

REF: CS3 / ASM K1018274 / Fg6352-1

Special instruction

4/Sum: \$ 8800.00

From (Person): Daniel Pay of Asm (ANA) Date/Time: 4-12-19
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: SCL Appraiser

Workshop: Teamwork Garage

OD (FP Re-inspection) / Evaluation

Raw

To Inspect Vehicle No: SKC 3612T

Insured: SKR 4675B

at Workshop m/s Teamwork Garage

Tel: 68442475

of 53 Ubi Ave 1 # 01-23/24 Panga Ubi Industrial

Policy No:

Claim No: S 9m023B W

Sum Insured:

Excess:

Make of Veh:

D.O.A. 9.10.2019

(Client's Record)

6. Dec. 2019 5.30 p.m.

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig 6650, 8 days (Red \$ _____ / _____ %; Original 10 days)

Date/Time: _____ Submit Final Fig _____, days (Red \$ _____ / _____ %; Original _____ days)

Date/Time	Action/Instruction
	COPY SENT 16 Feb 07

Para(1) : Parts found not replaced (To highlight *R* or *UB*, *LR*, *Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time _____ File Pass to _____

2) Date/Time File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time: _____ File Return to: _____

ASS. REC. BY:

REF:

AXA

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:

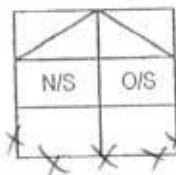
Excess:

(Client's Record)

Make of Veh:

(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: 8 days Res.: Yes or No

Lum Sum: 201 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKC3612T

Yr Regn: 2011 / AUG

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

Truck / Trailer or

Make:

chevrolet cruze

C.C 1598

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading:

161614

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KLJ51969E9CK542586

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:

225/40 R18

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.

9/10/19

D.O.I.

6/12/19

Survey held at

53 RATAUDI IDAC

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

O/S rear & N/S rear & rear

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

Date / Time

Action / Instruction

Range: \$ 6000 - \$ 8000

Repair days: 8 days

L/S \$ 6600/- (Red = \$ 8988.45 / 57.1)

MV: \$ 22500

PV: \$ 15109

NV: \$ 7391/=

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week-end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Exhibits

Others:

TOTAL

Report Format:

Lump Sum / E.P. / C.

15/5/2010

INS. CASE OWNER:

vale

CS3
KSM
CC4/AXA19012274, 1296352 LKK:
IDAC:

Surveyor:

transform

DOI:

ASSIGNMENT

16/10/19

Date / Time:

16/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKR 4675B

Name of Insured:

GWEE GOH TEE

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A.:

9/10/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

WEE MING XIAN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

SAM022BW/14401

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT:

YES / NO

TP GIA REPORT:

YES / NO

Insured Liability:

%

Final ? Yes / No

SGH 6153C

SKR 4675B

SKC 3612T



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS: 01



INSRS:

WSP:

Tel:

Liability:

RMKS: TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

16/10/19

16/10/19

24/10

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STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ISS. FRM. BY

Teghan

REF:

Asm (AKA)

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop in/s

of

Insured

Policy No

Claims No

Sum Insured

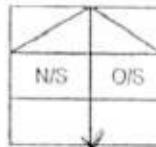
Excess:

(Client's Record)

Make of Veh

(Policy Condition)

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



Bal. or Market Value:

\$22K.

IDAC Accident Rpt

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res.:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Darren

(Date / Time)

Action / Instruction

Agree with Darren limit \$6000.

Discontinue: 29/10/2019.

Veh No:

SKC 3612T

Regn:

2011, Aug

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

Truck / Trailer or

Make:

Chrysler

C.C

1598

Colour

white

A/C:

Insured / Std / NI / NA

Sp Reading

16113

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KL1JA69E9CK 542596

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:

R:

225/40R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

U/Bal.

mm

D.O.A.

D.O.I.

16/10/19 3.43pm

Survey held at

Tamworth

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, File Pass to:



Prel. Report

1)



Final Report

Date/Time, File Return to:

2)

Pop Form 1

Comp. Cont. / P.P. 1

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Workshop (\$)

Survey Fee:

Transportation

\$ + PS \$

Phone

Other

TOTAL



AL&T
ADVOCATES AND SOLICITORS

3019821377---

Your Ref: As follows

Our Ref: AL.INS.2019.14822(PDPI)JW

11 November 2019

WITHOUT PREJUDICE

60174351

AXA INSURANCE PTE LTD

8, Shenton Way

#24-01, AXA Tower

Singapore 068811

Attention: Motors Claims Department

Vehicle No: SKR 4675 B

GWEE GOH TEE

37 Choa Chu Kang Loop

#09-03

Singapore 689675

BY PDX

PDX Intercompany Exchange Pte Ltd



010808865134

FROM Allister Lim & Thrumurgan
PDX Box No. 8144

CERTIFICATE OF POSTING



Dear Sirs,

CLAIMANT : DHANARAJ KUMAR

**ACCIDENT INVOLVING SKC 3612 T & SKR 4675 B ALONG ECP
TOWARDS MCE ON 09 OCTOBER 2019 AT ABOUT 1745 HOURS**

1. We act for **DHANARAJ KUMAR**, who was the Owner & Driver of motor vehicle no. **SKC 3612 T**
2. We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident **ALONG ECP TOWARDS MCE** involving our client's vehicle registration number **SKC 3612 T** and vehicle registration number **SKR 4675 B** driven by your insured/you at the material time.
3. We are instructed that the accident was caused by your insured's/your negligence in the driving and/or management of your insured's/your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

ALLISTER LIM & THRUMURGAN

1 Coleman Street, #05-01 The Adelphi, Singapore 179803 UEN & GST Reg.No.: 53130941W
Tel :6438 3303 Fax:6438 1211 (Not for service of court documents) Email :mail@alt.sg

01. Cost of Repair	\$ 9416.00
02. Pre-repair inspection days	\$ 120.00
03. Rental Fees	\$ 2880.00
04. Survey report fees	\$ 758.00
05. LTA search fees	\$ 43.94
06. Cost Contribution (at this stage) (inclusive of GST)	\$ 1070.00
07. Incidentals (at this stage) (inclusive of GST)	\$ 107.00
	<u>\$ 14,394.94</u>

4. We enclose herewith copies of all the supporting documents as follows: -

- (a) Police/ GIA report lodged by driver of SKC 3612 T ;
- (b) LTA search for motor vehicle no. SKR 4675 B ;
- (c) Certificate of insurance ;
- (d) Rental Invoice and agreement ;
- (e) Surveyor's invoice & report with photographs depicting the damages to motor vehicle SKC 3612 T ;

5. The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client claim in respect of damages and consequential loss in relation to his personal injuries.

6. Please also note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

7. Please note that you or your insurer should send to us an acknowledgement of receipt of this letter to us within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceeding against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

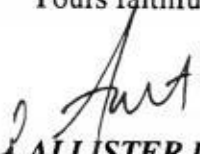
8. Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

ALLISTER LIM & THRUMURGAN

9. Please note that this letter of demand is made without prejudice to our client's right to claim for personal injury damages arising out of the same accident.

*** Kindly note the change of our address to 1 Coleman Street #05-01 The Adelphi Singapore 179803 with effect from 21st October 2019. Our telephone and fax numbers remain unchanged.**

Yours faithfully


ALLISTER LIM

encl



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-19-185825

Date of Request: 11/11/2019

Your Ref No: AL.INS.2019.14822(PDPI)JW

ALLISTER LIM & THRUMURGAN

1 Coleman Street #05-01

The Adelphi

Singapore 179803

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 09/10/2019

Place of Accident: ECP TOWARDS MCE

Client Vehicle No: SKC3612T

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
34675B	ECP (MCE) 4.2KM	09/10/2019 18:00

Thank You,

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-185825
Date of Request: 11/11/2019

Your Ref No: AL.INS.2019.14822(PDFI)JW

ALLISTER LIM & THIRUMURGAN
1 Coleman Street #05-01
The Adelphi
Singapore 179803

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 09/10/2019
Place of Accident: ECP TOWARDS MCE
Client Vehicle No: SKC3612T

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
T Amount	14.02
Total Amount Due (GST Inclusive)	0.98
	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

Enquire Vehicle & Owner Information (Vehicle No. SKR4675B As At 09 Oct 2019 / 17:45:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: AL.INS.2019.14822JW

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S1214977H
Owner Name: GWEE GOH TEE
Register Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Register Block/House No.: 37
Register Street Name: CHOA CHU KANG LOOP
Register Unit No.: # 09 - 03
Registered Building Name: -
Registered Postal Code: 689675

Current Vehicle Details

Vehicle No : SKR4675B
Make Description/Model: TOYOTA / WISH 1.8 CVT
Insurance Company Name: AXA INSURANCE PTE LTD

Print

OK



Thank you

Lim Wee Sing Allister has successfully logged out.
Your last login date and time was 11 Nov 2019, 17:00:40.
To return to ONE.MOTORING, please click [here](#)
For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.[]	Asset Type	Asset ID	Asset Owner ID:	Transaction Type	Transaction Amount(\$\$)
1	Vehicle	SKR46758	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 Oct 2019 / 13:54:49

Receipt Date/Time : 15 Oct 2019 / 13:54:49

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191015-001775

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKR4675B				
As at 09 Oct 2019/18:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKR4675B Enquiry Fee 20191015135343612817	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SJX2544P				
As at 14 Oct 2019/21:10:00				
Insurance Co: AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED				
2	Insurance Enquiry - SJX2544P Enquiry Fee 20191015135343652264	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - GBJ7908J				
As at 14 Oct 2019/09:30:00				
Insurance Co: UNITED OVERSEAS INS LTD				
3	Insurance Enquiry - GBJ7908J Enquiry Fee 20191015135343687062	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		21.00	1.47	22.47
Rounding Difference				0.02
Total Amount Payable				22.45
Paid By				
	xxxxxxxxxxxx5880	Credit Card: Visa/MasterCard		22.45
Total				22.45
Cash Change				0.00
Tendered Amount				22.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	15/10/2019 14:53
Date Of Accident	09/10/2019 17:45
Exact Location Of Accident	ECP TWDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3612T
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	DHANARAJ KUMAR
NRIC No	S8035739G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92381443
Alternative Phone No	OFFICE-92381443

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000314
Cover Note Number	

Driver

Name of Driver	DHANARAJ S/O KUMAR
NRIC No	S8035739G
Date Of Birth	13/11/1980
Occupation	INDOOR
Date Of Driving Pass	11/06/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92381443
Fax Number	
Contact Number	OFFICE-92381443
EMail Address	NOEMAIL