

22/03/2002

ASS. REC. BY:

REF: CS3/ASM 19022110/Gg f30 Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Peter wang

of AM (AXA)

Date/Time: 16.12.19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: PC 45525

Insured: XE 5325 U

at Workshop m/s Triple 3 Automobile

Tel: 63851171

of

Policy No:

Claim No: SQM026 E9

Sum Insured:

Excess:

Make of Veh:

D.O.A. 6.11.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 16.12.19 3:25 PM

Person Contacted: Irene

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	Inspector: Pioneer Auto - BIC 3012 Boder north Bury #01-2066
	PC 45525 - CC4/ASM 19022087/GG13 12.0A - 06/11/2019
	XE 5325 M - X.
06/01/20	Submit PRS

ASS. REC. BY:

REF: ASM(AXA)

ASSIGNMENT

From:

Date:

30/12/19

Estimated Cost:

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

To Inspect Vehicle No:

PC 4552S

at Workshop m/s

pioneer auto

of Blk 3012 Bedok north Ave 4 #01-2066

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

1:30pm(waiting)

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

\$62K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

lup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PC4552S

Yr Regn:

06 Jan 2016

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

Truck / Trailer or

2.5

Make:

Nissan NV350

C.C

2488

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

179274

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1TC2E2680002437

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:

175 R15

R:

1'

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.

06-11-19

w/s

D.O.I.

30-12-19

Survey held at

1:30pm

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

~~\$5000 - \$6000~~

\$7000 - \$8000.

RECEIVED 06 JAN 2020

Date/Time, File Pass to?

1) 06/1/2020

Date/Time, File Return to?

2)

☐

Preli. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

Smart claim pps.

Lump Sum / L.B.L. (\$

100

100



Service Request Details

Claim

S9M026E9

Reference

CC4/ASM19022087/ga3 

Loss Date

November 6, 2019

Report Date

Nov 8, 2019 12:00:00 AM

Request Date

December 16, 2019

Due Date

December 16, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

Complete Work

More ▼

Vehicle Information

Incident Vehicle Registration #

PC4552S

Model
NISSAN

Service Address

Primary Contact/Insured

3B TRANSPORT & ENGINEERING
BLK 230 CHOA CHU KANG CENTRAL, #05-149, 680230, Singapore
65471626

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE



SENT

12/16/19 11:35 AM

FROM

LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT

VNI.

BODY

Please be informed that vehicle not in the worksho...



Summer Lee (LKK Auto)

From: Loo Sile <sile@iaconsultingsg.com>
Sent: Tuesday, 10 December, 2019 4:03 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: Tan Ling Ling (Candy); motor
Subject: [EXTERNAL] ACCIDENT INVOLVING PC4552S AND XE5325U ALONG U-TURN
JUNCTION OF CORPORATION ROAD ON 06.11.19
BRW5CEA1DA06DFA_004337.pdf
Attachments:
Categories: Shailendra

Dear Sir,

attached herewith the Notification Of Accident for your reference.

Kindly let us have a list of your ten surveyors as your nominated SJE for our consideration within the stipulated timeline under the NIMA Protocol

Thank you.

Best regards,
Loo Si Le
+65 6385 1171



Auto
Consultants
Pte Ltd

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

Immediate Advice

To : AXA Insurance Pte Ltd

6/1/2020

Survey Details:

Date of loss	6-Nov-19
Date of appointment	16-Dec-19
Date of survey	30-Dec-19
Location of survey	TRIPLE 3 AUTOMOBILE

Vehicle Details:

Claim Type:	Third Party Claim
Vehicle number	PC 4552S
Make and Model	NISSAN NV350 MICROBUS 2.5 4 DR 5AT ABS
Date of registration	6/1/2016
Excess	-
Market Value	\$ 62,000.00
Parf Rebate	\$ 26,320.00
Nett Loss	\$ 35,680.00

Repair details:

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

Proposed/Revised repair cost:

Parts	
Check items (estimate)	
Labour	
Total	\$ -
Lump Sum(if applicable)	

Number of days for repair	<u>7</u>
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Auto
Consultants
Pte Ltd

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

Remarks:

The estimate repair cost of the damaged vehicle is in the region of \$7,000.00 - \$8,000.00.

Mandate:

Liability(TP)	%	
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total	#VALUE!	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	294C
Vehicle Details	
Vehicle No.:	PC4552S
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jan 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV350 MICROBUS 2.5 4DR 5AT ABS
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	YD25365640A
Chassis No.:	JN1TC2E26Z0002437
Maximum Power Output:	-
Open Market Value:	\$29,093.00
Original Registration Date:	06 Jan 2016
First Registration Date:	06 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$1,455.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 Jan 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$43,809.00
COE Rebate Amount:	\$26,320.00
Total Rebate Amount:	\$26,320.00

The information contained herein is correct as at 02 Jan 2020

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	06/11/2019 15:38
Date Of Accident	06/11/2019 11:15
Exact Location Of Accident	U-TURN JUNCTION OF CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4552S
Insured/Policyholder	
Name Of Registered Owner	CLEANING EXPRESS PTE LTD
Co Reg No	199704294C
Email Address	MEWSIONG.CHEE@ATALIANWORLD.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68414498

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1479668
Cover Note Number	

Driver

Name of Driver	RAVINDARAN S/O RAMU
NRIC No	S7146590Z
Date Of Birth	27/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96660563
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 288 YISHUN AVE 6 #08-46
Postcode	760288
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

Report please 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	XE5325U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

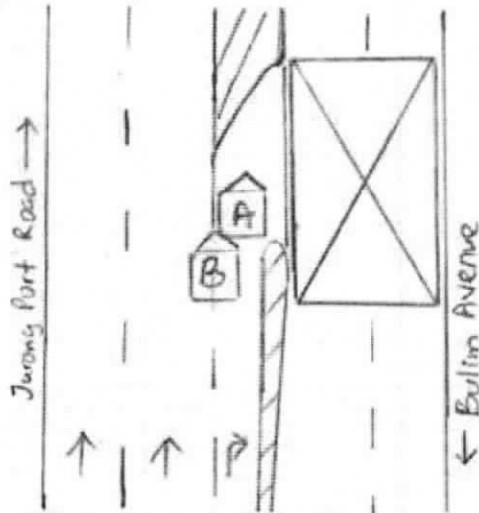

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Non-110
571318096

Sketch Plan #2

SKETCH PLAN



A = PC 4552S

B = XE 5325U

U-turn Junction of
Corporation Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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: RONNIE
NRIC/FIN No.:

Sketch Plan #3

On 06.11.19 at about 11:15 hours at U-turn Junction of Corporation Road. I was travelling straight on lane 1 (along Corporation Road towards Jurong Port Road), after I passed by Corporation Rise and when I was approaching the above mentioned U-turn junction; as I wanted to make a U-turn hence I slowed down and stopped in order to check the oncoming traffic.

Suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had collided onto rear portion of my vehicle (A).

Vehicle (A): PC 4552S

Vehicle (B): XE 5325U



Insurance Cert

AXA INSURANCE PTE LTD
8 Shenon Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 8804888 Fax:-
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VFX/PL479668	Account No. :	01409
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: CLEANING EXPRESS PTE LTD		
Vehicle Registration No.	: PC4552S		
Period of Insurance	: From 15/03/2019 To 14/03/2020 (Both Dates Inclusive)		

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or is driving on their order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.

b) Use only in the Republic of Singapore.

The Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing

(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(14)

EXCESS :

Sect I - Any Authorized Driver : SGD 2,000.00

Sect II-Any Authorized Driver : SGD 1,500.00

Windscreen Excess : SGD 200.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD


Authorized Signature

Issued by - SGOTCAS2 on 13/03/2019

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy



**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/ASM19022110/Gqf3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 08-01-2020		
ATTN: PETER WANG		Code: ASM		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	XE 5325U	Veh. Inspected	PC 4552S	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M026E9	Excess (\$)	0.00	
Assign From	PETER WANG	Assign Date	16/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN NV350 2.5	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JN1TC2E26Z0002437	Colour	WHITE	
Odometer	179274 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	06/11/2019	Inspect Date / Time	30/12/2019 (01:30 PM)	
Survey held at	PIONEER AUTO-BLK 3012 BEDOK NORTH AVE 4 #01-2066			
Repairer	TRIPLE-T AUTOMOBILE			
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 \$7,000-\$8,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days		

Report Ref No. CS3/ASM19022110/Gqf3e2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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