

ASS. REC. BY:

REF: CS3/ASM 9021353 / NCF307

Special Instruction:

Survivor: Naz

ASSIGNMENT (Office)

From (Person): Khor Saw Thung of ASM (AFA) Date/Time: 3.12.2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMA 48952

Insured: SME 1918R

at Workshop m/s Teamwork Garage

Tel: 6844 2475

of BLK 53 Ubi Ave 1 #01-24

Policy No:

Claim No: S9M028WP

Sum Insured:

Excess:

Make of Veh:

D.O.A. 30.11.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 3.12.19 521p.m

Person Contacted:

Shu Shan

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time Action/Instruction (X) Estimate

SMA 48952 - X

SME 1918R - X

Dismantle: 11/12/2019

After repair: 12/12/2019

ASS. REC. BY:

NA2

REF:

ASN(AxA)

ASSIGNMENT

From:

Date:

9.12.2019

Estimated Cost:

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

To inspect Vehicle No:

SMA 48952

at Workshop m/s

Teamwork Garage

of

51 Ubi Ave 1 401-25

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.

N/S	O/S

Bal. or Market Value:

95K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMA 48952

Yr Regn: 11 JUN 2018

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

Truck / Trailer or

Make:

TOYOTA WISH 1.8CVT C.C. 1798

Colour:

RED

A/C: Insured / Std / NI / NA

Sp. Reading

34,214

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDGG20W50J009037

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: 195/65 R15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

30/11/19

D.O.I.

9/12/19

Survey held at

LICK AUTO

0435PM

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

Repair Range 84K-85K Repair Days 5

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

100

Transportation:

S + RS \$

Photos

Others

TOTAL

100

Rep. Format:

PR2

Lump Sum / F.B.I. /



Service Request Details

Claim

S9M028WP

Reference

None 

Loss Date

November 30, 2019

Report Date

Dec 3, 2019 10:54:14 AM

Request Date

December 3, 2019

Due Date

December 10, 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 #

SMA4895Z

Model

WISH 1.8 CVT

Service Address

...

Primary Contact/Insured

SOLOS (S) PTE LTD

BLK 2 WOODLANDS SECTOR 1, #05-13 WOODLANDS SPECTRUM, 738068, Singapore

65674755

JOEY.TAN@ALLINK.COM.SG

Claim Handler

KHOR Saw Theng

6568804754

sawtheng.khor@axa.com.sg

Additional Instructions

3

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

Summer Lee (LKK Auto)

From: TEAMWORK <claims@teamworkgarage.com>
Sent: Monday, 2 December, 2019 5:17 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: TEAMWORK
Subject: [EXTERNAL] OUR REF : 1912-02 // YOUR REF : SME1918R ACCIDENT INVOLVING SME1918R AND SMA4895Z
Attachments: GIA REPORT.PDF
Categories: Namrata

WITHOUT PREJUDICE

OUR REF : 1912-02
YOUR REF : SME1918R

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR SMA4895Z
ACCIDENT INVOLVING SME1918R AND SMA4895Z ON 30.11.2019.

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

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SMA4895Z

Make / Model
TOYOTA / WISH 1.8 CVT

Vehicle Type :
P11 - Passenger Station Wagon/Jeep/Land Rover

Vehicle Attachment 1 :
No Attachment

Vehicle Scheme :
Normal

Chassis No. :
JTDGG20W50J009037

Propellant :
Petrol

Engine No. :
2ZR0A64015

Motor No. :
-

Engine Capacity :
1798 cc

Power Rating :
-

Maximum Power Output :
105.0 kW (140 bhp)

Maximum Laden Weight :
1945 kg

Unladen Weight :
1355 kg

Year Of Manufacture :
2017

Original Registration Date :
11 Jun 2018

Lifespan Expiry Date :
-

COE Category :
B - Car above 1600cc or 97kW (130bhp)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62563562

To : AXA Insurance Pte Ltd

27/12/2019

Survey details

Date of loss	30-Nov-19
Date of appointment	3-Dec-19
Date of survey	9-Dec-19
Location of survey	TEAMWORK GARAGE

Vehicle Details:

Claim Type:	Third Party
Vehicle number	SMA 4895Z
Make and Model	TOYOTA WISH 1.8 CVT
Date of registration	11-Jun-18
Excess	
Market Value	\$95,000
Part Rebate	\$47,702
Nett Loss	\$47,298

Repair details

Initial Estimate	
------------------	--

Proposed/Revised repair cost:

Parts	
Check item	
Labour	
Total	
Lump Sum(if applicable)	

Number of days of repair	5
--------------------------	---

Remarks:

The estimated repair cost of the
damaged vehicle is in the region of
\$4,000.00 - \$5,000.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	913A
Vehicle Details	
Vehicle No.:	SMA4895Z
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	2ZR0A64015
Chassis No.:	JTDGG20W50J009037
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,955.00
Original Registration Date:	11 Jun 2018
First Registration Date:	11 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$19,955.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jun 2028
PARF Rebate Amount:	\$14,966.00
Intended COE Rebate Details	
COE Expiry Date:	10 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,501.00
COE Rebate Amount:	\$32,736.00
Total Rebate Amount:	\$47,702.00

The information contained herein is correct as at 09 Dec 2019

OK

	Make ▾	Model ▾	Price ▾	Depreciation ▾	Reg Date ▾	Eng Cap ▾	Mileage ▾	Veh Type ▾	Status ▾
Search Selection	Toyota Wish		Any	Any	2018	Any	Any	Any	Available



☐ **Toyota Wish 1.8A Elegance** **\$86,800** **\$9,510 /yr** **23-Jan-2018** **1,798 cc** **64,000 km** **MPV** **Available**

1 Owner. Agent Unit. Massive Saving Compared To Brand New! Serviced & Warranty By Borneo Motors. Call For Viewing Now.

AMS Motors Pte Ltd

★ Posted: 13-Dec-2019 Tags: 2018 Toyota Wish, 2018 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota



☐ **Toyota Wish 1.8A** **\$93,000** **\$10,170 /yr** **23-Feb-2018** **1,798 cc** **-** **MPV** **Available**

Full Loan Available At \$1k Plus, We Can Help To Convert To Z10 Usage If Needed. In House Loan Or Bank Loan Available! Fast, Easy And Flexible Loan Approval! We Are sgCarMart Premium Dealer! Buy With Confidence! Viewing And Test Drive Available Daily Including Wee...

88 Motor Trading

★ Posted: 19-Dec-2019 Tags: 2018 Toyota Wish, 2018 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota



☐ **Toyota Wish 1.8A** **\$89,800** **\$9,780 /yr** **23-Feb-2018** **1,798 cc** **44,000 km** **MPV** **Available**

★ Posted: 02-Dec-2019 Tags: 2018 Toyota Wish, 2018 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota

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	02/12/2019 16:23
Date Of Accident	30/11/2019 08:10
Exact Location Of Accident	ALONG WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4895Z
Insured/Policyholder	
Name Of Registered Owner	GOH SZE LING
NRIC No	S7915913A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97977957
Alternative Phone No	OTHERS-97977957

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	VPA/P2133256
Cover Note Number	

Driver

Name of Driver	GOH SZE LING
NRIC No	S7915913A
Date Of Birth	01/06/1979
Occupation	INDOOR
Date Of Driving Pass	27/01/2006
Driving Experience	13 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97977957
Fax Number	
Contact Number	OTHERS-97977957
Email Address	NOEMAIL

Address	208 BOON LAY PLACE #09-187 SPORE 640208
Postcode	
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)	3
Passenger 1	NAME: : JONATHAN GOH GENDER: : MALE
Passenger 2	NAME: : CHOO MIEW CHIENG 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 SKETCH PLAN

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	SME1918R
Vehicle Make/Model/Colour	TOYOTA / NOAH HYBRID 1.8X CVT
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 INJURED PERSON 1

Name GOH SZE LING

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMA4895Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JONATHAN GOH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMA4895Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name CHOO MIEW CHIENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMA4895Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my 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

SKETCH PLAN

A: SMA489S2
B: SME1918R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary along Woodlands Checkpoint as the traffic was heavy at that point of time. Out of sudden, I felt a huge impact from my rear. When I alighted to check, I realised that vehicle B collided onto my rear.

*****for company vehicle only*****

I _____ is the _____ of
 company _____ and im using the vehicle
 _____ for work /private purpose .

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: Richard A. J.
NRIC/FIN No.: _____


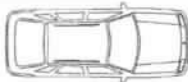
**LKK Auto Consultants Pte Ltd**

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/ASM19021353/Ncf3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 30-12-2019		
ATTN : KHOR SAW THENG		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SME 1918R	Veh. Inspected	SMA 4895Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M028WP	Excess (\$)	0.00	
Assign From	KHOR SAW THENG	Assign Date	03/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH 1.8 CVT	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JTDGG20W50J009037	Colour	RED	
Odometer	34214 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GOODYEAR	5 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	5 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	5 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	30/11/2019	Inspect Date / Time	09/12/2019 (04:35 PM)	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934			
5a. Remarks				
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 \$4,000-\$5,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/ASM19021353/Ncf3e2

Inspected By



MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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