual assigned to LKK via email on 29/11/19. (Manual Assign). Liab: clear. Agree on SJE. Assign: LKK Auto Consultants Pte Ltd. Contact: Jing Yee @ 6746 5519.								
ASSOCIATED MAIL RECEIVED			View All Compose Case Mail						
There are no mail for this case.									
ALL ASSOCIATED TASKS			View All Search Tasks Create New Task Complete						
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

MSME19157347 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 28/11/2019 17:40
SUBMITTED BY: Chia Pei Ying

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	28/11/2019 17:40
Date Of Accident	28/11/2019 14:10
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD7307R
Insured/Policyholder	
Name Of Registered Owner	NEO SOON WAH
NRIC No	S6916003D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96277307
Alternative Phone No	OFFICE-96277307

Vehicle Particulars

Manufacturer	LEXUS
Model	RX200T
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA460398
Cover Note Number	

Driver

Name of Driver	NEO SOON WAH
NRIC No	S6916003D
Date Of Birth	16/05/1969
Occupation	INDOOR
Date Of Driving Pass	19/05/2000
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96277307
Fax Number	
Contact Number	OFFICE-96277307
Email Address	NOEMAIL

Address BLK 821 YISHUN ST 81 #04-646
 Postcode 760821
 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 - HEAD TO REAR
 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? YES
 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

I WAS STATIONARY ALONG LANE 1 OF PIE TOWARDS TUAS ON 28/11/2019 AT 1410HRS. THE TRAFFIC WAS HEAVY AT THAT TIME. SUDDENLY, VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

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 SLN6530G
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver GAN CHI MENG
 NRIC/Passport Number S8360509Z
 Contact Number 83832237
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NEO SOON WAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGD7307R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.

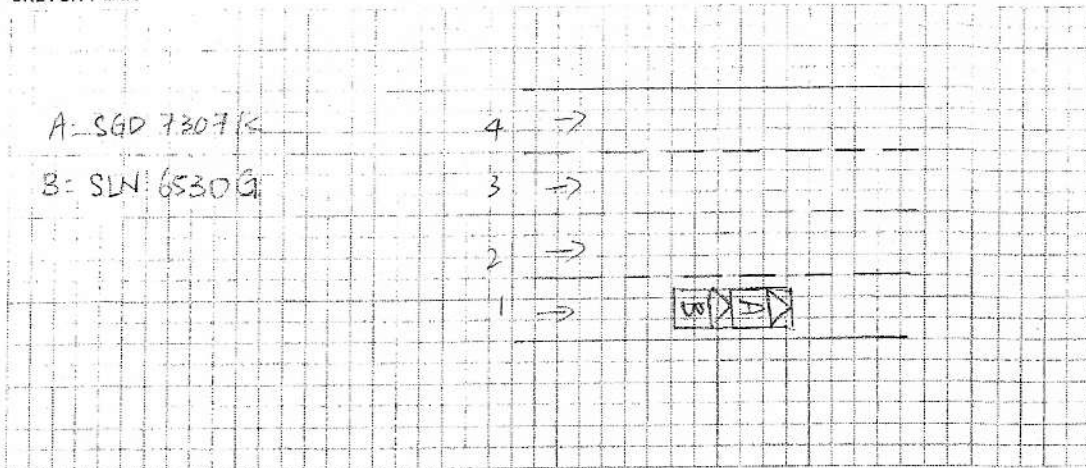
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Lane 1 of

I was stationary along PIE towards Tuas on 28-11-2019 @ 1410 hours

The traffic was heavy on that time. Suddenly, Vehicle B collided onto rear portion of my vehicle.

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/FIN No.: