

A.E.S. REC. BY:

REF:

C83/ASM19022787/RVD30

Special Instruction:

Surveyor: RASU

## ASSIGNMENT (Office)

From (Person):

Shekhar Bathum

of

ASM (AXA)

Date/Time:

2:16pm @ 27/12/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLU 5919P

Insured:

SHD 9772E

at Workshop m/s

My Car Consultant

Tel:

8866 8832

of

53 ubi Ave | #01-33

Policy No:

Claim No:

SAM02BE1

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24/12/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

3:26pm @ 27/12/19

Person Contacted:

Hui Qin

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate (X)

SLU 5919P-X

SHD 9772E-X

31/12/20

Submit PRS. Est repair range \$2K- \$3K

Dismantle part : 02/01/2020

ASS. REC. BY:

REF:

AXA (ASM)

8217

CORRECTION: 2029/1/2020

## ASSIGNMENT

From:

Date:

2.1.2020

Estimated Cost:

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

To Inspect Vehicle No:

SLU 5919P

at Workshop m/s

My Car Consultant

of

51 Ubi Ave 1 #01-24

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Bal. or Market Value:

50K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

"up"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLU 5919P

Yr Regn:

2001 Jan

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

Truck / Trailer or

Make:

Mercedes Benz E240 2.6AT C.C. 2597

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

280623

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WOB 21006 22B 255 189

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:

225/45R17

R:

--

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

24/12/19

D.O.I.

02/01/2020

Survey held at

My Car Consultant 0303PM

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

O/S Rear

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

Date / Time

Action / Instruction

Range 8 days - (2K-3K) / (3 days)

RECEIVED 08 JAN 2020

3/1/2020

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 3/1 - typist

Report Format: SMART claim

Lump Sum / L&amp;B: (\$)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

100

Transportation:

S + RS. \$

Photos

Others

TOTAL

100

To : AXA Insurance Pte Ltd

DATE: 3/1/2020

**Survey details**

|                     |                           |
|---------------------|---------------------------|
| Date of loss        | 24/12/2019                |
| Date of appointment | 27/12/2019                |
| Date of survey      | 2/1/2020                  |
| Location of survey  | MY CAR CONSULTANT PTE LTD |

**Vehicle Details:**

|                      |                        |
|----------------------|------------------------|
| Claim Type:          | THIRD PARTY            |
| Vehicle number       | SLU 5919P              |
| Make and Model       | MERCEDES BENZ E240 2.6 |
| Date of registration | 18/6/2001              |
| Excess               |                        |
| Market Value         | \$50,000.00            |
| Parf Rebate          | \$30,515.00            |
| Nett Loss            | \$19,485.00            |

**Repair details**

|                  |  |
|------------------|--|
| Initial Estimate |  |
|------------------|--|

**Proposed/Revised repair cost:**

|                          |              |
|--------------------------|--------------|
| Parts                    |              |
| "Check items (Estimated) |              |
| Labour                   |              |
| Total                    |              |
| Lump Sum (Estimated)     |              |
| Number of days of repair | 3 days (est) |

**Remarks:**

The estimated repair cost of the damaged vehicle is in the region of \$2,000.00-\$3,000.00

## Nivitha (LKK Auto)

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**From:** Shu Pei (LKKAuto) <shupe@lkkauto.com>  
**Sent:** Friday, 27 December 2019 2:39 PM  
**To:** assignments  
**Subject:** FW: [EXTERNAL] OUR REF: SLU5919P YOUR REF: SHD9772E PRE-REPAIR INSPECTION FOR SLU5919P  
**Attachments:** SAS2724401.pdf

Hi, Kindly assist.

Thank you

*"Best Wishes for Merry Christmas & Happy New Year 2020"*

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupe@lkkauto.com](mailto:shupe@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** My Car Consultant <admin@mycar.sg>  
**Sent:** Thursday, 26 December 2019 4:22 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>  
**Subject:** [EXTERNAL] OUR REF: SLU5919P YOUR REF: SHD9772E PRE-REPAIR INSPECTION FOR SLU5919P

### WITHOUT PREJUDICE

OUR REF: SLU5919P  
YOUR REF: SHD9772E

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SLU5919P  
ACCIDENT INVOLVING SLU5919P AND SHD9772E

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction - Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attentio

Best Regards,

**Huiqin**

Claims | My Car Consultant Pte Ltd



+65 88668832

[Admin@mycar.sg](mailto:Admin@mycar.sg)

[Mycar.sg](http://Mycar.sg)

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

\* This Email, including attached files, may contain confidential information and is intended only for the use of the individual and/or entity to which it is addressed. If you have received this message in error, please notify the sender of the error and delete the message. Thank you.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars     |                          |
|-------------------------------|--------------------------|
| Owner ID Type:                | Singapore NRIC           |
| Owner ID:                     | 821J                     |
| Vehicle Details               |                          |
| Vehicle No.:                  | SLU5919P                 |
| Vehicle to be Exported:       | No                       |
| Intended Deregistration Date: | 03 Jan 2020              |
| Vehicle Make:                 | MERCEDES BENZ            |
| Vehicle Model:                | E240 2.6 AT              |
| Primary Colour:               | Silver                   |
| Manufacturing Year:           | 2000                     |
| Engine No.:                   | 11291430871801           |
| Chassis No.:                  | WDB2100622B255189        |
| Maximum Power Output:         | -                        |
| Open Market Value:            | \$51,113.00              |
| Original Registration Date:   | 18 Jun 2001              |
| First Registration Date:      | 18 Jun 2001              |
| Transfer Count:               | 2                        |
| Actual ARF Paid:              | \$71,559.00              |
| Intended PARF Rebate Details  |                          |
| PARF Eligibility:             | Forfeited                |
| PARF Eligibility Expiry Date: | -                        |
| PARF Rebate Amount:           | \$0.00                   |
| Intended COE Rebate Details   |                          |
| COE Expiry Date:              | 31 Mar 2029              |
| COE Category:                 | B - Car (1601cc & above) |
| COE Period(Years):            | 10                       |
| PQP Paid:                     | \$33,018.00              |
| COE Rebate Amount:            | \$30,515.00              |
| Total Rebate Amount:          | \$30,515.00              |

The information contained herein is correct as at 03 Jan 2020

OK

50,000  
30,515  

---

19,485

## 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             | 26/12/2019 14:41                             |
| Date Of Accident           | 24/12/2019 17:00                             |
| Exact Location Of Accident | JUNCTION OF ORCHARD TURN & ORCHARD BOULEVARD |
| Country/State of Loss      | SINGAPORE                                    |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLU5919P             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN LEE CHOO         |
| NRIC No                     | SXXXX821J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96865725 |
| Alternative Phone No        | OTHERS-96865725      |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | MERCEDES-BENZ |
| Model  | E240 2.6 AT   |
| 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 | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT       |
| Fleet Policy              | NO                                  |
| Policy Number             | D19MTPV01005580                     |
| Cover Note Number         | 29/03/2019 TO 30/04/2020            |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ANG MING REN,DARIUS   |
| NRIC No              | SXXXX563D             |
| Date Of Birth        | 18/07/1992            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 14/01/2016            |
| Driving Experience   | 3 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96860825  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | DARIUSANGMR@GMAIL.COM |

|   |   |
|---|---|
| Address   | APT BLK 104A CANBERRA ST #14-473 (S) 751104 |
| Postcode  |   |
| Was driver an employee of the Insured's Company     | NO  |
| If No, Relationship of the Driver with the Insured  | CHILDREN                                    |
| Vehicle Registration Number of Driver's Own Vehicle | -   |
|   | -   |
|   | -   |
| Insurance Company of Driver's Own Vehicle           | -   |
|   | -   |
|   | -   |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - MAJOR/MINOR RD |
| 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?  |   |
| 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: : PATRICIA NG<br>GENDER: : FEMALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

refer with attach.

#### 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         | SHD9772E        |
| Vehicle Make/Model/Colour           |                 |
| Details Of Properties               |                 |
| Vehicle Category                    | TAXI            |
| Name of Driver                      | LIM CHEOW SEONG |
| NRIC/Passport Number                | SXXXX987B       |
| Contact Number                      |                 |
| Address                             |                 |
| Postcode                            |                 |
| Insurance Company Name              |                 |
| Nature Of Damage                    |                 |
| No. Of Passenger (Including Driver) |                 |



## Accident Sketch Plan Pg. 1

### 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:



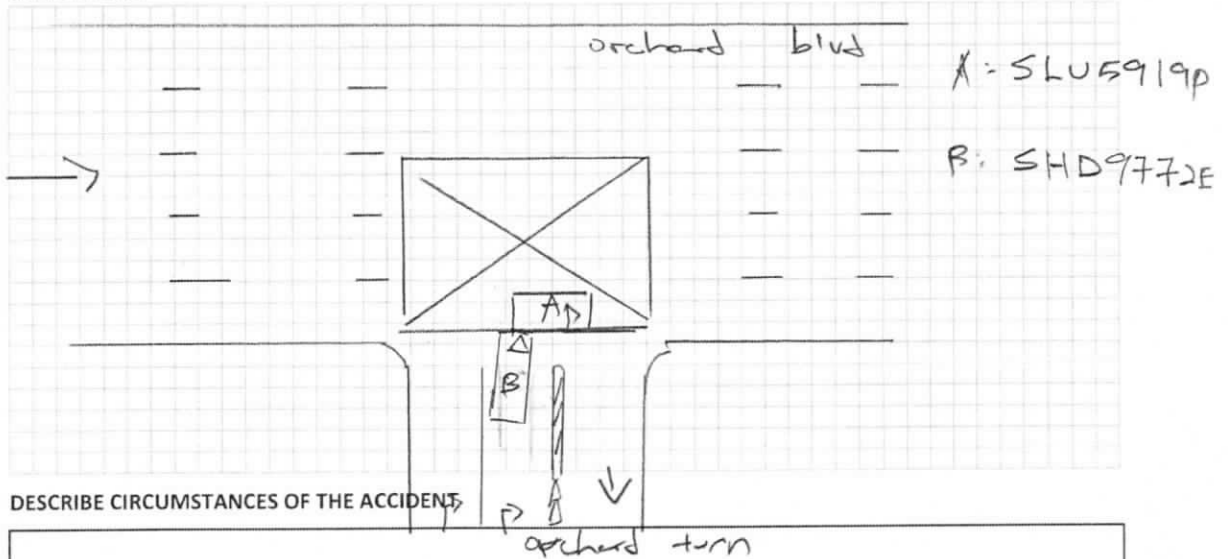
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/12/19 3pm



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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/2019 at around 17:00hrs, I drove my car along orchard blvd heading towards the junction of orchard turn, the car in front stop & I followed as well. Suddenly the taxi SHD 9772E just dashed out from orchard turn & bang onto my car rear th portion.

## 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: 26/12/19 3pm

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




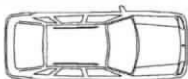
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

| PRE-REPAIR INSPECTION REPORT  |   |                              |   |   |
|---|---|------------------------------|---|---|
| AXA INSURANCE PTE LTD   |   | Ref: CS3/ASM19022787/R1vd3e2 |   |   |
| 8 SHENTON WAY #24-01 AXA TOWER  |   | Date: 08-01-2020             |   |  |
| SINGAPORE 068811  |   |                              |   |   |
| ATTN : SHEKHAR BATHAM   |   | Code: ASM                    |   |   |
| <b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>   |   |                              |   |   |
| Insured Veh.  | SHD 9772E   | Veh. Inspected               | SLU 5919P   |   |
| Policy No.  |   | Coverage (\$)                | 0.00  |   |
| Claim No.   | S9M02BE1  | Excess (\$)                  | 0.00  |   |
| Assign From   | SHEKHAR BATHAM  | Assign Date                  | 27/12/2019  |   |
| <b>2. Vehicle Particulars &amp; Condition</b>   |   |                              |   |   |
| Make & Model  | MERCEDES BENZ E240 2.6 AT   | c.c                          | 2597  |   |
| Engine No.  | HIDDEN  | Year of Reg.                 | 2001  |   |
| Chassis No.   | WDB2100622B255189   | Colour                       | GREY  |   |
| Odometer  | 280623 KM   | Steering                     | IN ORDER  |   |
| Brakes  | IN ORDER  | Modification                 | SPORTS RIM  |   |
| General   | FAIR  |                              |   |   |
| <b>3. Conditions of Tyres</b>   |   |                              |   |   |
|   | Size  | Make                         | Balance   |   |
| R/H Front Tyre  | 225/45 R17  | BRIDGESTONE                  | 6 mm  |   |
| L/H Front Tyre  | 225/45 R17  | BRIDGESTONE                  | 6 mm  |   |
| R/H Rear Tyre   | 225/45 R17  | BRIDGESTONE                  | 6 mm  |   |
| L/H Rear Tyre   | 225/45 R17  | BRIDGESTONE                  | 6 mm  |   |
| <b>4. Description of Damages</b>  |   |                              |   |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.  |   |                              |  |   |
| <b>5. General Information</b>   |   |                              |   |   |
| Accident Date   | 24/12/2019  | Inspect Date / Time          | 02/01/2020 ( 03:03 PM )   |   |
| Survey held at  | MY CAR CONSULTANT PTE LTD<br>53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 |                              |   |   |
| <b>5a. Remarks</b>  |   |                              |   |   |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.<br>THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.<br>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.<br>D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000-\$3,000 |   |                              |   |   |
| <b>5b. Estimate Days of Repair</b>  |   |                              |   |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:   |   | <b>3 Working Days</b>        |   |   |

Report Ref No. CS3/ASM19022787/R1vd3e2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

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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