

Surveyor

REP:

CCU

ASM19011216/

Epa^{SL}
b3-1

Special Instruction:

HS: \$ 7,300.00

ASSIGNMENT (Office)

From (Person): Li Ruihong of ASM(AXA) Date/Time: 10/12/2019

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: PAR Automotive Consultancy

Workshop: Twincar Automotive

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKA 719SP Insured: SMA 6167D

at Workshop m/s Twincar Automotive Tel: 88420051

of 2 kaki Bukit Ave 2 #01-18 Autohub

Policy No: Claim No: SAMOIRN1/150878

Sum Insured: Excess:

Make of Veh: D.O.A. 24/09/2019

(Client's Record)

28/02/2020 @ 9:30am (waiting)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

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

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

Date/Time	Action/Instruction
10/12/19	Pending venue and time. SKA 719SP - CC1/ASM19011216/wb3xx SMA 6167D - CC1/ASM19011216/wb3xx D.O.A. 24/6/2019 D.O.A. 24/6/2019
12/12/19	called and pending for arrangement
23/12/2019	still pending for RI Arrangement.
13/1/2020	still pending for RI Arrangement. called the wisp to make arrangement but they ask liase with their law firm.
19/2/2020	called Anna tm to arrange as insurance chasing for report. she say will arrange by this week.

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:

Basic & Add
Transport
Photos
Others
Total

Date:

150

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

COPY SENT
6/3/2020

ASS. REC. BY:

Steve

REF:

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:

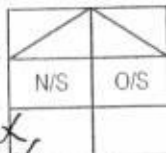
Excess:

(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:

07

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKA 7195P

Yr Regn:

28/3/11

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

Truck / Trailer or

Make:

Toyota wish

c.c

1798

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

350917

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDG6 20w 495001682

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SBR / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

1"

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.

24/6/19

D.O.I.

28/2/20

Survey held at

Twin Car

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

Rear LH

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

Date / Time

Action / Instruction

Submit.

US \$42w Red 2000/400

4/3/2020

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / LBR: 3

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

Transportation:

3 + RS, \$

Photos

Other:

TOTAL

155/200

INS. CASE OWNER:

val

CCT AXA1901

1216

wbh

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

15/6/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMA 6167D

Claim No.:

SMOZRN1 (12279)

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

12/6/19

Make / Model:

Excess Sec II :S\$

D.O.A.:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SPP 9687x

SMA 6167D

SKA 7195P

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

bl

INSRS:
WSP:
Tel:
Liability:
RMKS:pallon
air
71INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
15/6/19	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:
Repair Cost:	S\$	(days)	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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	<input type="checkbox"/>	LOU only	<input type="checkbox"/>
LOR + LOU	<input type="checkbox"/>	LOR + LO	<input type="checkbox"/>
[Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Nivitha (LKK Auto)

From: Anna Tan <annatan@visionlawllc.com>
Sent: Thursday, 20 February 2020 2:42 PM
To: 'Admin-D (LKKAuto)'
Cc: assignments@lkkauto.com; 'LI Ruihong'; 'CHEN Xinyou'
Subject: YOUR REF: S9M01RN1MC/RH - ACCIDENT INVOLVING SKA 7195 P AND SMA 6167 D ON 24-JUN-19

Importance: High

URGENT

without prejudice save as to cost

OUR REF: AM-atv-INS-T140-110836-19

Dear Sirs,

We refer to the above matter.

We have made an arrangement for the surveyor to conduct an inspection on our client's vehicle SKA 7195 P to be available for a re-inspection for the purpose of putting up reinspection report on the following date, time and venue:

(a) Date : 28th February 2020 (Friday)

(b) Time : 10am [Sharp]

(c) Place : TWINCAR AUTOMOTIVE PTE LTD

Kaki Bukit Autohub

2 Kaki Bukit Avenue 2 #01-17/18

Singapore 417921

(d) Tel : 9066-4988 [Contact: Mr Tan]

Please note that our client will not accede to any further requests for a physical reinspection thereafter.

Kindly ensure that the surveyor attend to the above without fail.

Please also let us have your written confirmation on the above arrangement.

Regards,

Ms Anna Tan

VISION LAW LLC

Tel: 65342811 ext 124

Fax: 65356802

cc. client (By fax 6741-0510 only – SKA 7195 P)

VISION LAW LLC

Advocates & Solicitors

(Incorporated with limited liability)

Unique Entity No. 200721148H

Address : 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

DISCLAIMER:

The contents of this email (including any attachments) are confidential and privileged and only intended for the recipient(s) addressed above. If you received this email by error, please notify the sender immediately and destroy it (and all attachments) without reading, storing and/or disseminating any of its contents (in any form) to any person. Email communication is not secure. Vision Law LLC is not liable for any losses arising out of any errors or omissions in the contents resulting from email transmission or any illegal or unauthorised usage or tampering of its email system.

VISION LAW LLC

Advocates & Solicitors
(Incorporated with limited liability)

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALLI D/O MUNIANDY
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
CHEONG YUNHUI, CLARISSA
SONIA LIM WEI LEI



Unique Entity Number: 200721148H

Head Office: 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh
#03-11 HDB Hub (Biz 3 Lobby 1)
Singapore 310490

AXA INSURANCE PTE LTD

RECEIVED
06 DEC 2019

Main
TEL : (65) 6534 2811 (Hunting)
FAX : (65) 6535 6802
E-MAIL : annatan@visionlawllc.com

Branch
TEL : (65) 63580703

60177046

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE - Please to HEAD OFFICE for this matter

Our Ref : AM-atv-Ins-T140-110836-19
Your Ref : SMA 6167 D

Date: 4 December 2019

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way
#27-01/02 AXA Tower
Singapore 068811
Attn: Motor Claims Department

GOH MIN SI RIQUEL
113 Pasir Ris Grove
#04-35
Singapore 518171

URGENT
WITHOUT PREJUDICE
BY HAND

CERTIFICATE OF POSTING
[For your information only]

AXA INSURANCE PTE LTD
RECEIVED
- 5 DEC 2019
MAILROOM

Dear Sir,

CLAIMANT : TAN KOCK KIONG T/A KK TRANSPORT SERVICES
ACCIDENT INVOLVING SKA 7195 P & SMA 6167 D ON 24-JUN-2019 ALONG TPE TOWARDS PIE
AT ABOUT 0750HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **24-JUN-2019 ALONG TPE TOWARDS PIE AT ABOUT 0750HOURS** involving our client's vehicle registration number **SKA 7195 P** and vehicle registration number **SMA 6167 D** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and/or management of your/your insured 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:-

01.	Cost of Repair	\$7,811.00
02.	Rental fees	\$1,284.00
03.	Additional 2 days loss of use for pre repair	\$ 300.00
04.	Survey report fees	\$ 662.00
05.	GIA & LTA search / report fees	\$ 43.98
06.	Cost Contribution (at this stage)	\$1,605.00
07.	Disbursements (at this stage)	\$ 50.00

TOTAL \$11,755.98

.../2 to be continued next page

CONFIDENTIALITY
THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AM-atv-Ins-T140-110836-19
Your Ref : SMA 6167 D

Date: 4 December 2019

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01/02 AXA Tower
Singapore 068811

Attn: Motor Claims Department

GOH MIN SI RIQUEL

113 Pasir Ris Grove
#04-35
Singapore 518171

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA report lodged by driver of SKA 7195 P;
 - (b) LTANet Search;
 - (c) Certificate of Insurance;
 - (d) Registration Card;
 - (e) Rental agreement, rental invoice & rental receipt;
 - (f) Final Repair Bill;
 - (g) Surveyor's report & invoice; and
 - (h) 62 coloured photographs depicting the damages to motor vehicle SKA 7195 P.
- (P.S:- Original photographs will be sent to insurance co. only)

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's claim in respect of damages and consequential loss in relation to his personal injuries.

Please 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.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings 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.

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.

Yours faithfully

Anjali M
(HEAD OFFICE)
Enc.

cc: client: KK Transport Services

As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.

CONFIDENTIALITY


THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

◀ Service Request Details

Claim

S9M01RN1

Reference

CS3/ASM19011216/b3-1 

Loss Date

June 24, 2019

Report Date

Jun 24, 2019 4:10:29 PM

Request Date

December 9, 2019

Due Date

December 9, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

Actions

Next Step

Finish the work

Complete Work

More ▾

Vehicle Information

Incident Vehicle Registration #

SKA7195P

Model

WISH-1.8 (A)

Service Address

113 PASIR RIS GROVE, . . 518171

Primary Contact/Insured

GOH MIN SI RIQUEL
113 PASIR RIS GROVE, #04-35, 518171, Singapore

riquelgoh@outlook.com

Claim Handler

LI Ruihong

ruihong.li@axa.com.sg

Additional Instructions
Please re-inspect.

Messages Invoices History Documents Assessment Metrics Notes

New Message

TYPE



SENT

12/9/19 5:20 PM

FROM

LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT

RE: Will followup TP via email on arrangement date

BODY

Noted with thanks. kindly provide us the relevant ...



TYPE



SENT

12/9/19 5:09 PM

LKK AUTO CONSULTANTS PTE LTD (TP) ▾

Menu

SUBJECT

Will followup TP via email on arrangement date

BODY

Will followup TP via email on arrangement date



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	24/06/2019 11:42
Date Of Accident	24/06/2019 07:50
Exact Location Of Accident	TPE TOWARD PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7195P
Insured/Policyholder	
Name Of Registered Owner	KK TRANSPORT SERVICES
Co Reg No	53330096K
Email Address	TKK8389@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90664988

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088532375-01
Cover Note Number	

Driver

Name of Driver	TAN KOCK KIONG
NRIC No	S1823978G
Date Of Birth	10/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90664988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 286B TOH GUAN RD #03-32
Postcode	602286
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

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 PLANS

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	SMA6167D
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 SJR9687X
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)

SKETCH PLAN

TPE TOWARD PIE.

A: SKA 7195P
 B: SMA 6167D
 C: SJR 9687X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the Lane 1 along TPE Toward
 PIE. The vehicles in front stopped suddenly. I could
 brake on-time. Suddenly Veh. No SMA 6167D
 collided on to the rear of my vehicle. After
 alighting, I noticed that Vehicle No SJR 9687X
 had collided on to the rear of SMA 6167D

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

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

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

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.

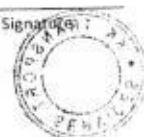


Policyholder's Signature

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



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



DATE: 10/10/2017

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	24/06/2019 11:42
Date Of Accident	24/06/2019 07:50
Exact Location Of Accident	TPE TOWARD PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7195P
Insured/Policyholder	
Name Of Registered Owner	KK TRANSPORT SERVICES
Co Reg No	53330096K
Email Address	TKK8389@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90664988

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088532375-01
Cover Note Number	

Driver

Name of Driver	TAN KOCK KIONG
NRIC No	S1823978G
Date Of Birth	10/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90664988
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 286B TOH GUAN RD #03-32
 Postcode 602286
 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 CHAIN COLLISION
 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 3
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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) 4
 Passenger 1 NAME: : PASSENGER
 GENDER: : MALE
 Passenger 2 NAME: : PASSENGER
 GENDER: : FEMALE
 Passenger 3 NAME: : PASSENGER
 GENDER: : MALE

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 PLANS

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 SMA6167D
 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

SJR9687X

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)

SKETCH PLAN

TPE TOWARD PIE



A: SKA 7195 P

B: SMA 6167 D

C: SJR 9687 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the Lane 1 along TPE toward
 PIE. The vehicles in front stopped suddenly. I could
 not brake on time. Suddenly Veh. No SMA 6167 D
 collided on to the rear of my vehicle After
 alighting, I noticed that Vehicle No SJR 9687 X
 had collided on to the rear of SMA 6167 D

DECLARATION

I/We declare the foregoing particulars true in every respect.



Signature

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



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

Sketch Plan Pg. 2

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.



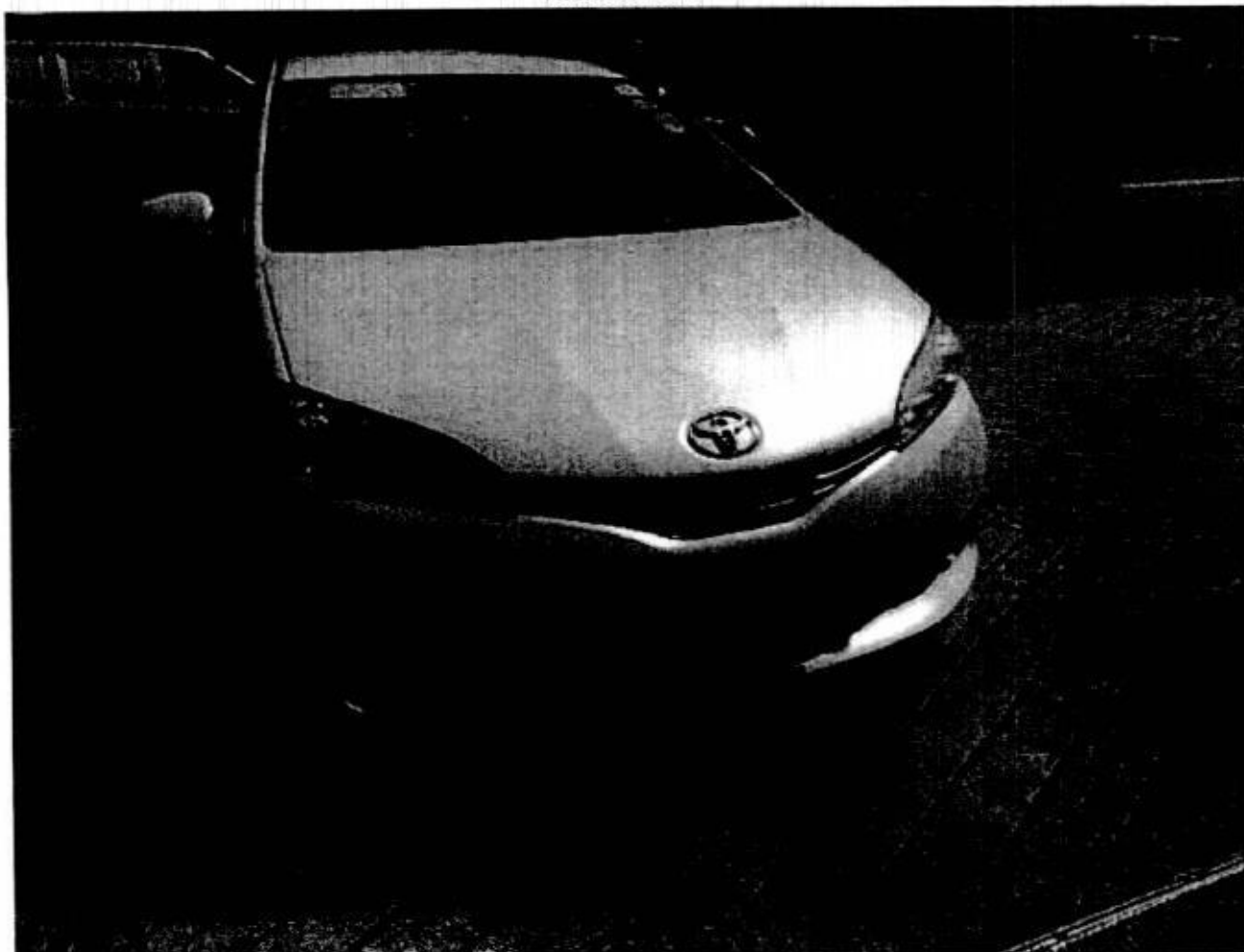
Policyholder's Signature

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



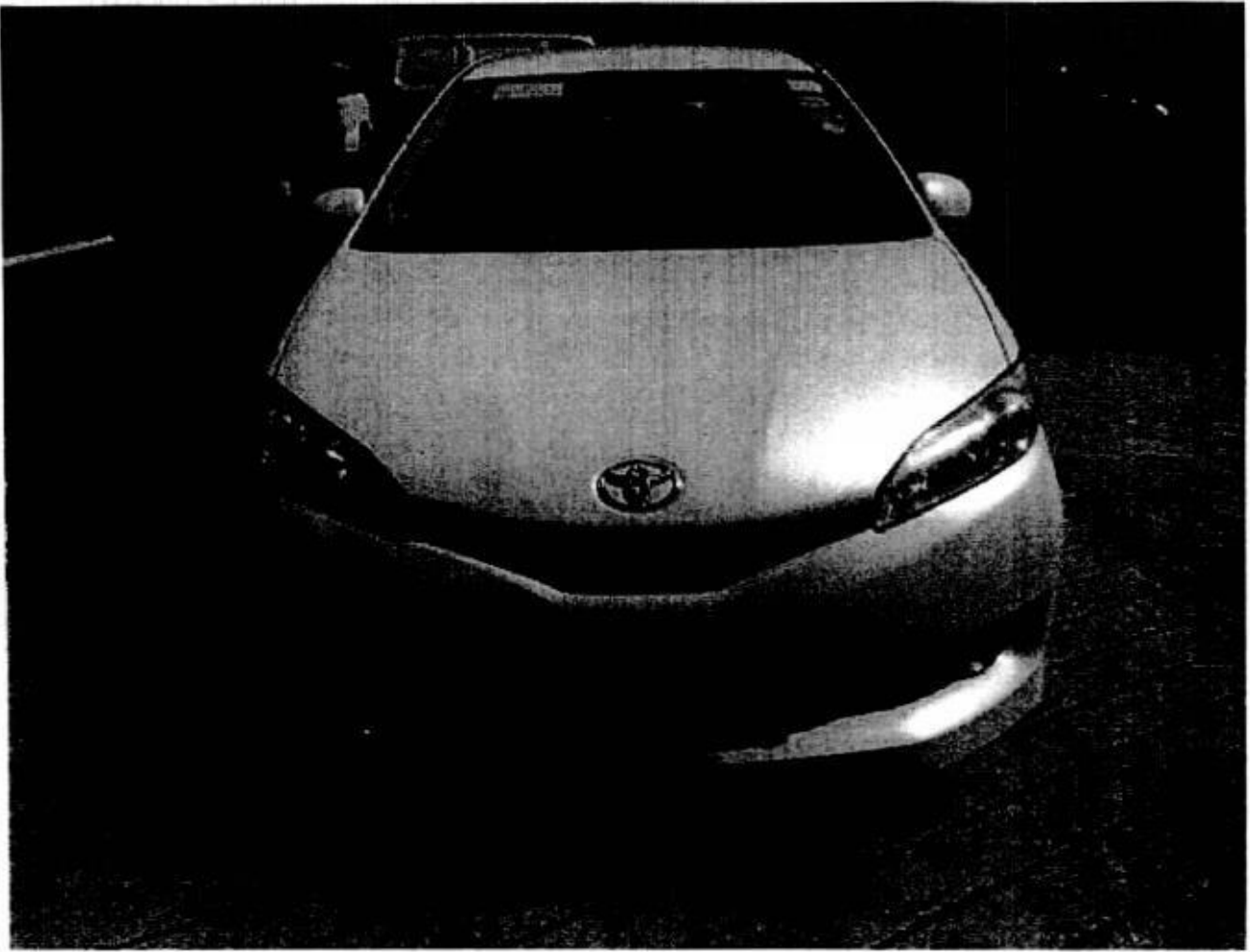
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



X

Accident Photo



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 0096K

Vehicle Details

Vehicle No.: SKA7195P

Vehicle to be Exported: No

Intended Deregistration Date: 26 Jun 2019

Vehicle Make: TOYOTA

Vehicle Model: WISH 1.8 CVT

Primary Colour: White

Manufacturing Year: 2011

Engine No.: 2ZRA680371

Chassis No.: JTDGG20W405001682

Maximum Power Output: 106.0 kW (142 bhp)

Open Market Value: \$21,503.00

Original Registration Date: 28 Mar 2011

First Registration Date: 28 Mar 2011

Transfer Count: 1

Actual ARF Paid: \$21,503.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 27 Mar 2021

PARF Rebate Amount: \$11,826.00

Intended COE Rebate Details

COE Expiry Date: 27 Mar 2021

COE Category: B - Car (1601cc & above)

COE Period(Years): 10

QP Paid: \$57,002.00

COE Rebate Amount: \$9,990.00

Total Rebate Amount: \$21,816.00

The information contained herein is correct as at 26 Jun 2019

OK

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	24/06/2019 17:57
Date Of Accident	24/06/2019 07:40
Exact Location Of Accident	TPE TWDS PIE LAMP POST NO. 21F30
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6167D
Insured/Policyholder	
Name Of Registered Owner	GOH MIN SI RIQUEL
NRIC No	S8406365G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85331608
Alternative Phone No	OFFICE-85331608

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	P2145121
Cover Note Number	

Driver

Name of Driver	NG ZENG RONG
NRIC No	S8309342J
Date Of Birth	23/03/1983
Occupation	INDOOR
Date Of Driving Pass	27/06/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90491608
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	113 PASIR RIS GROVE #04-35
Postcode	518171
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	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)	2
Passenger 1	NAME: : GOH MIN SI RIQUEL 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

I WAS DRIVING ALONG TPE TOWARDS PIE ON THE RIGHT LANE OF A 2 LANES EXPRESSWAY. SOMEWHERE NEAR L/P NO. 21F30, VEHICLES AHEAD OF ME JAMMED BRAKE AND STOPPED. UPON SEEING, I APPLIED BRAKE ACCORDINGLY. DUE TO THE FRONT CARS SUDDENLY JAMMED AND LEFT LANE WAS CLEARED. I TURNED TO THE LEFT IN ORDER TO AVOID A HEAD TO REAR COLLISION. SPLIT SECOND LATER, VEHICLE B CAME FROM THE REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. UPON THE IMPACT, MY VEHICLE SURGED FORWARD AND THE RIGHT FRONT PORTION OF MY VEHICLE HIT ONTO THE REAR LEFT PORTION OF VEHICLE C.

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	SJR9687X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 SKA7195P
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
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 MINSI RIQUEL
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMA6167D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NG ZENG RONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMA6167D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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/FIN No.: