

ASS. REC. BY: Shenwin | REF: es/ASM20000382/Pg03 | Special Instruction:

From (Person): Chan Kian Chuan of ASM(AXA) Date/Time: 06/01/2020

Estimated Cost: Bill to:
OD/PTP/WS/PTP RES/OD RES/EVA/INV/MV/CS

To Inspect Vehicle No: SGK 8626B Insured: SME Motor

at Workshop n/a Tel: 67476106

of 1 Kaki Bukit Ave 6 # 02-15 Autobay

Policy No: Claim No: SOM02C82

Sum Insured: Excess: TBA

Make of Veh: D.O.A. 31/12/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 11am @ 7/1/2020 Person Contacted: pei ying Vehicle: IN/OUT

H.O.D. Endorsement:

Date/Time Action/Instruction Voluntary ✓

Fire case investigation

SGK 8626B

06/01/20 @ 5.05pm revert to Kian Chuan via Summit Claims.

GIA / PR Seen: Consistent? Yes or No L/Bal. 5.6 mm

Est. Repairs: days Res.: Yes or No D.O.A. 3/12/19 D.O.I. 07/1/2020

Lum Sum: % 3 Val.: Yes or No Survey held at SME motor (Autobay, Kaki Bukit)

CA / REV / REP. / 24 HRS Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

Date: Person Contacted: Vehicle: IN / OUT Front windshield, front right headlamp and engine damaged

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

Date / Time Action / Instruction

MV: \$ 69K,

PAIF: \$22,980

NC: \$36,020

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1) Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: SCPF#170.00

Date/Time, File Return to? 2) Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$) ☐ : Photos ☐ : Others

Report Format : Lump Sum / I.B.I.: (\$) TOTAL

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	03/01/2020 16:21
Date Of Accident	31/12/2019 09:45
Exact Location Of Accident	665 BUFFALO RD ZHUJIAO CENTRE (TEKKA MARKET)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK8626B
Insured/Policyholder	
Name Of Registered Owner	ANG ENG
NRIC No	SXXXX146E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98222661
Alternative Phone No	OFFICE-98222661

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA457552
Cover Note Number	

Driver

Name of Driver	CHUA LENG HONG
NRIC No	SXXXX025H
Date Of Birth	27/02/1976
Occupation	INDOOR
Date Of Driving Pass	17/04/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96655044
Fax Number	
Contact Number	
Email Address	NOEMAIL



Fire Report Application

Your request for the Fire Report has been confirmed and the amount of SGD170.00 will be deducted from your account. You will receive the report within 8 working days upon completion of investigations. Please quote the following transaction number when making enquiries.

Download Tax Invoice/Receipt

Transaction Number: FR2020011004394

Date/Time: 10/01/2020 14:30

INCIDENT DETAILS						
Date and Time	31/12/2019 09:45					
Location of Fire	665 BUFFALO RD ZHUJIAO CENTRE (TEKKA MARKET)					
Fire Involved	MOTORCAR - SGK 8626B					
REQUESTOR DETAILS						
Requestor Type	Insurance Companies					
Requestor ID Type	Foreign International	Requestor ID	G8012183R			
Name of Applicant	SIEW SHIAU CHAN					
Company Name	LKK AUTO CONSULTANTS PTE LTD					
Company UEN						
Company Reference Number	CS/ASM20000382/Pqd3					
CONTACT DETAILS						
Mode of Collection	Email					
Main Contact No.	62563561	Office No.				
Handphone No.		Fax No.				
Email Address	sur@lkkauto.com					
Address	Block No.	51	Floor No.	01	Unit No.	25
	Street Name	UBI AVENUE 1				
	Building Name	PAYA UBI INDUSTRIAL PARK	Postal Code	408933		
PAYMENT DETAILS						
Payment Mode	Credit/Debit Card					
EP Reference No.	5786380177256676203006					
PSi Reference No.	b6e91525-df24-4f5b-b1df-e16f31d760c4					
Total Fees	SGD170.00					



SINGAPORE CIVIL DEFENCE FORCE
91 UBI AVENUE 4
SINGAPORE 408827
TELEPHONE: 6280 0000
GST REG NO: MG-8400000-5

TAX INVOICE/RECEIPT

Name : SIEW SHIAU CHAN
Address : 51 UBI AVENUE 1
#01-25 PAYA UBI INDUSTRIAL PARK
Singapore 408933

Receipt No : 5786380177256676203006
Date/Time : 10/01/2020 14:30
eService ID : FR2020011004394

S/No	Payment Mode	Description	Reference No	Net Amount	GST (7% GST)	Gross Amount
1	Credit Card	Fire Report	FR2020011004394	170.00	0.00	170.00
					Total Amount (SGD)	170.00

REMARKS:

Date and Time [31/12/2019 09:45] - Location of Fire [665 BUFFALO RD ZHUJIAO CENTRE (TEKKA MA KET)]

Note: This is a computer generated receipt. No signature is required. Receipt is void if payment is dishonoured.