Liveypr: _TOUTIN	ASSIGNMENT (Office)		Time: 24/12/19	3 4.24pm
From (Person); Jas Tan Estimated Cost:	Bill to:			
OD TP WS TTP RES / OD R	SMM 2109 Y My law consultant	Insured: Tel:	SQX 90711 88668832	3
at Workshop m/s	53 ubi que 1 # 01-33			
of Policy No:	Claim No:	Samo	2 AYH	
Sum Insured:	Excess:	D.C	داار ۸	119
Make of Veh:		D.C		
CA / REV / REP. / REV 2 Date/Time: 9.360m@ 26	4 HRS 2 19 Person Contacted: Hui G	ling)Vehi	LO.D. Endorsement:	
Date/Time Action/Instruct	ion Ishnold (X)		200	1/12/2019
SMM 410	14- NATIMETAN - Y	-	DUA! -	11/2/2010
	migin and annual with her ro	انديا طيسطوه	be provided . co	ntim is pres
china 2.210m railed V	Hui Qing Sard they PRS report, est repair	estimate mu	- Lindor	molant

51 UBI AVE 1, 501-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL ; (065) 62563561 FAX ; (065) 62564315

To: AXA Insurance Pte Ltd

DATE: 7/1/2020

Survey details

Date of loss	21/12/2019	_
Date of appointment	24/12/2019	
Date of survey	26/12/2019	
Location of survey	MY CAR CONSULTANT PTE LTD	

Vehicle Details:

Claim Type:	THIRD PARTY	
Vehicle number	SMM 4109Y	
Make and Model	TOYOYA NOAH HYBRID 1.8X CVT	
Date of registration	27/6/2019	-
Excess		
Market Value	\$117,000.00	
Parf Rebate	\$67,699.00	
Nett Loss	\$49,301.00	_

Repair details

100000000000000000000000000000000000000	
Initial Estimate	

Proposed/Revised repair cost:

Parts	
"Check items (Estimated)	
Labour	
Total	
Lump Sum (Estimated)	
Number of days of repair	7 days (est)

Remarks:

The estimated repair cost of the damaged vehicle is in the region of \$5,000.00-\$6,000.00



Type

Question

pease proceed DS. Thanks. - 6/1/200 Jas

Reply

Menu



Service Request Details

Claim

S9M02AYH

Reference

None 🥒

Loss Date

December 21, 2019

Report Date

Dec 23, 2019 12:15:40 PM

Request Date

December 24, 2019

Due Date

January 2, 2020

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 #

SMM4109Y

LKK AUTO CONSULTANTS PTE LTD (TP) -

Menu

ivioaei

TOYOTA

Service Address

Primary Contact/Insured

SIM TIOK YENG BLK 1 KAMPONG KAYU ROAD, #02-10, 431001, Singapore

WATER-BANK@HOTMAIL.COM

Claim Handler

TAN Jas 6568804844 jas.tan@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

Summer Lee (LKK Auto)

From:

My Car Consultant <admin@mycar.sg> Tuesday, 24 December, 2019 4:09 PM

Sent: To:

KUMAR Shailendra

Subject:

[EXTERNAL] re: YOUR REF: SMM4109Y OUR REF: S9M02AYHMC/JT

Follow Up Flag: Flag Status:

Follow up Flagged

WITHOUT PREJUDICE

Dear Sirs,

We refer to your email on even date.

We disagree to your list of surveyor and propose the use of one of the motor surveyors named below to conduct the joint pre-repair survey as a single joint expert:

- a. Alan Cheong
- b. TT Rajan
- c. Oh Han Cheong
- d. Andrew How
- e. Dave Ho Joo Koong
- f. Lee Kok Weng
- g. Seah Kwang Boon
- h. Lee K.W.
- i. Nicky Seah
- j. Winson Goh

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyor

Best Regards,

Huiqin

Claims | My Car Consultant Pte Ltd

+65 88668832

Admin@mycar.sg

Mycar.sg

53 Ubi Ave 1, Paya Ubi Industrial Park, 01-33, S408934

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From: "KUMAR Shailendra" <shailendra.kumar@axa.com.sg>

Sent: Tuesday, December 24, 2019 4:05 PM **To**: "admin@mycar.sg" <admin@mycar.sg>

Subject: YOUR REF: SMM4109Y OUR REF: S9M02AYHMC/JT

'WITHOUT PREJUDICE' SAVE AS TO COSTS

Dear Sir,

We want to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list below to conduct the joint pre-repair survey as a <u>Single Joint Expert</u>.

List of our motor surve	evors:
LKK Auto Consultants Pte Ltd	,,
2. Infiniti Appraisal Services	
3. Priority Services Pte Ltd	
AXA in house surveyor	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert. Meanwhile, please furnish us with estimate quotation in order for our surveyor to complete the pre repair survey.

If there be any injury claims by your client, please combine it in one Letter of Demand in light of one cause of action, save as to costs and expenses.

Best Regards Shailendra

From: My Car Consultant [mailto:admin@mycar.sg]

Sent: Tuesday, December 24, 2019 3:32 PM

To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>

Subject: [EXTERNAL] OUR REF: SMM4109Y YOUR REF: SGX9071B PRE-REPAIR INSPECTION FOR SMM4109Y

WITHOUT PREJUDICE

OUR REF: SMM4109Y YOUR REF: SGX9071B

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SMM4109Y ACCIDENT INVOLVING SMM4109Y AND SGX9071B

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 Pre-repair Inspection for your attention

Best Regards,

Huiqin

Claims | My Car Consultant Pte Ltd

+65 88668832

Admin@mycar.sg

Mycar.sg

53 Ubi Ave 1, Paya Ubi Industrial Park, 01-33, S408934

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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 witholding 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.

- 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.

	ACCIDENT STATEMENT
Date Of Report	23/12/2019 17:59
Date Of Accident	21/12/2019 11:50
Exact Location Of Accident	KPE TO TOWN BEFORE TUNNEL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM4109Y
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	2XXXXX961K
Email Address	OPERATIONS@LUMENS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87781765
Vehicle Particulars	
Manufacturer	тоуота
Model	NOAH-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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000822-R00
Cover Note Number	
Driver	
Name of Driver	TAN KIM YEOW
NRIC No	SXXXX388H
Date Of Birth	06/12/1962
Occupation	OUTDOOR

OUTDOOR Occupation 16/05/1983 **Date Of Driving Pass**

36 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-86604861 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

Address

BLK216, PASIR RIS ST 21, #06-186

Postcode

510216

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

NO

Was any body injured in the Accident? 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:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGX9071B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

TAN KAI JUN KELVIN

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

SMJ2004L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIM TIOK YENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Or Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

TCH PLAN	I TELEVISION	11	111
KPE	A	A: Smm410 B: Sm520	
		CISGX90	718
KPE Plochace.	9 @ 11:50 lementi. Wh turned) the stop. De Sh	ven I was to se has a tra denly I hoard	aneling along
		3 566	
CLARATION e declare the foregoing particu	alars are true in every respec		CITY AUTO PTE LTD 81k 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575/543 Tel: 6453 1235 Fex. 5453 7944 (Claims Section)
cyholder's Signature	Driver's Signature (If driver is not the poli	icyholder) Nam	orting Centre Personnel's Signature

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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 ".
 - 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 invoive 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
 - 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 actident 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:
 - 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

からかないのできず (マロ)な

Driver's Signature (if driver is not the policyholder) Date & Time: CITY AUTO PTE LTD Bik 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 5/5643 Tel: 6453 1235 Fax: 6453 7944 (Childre Section)

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	961K
Vehicle Details	CMM4400V
Vehicle No.:	SMM4109Y
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X CVT
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	2ZR0D57339
Chassis No.:	ZWR800384293
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,897.00
Original Registration Date:	27 Jun 2019
First Registration Date:	27 Jun 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$29,456.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2029
PARF Rebate Amount: Intended COE Rebate Details	\$22,092.00
COE Expiry Date:	26 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,010.00
COE Rebate Amount:	\$45,607.00
Total Rebate Amount:	\$67,699.00

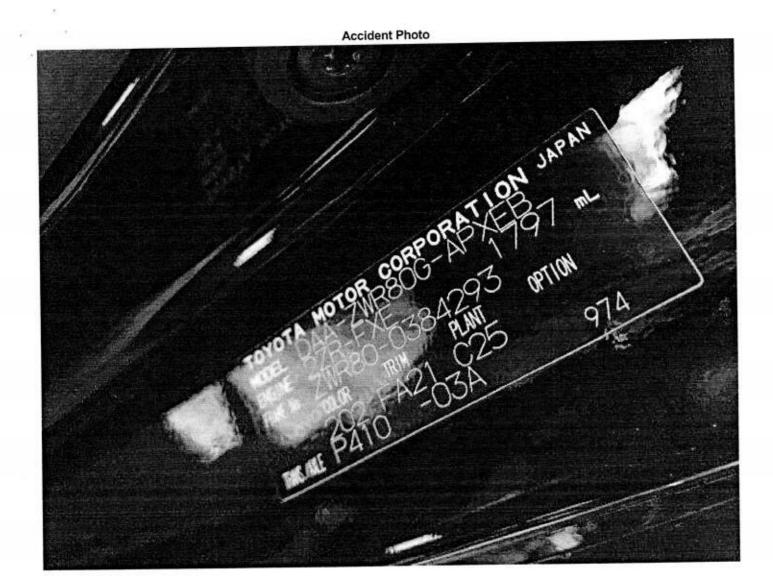
The information contained herein is correct as at 27 Dec 2019

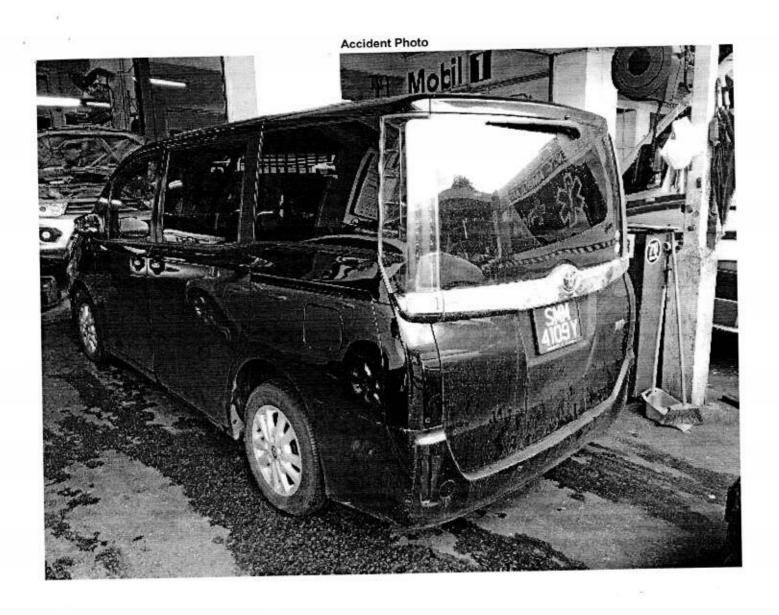


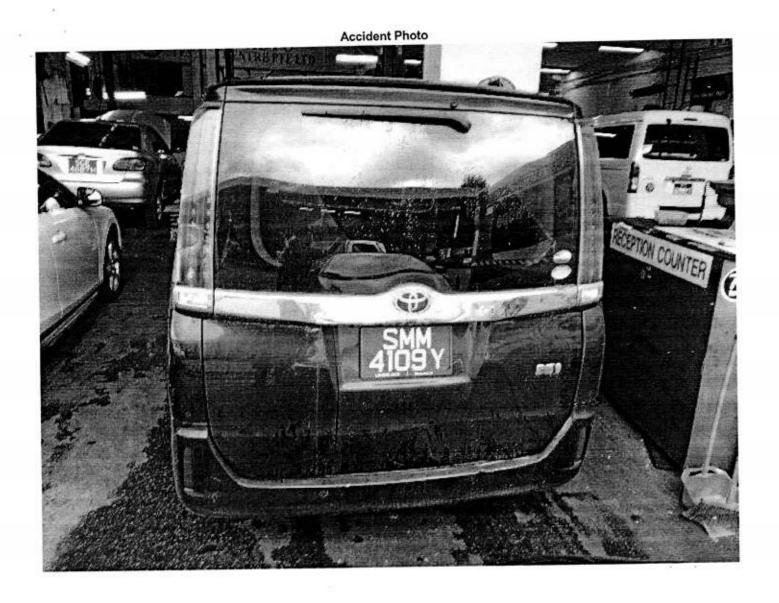






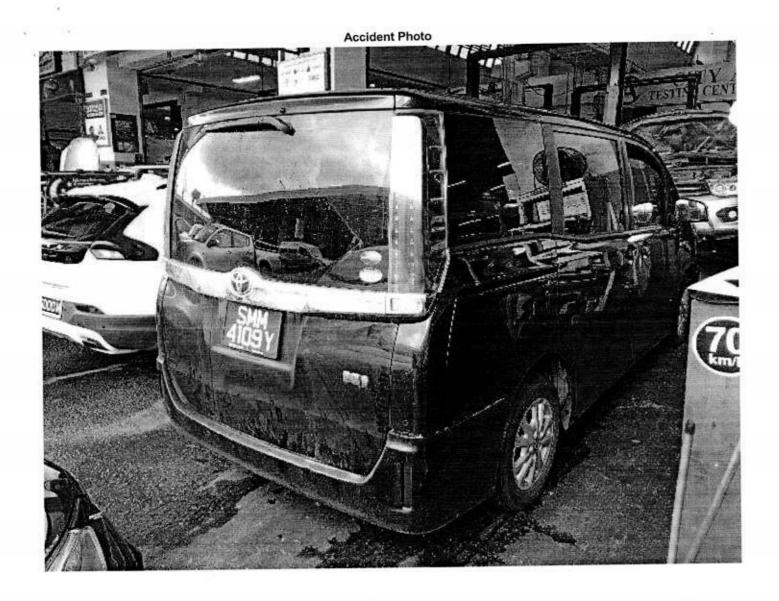
























LKK Auto Consultants Pte Ltd

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 INSP	PECTION REPORT	
8811		Ref: CS3/ASM19022670/	T1vd3s2
TTN: JAS TAN	Policy Particulars	:- (THIRD PARTY CLAIM)	
111.5	SGX 9071B	Veh. Inspected	SMM 4109Y
Insured Veh.	30X 907 ID	Coverage (\$)	0.00
Policy No.	S9M02AYH	Excess (\$)	0.00
Claim No.	JAS TAN	Assign Date	24/12/2019
Assign From	Personal Martine and Conference of the Conferenc	iculars & Condition	
SWAME BY	TOYOTA NOAH HYBRID	c.c	1797
Make & Model		Year of Reg.	2019
Engine No.	HIDDEN	Colour	BLACK
Chassis No.	ZWR800384293	Steering	IN ORDER
Odometer	56969 KM	Modification	SPORTS RIM
Brakes	IN ORDER	Modification	
General	GOOD	itions of Tyres	
		Make	Balance
	Size	GOODYEAR	6 mm
R/H Front Tyre		GOODYEAR	6 mm
L/H Front Tyre	The second contractions	GOODYEAR	6 mm
R/H Rear Tyre		GOODYEAR	6 mm
L/H Rear Tyre	195/65 R15	otion of Damages	
THE VEHICLE S	SUSTAINED DAMAGES AT THE R		
5.	Gene	ral Information	STEEN STREET
Accident Date		Inspect Date / Time	26/12/2019 (04:30 PM)
Survey held a	t MY CAR CONSULTANT PTE	LTD	
i i i i i i i i i i i i i i i i i i i	53 UBI AVENUE 1 #01-33 PA	YA UBI INDUSTRIAL PARK SI	NGAPORE 408934
5a.		Remarks	THEOREM SHARE
A) THE INSPEC B) THE REPAIR THE REPAIRE	CTION WAS CONDUCTED ON A ''\ R ESTIMATE WAS NOT PRESENT R WAS TOLD TO PREPARE THE E PLEASE FIND DAMAGED VEHIC ITED REPAIR COST OF THE DAM	ESTIMATE. LE PHOTOGRAPHS. IAGED VEHICLE IS IN THE RI	
5b.	Estima	te Days of Repair	CONTRACTOR OF THE PARTY OF THE
	ORMAL PERIOD FOR REPAIR:	7 Workin	ng Days

Report Ref No. CS3/ASM19022670/T1vd3s2

Inspected By

payme.

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

Tu

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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