



# PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers

Blk 779 Yishun Avenue 2

#01-1545 Singapore 760779

Tel: 6293 4822 Fax: 6296 3283

E-mail: admin@priorityservices.sg

Messrs. Sompoo Insurance Pte Ltd  
50 Singapore Land Tower  
#05-01/06 Raffles Place  
Singapore 048623

Bill No : DN/00158/20

Date : 21/1/2020

Dr.

To

Survey Fee (S\$) : 100.00  
Photographs (S\$) :  
Transport (S\$) :  
Resurvey (S\$) :  
Miscellaneous (S\$) :

Services rendered including photographs and transport charges

(S\$) : 100.00

Our Reference : TP-0040/01/20  
Insured : SLF 8031 J  
Date Of Accident : 31/12/2020  
Policy / Cert. No. : Pre-Repair Survey  
Your Claim No : CMTD2000051/RUC  
Vehicle : BMW 730Li (A) - SJZ 1200 C  
  
Dollars : One Hundred ONLY

For PRIORITY SERVICES

E & O.E.



## PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers  
Blk 779 #01-1545 Yishun Ave 2 Singapore 760779  
Tel: 62934822 Fax: 62963283  
E-mail: admin@priorityservices.sg

Your Ref. : CMTD2000051/RUC  
Our Ref. : TP-0040/01/20

Date : 21 January 2020

M/s. Sompo Insurance Pte Ltd  
50 Singapore Land Tower  
#05-01/06  
Singapore 048623

Attn. : Ms. Ruth Chua

Madam

### **Pre-Repair Survey**

Vehicle No.: SJZ 1200 K

Date Of Accident: 31-Dec-2019

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Date and Time of Request : 07-Jan-2020 / 5.21pm

Date and Time of Inspection : 1) 08-Jan-2020 / 10.10am  
2) 09-Jan-2020 / 10.35am (For dismantled items)  
3) 15-Jan-2020 / 10.20am (For after repair)  
@ M/s. Precision Motorworks

### **Particulars of Vehicle**

Registration No.	: SJZ 1200 C
Make / Model	: BMW / 730Li (A)
Year	: 2006
Colour	: White
Odometer	: 109705 km
Engine Capacity	: 2996 cc
Carrying Capacity	: 4
Engine No.	: -
Chassis / Body Frame	: WABHN22010DE96707
Radio / CD Player	: Yes
Air-Con Conditioner	: Yes
Other Apparent Accessories	: No
Spare Tyre	: Intact
Jack / Tools	: Intact

( 123 ) Photographs of vehicle taken.

**Documents Available At Time Of Inspection**

- 1) Singapore Accident Statement (SAS)
- 2) Police Report

**Visual Damages**

At the front portion.

Damages subject to consistency.

**Remarks**

Despite our request, the repairer would not provide: -

- 1) Repairer estimate

Pre-Accident market value: About \$52,000.00.

COE Rebate: \$29,893.00 (COE expiry on 25-Apr-2026).

Estimated repair cost: About \$1,500.00.

Estimated period of repairs: About 2 working days.

During our inspection of the dismantled items, the repairer placed some dismantled parts on the floor. However, we could not detect damages for several of these and the repairer would not assist to point out where the damages were.

Yours Very Truly  
**PRIORITY SERVICES**



**LAWRENCE NG**  
**MSAAA**  
**Motor Appraiser**

SINGAPORE ACCIDENT STATEMENT

3rd Party

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 16:10
Date Of Accident	31/12/2019 17:25
Exact Location Of Accident	PIE NEAR THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1200C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA HUI XIN
NRIC No	SXXXX186Z
Email Address	HKCHUA_2097@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98783795
Alternative Phone No	OFFICE-98783795

Vehicle Particulars

Manufacturer	BMW
Model	730LI
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	GA454601
Cover Note Number	

Driver

Name of Driver	CHUA HUI XIN
NRIC No	SXXXX186Z
Date Of Birth	20/09/1977
Occupation	INDOOR
Date Of Driving Pass	20/02/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98783795
Fax Number	
Contact Number	OFFICE-98783795
Email Address	HKCHUA_2097@YAHOO.COM.SG

Address 53 LORONG 40 GEYLANG #04-10  
 Postcode 398077  
 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 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? 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name THOMSON NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5536740  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20200102/2109.

#### 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 SLF8031J  
 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 INJURED PERSON 1

Name CHUA HUI XIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJZ1200C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

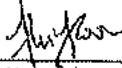
### SKETCH PLAN

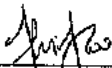
#### IMPORTANT NOTICE

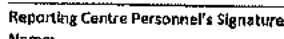
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

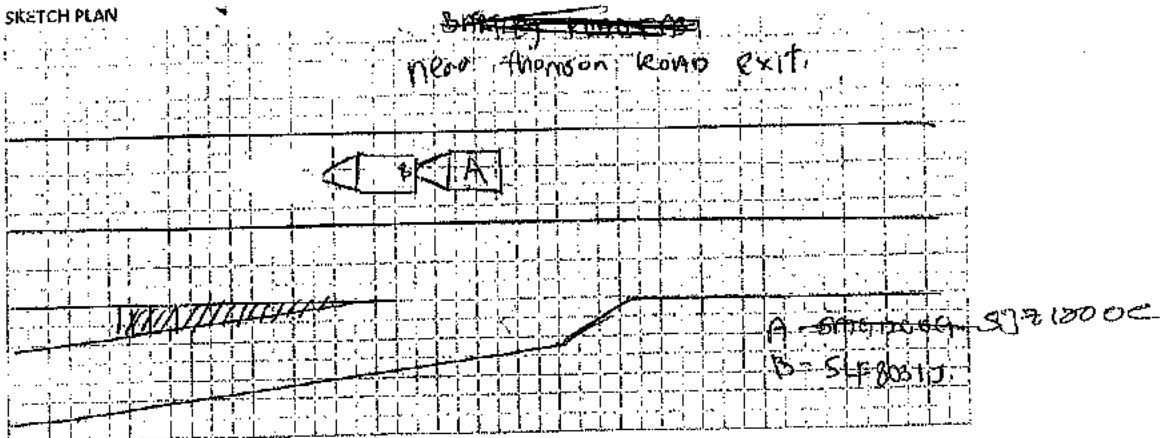
  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

3/1/2020 11AM  
Reporting Centra Personnel's Signature  
Name:  
NRIC/FIN No.:

LETTER OF UNDERTAKING

8372 12000

I/we, C4UP HUI XIN, the owner of vehicle no. SM913009

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

*[Signature]*

Print no. & signature of policyholder

Company stamp

Date



**SINGAPORE  
POLICE FORCE**



T/20200102/2109

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No. T/20200102/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2020 16:30		Vide Report No.:		Station Diary No.: 51	
<b>Informant's Particulars</b>					
Name of Informant: CHUA HUI XIN			Address: 53 LORONG 40 GEYLANG #04-10 SINGAPORE 398077		
ID Type / ID No.: NRIC NO / S7728186Z			Contact No.: Home/Office: Mobile: 98783795		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 20/09/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2019 17:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY THOMSON ROAD NEAR THOMSON ROAD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>					
Vehicle No.	Type	Make	Model	Color	Remarks/No. of Passenger
SJZ1200C	Car	BMW	730LI	White	Slightly Damaged 1
SLF8031J	Car				0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJZ1200C	AXA INSURANCE SINGAPORE PTE LTD	GA454601	21/03/2019	25/04/2020



**SINGAPORE  
POLICE FORCE**



T/20200102/2109

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 3  
Report No. T/20200102/2109

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUA HUI XIN	ID No.	S7728186Z
Related Vehicle	SJZ1200C (Car)	Contact No.	98783795
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2020	Date Discharge	02/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	LOKE HON KHUAN	ID No.	S1743004A
Related Vehicle	SLF8031J (Car)	Contact No.	90096601
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, I was driving my vehicle (SJZ1200C) at the PIE.

While I was driving near the Thomson Road exit, the vehicle (SLF8031J) in front of me suddenly brake his vehicle. I saw the vehicle stopped out of a sudden and I stepped on my brakes to stop my vehicle. However, I could not stopped in time. I had collided to the rear of his vehicle. The vehicle filter to the left lane and stopped for a while and he exited to make a check on his vehicle. Subsequently, he move his vehicle to the right side of my traffic to avoid congestion. My vehicle was slightly damaged. I insisted to settle the incident through insurance however he refused and wanted a private settlement and he requested for about \$2000 from me. We both exchanged particulars and left subsequently. I wish to note that I have an in-car camera.

I went to see a doctor at Sin Min Clinic on the 02/01/2020 as I felt pain on my neck. I received 7 days MC from 02/01/2020 until 08/01/2020.



**SINGAPORE  
POLICE FORCE**



T/20200102/2109

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 3

Report No. T/20200102/2109

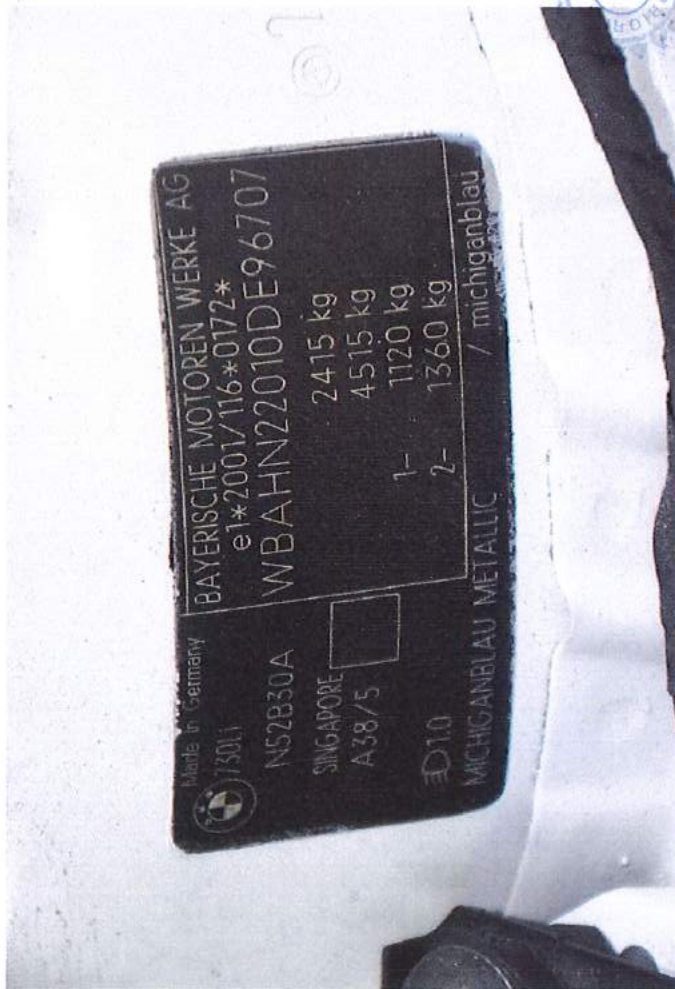
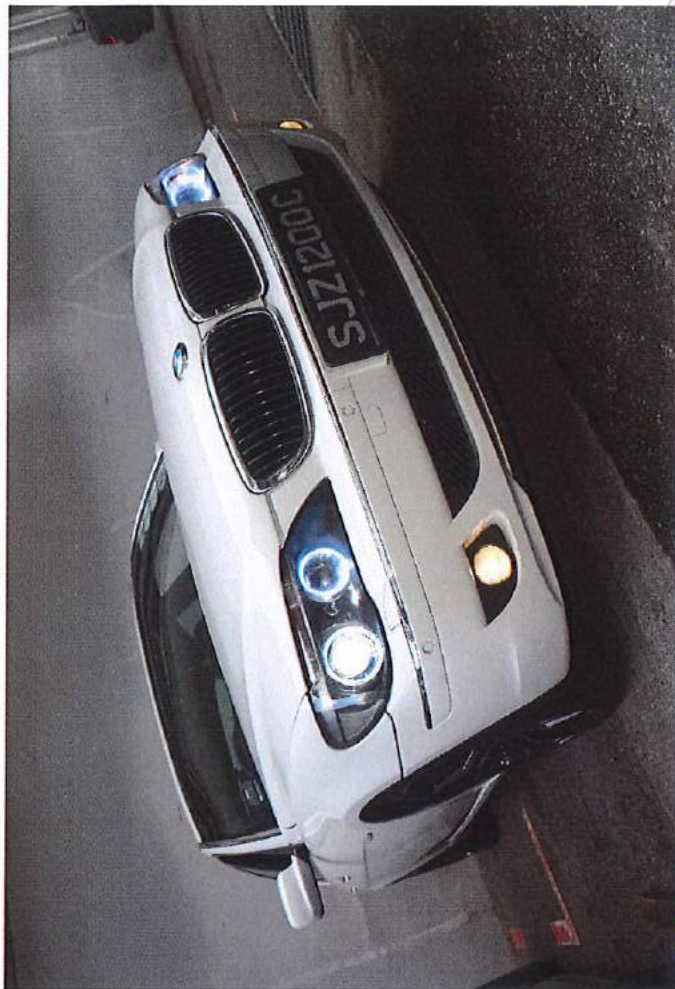
CONTINUATION OF REPORT

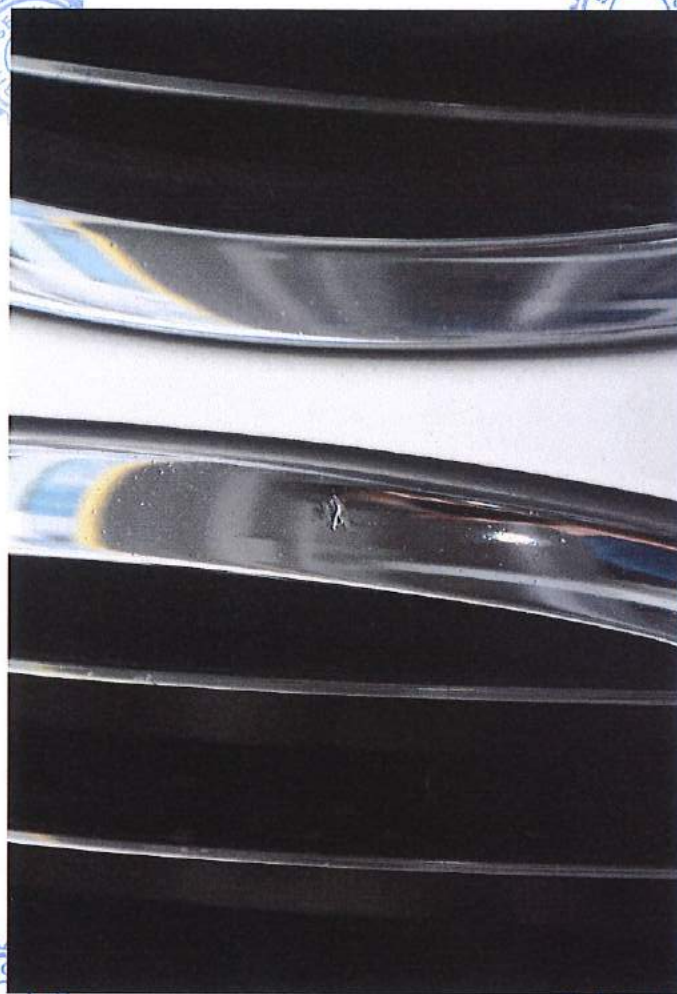
**Sketch Plan**

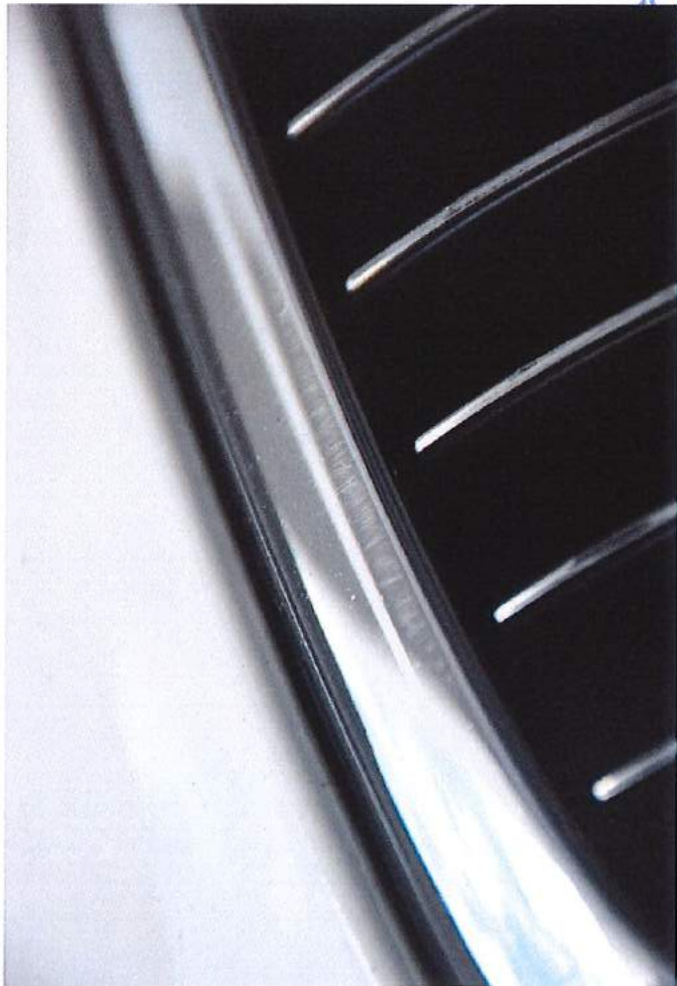
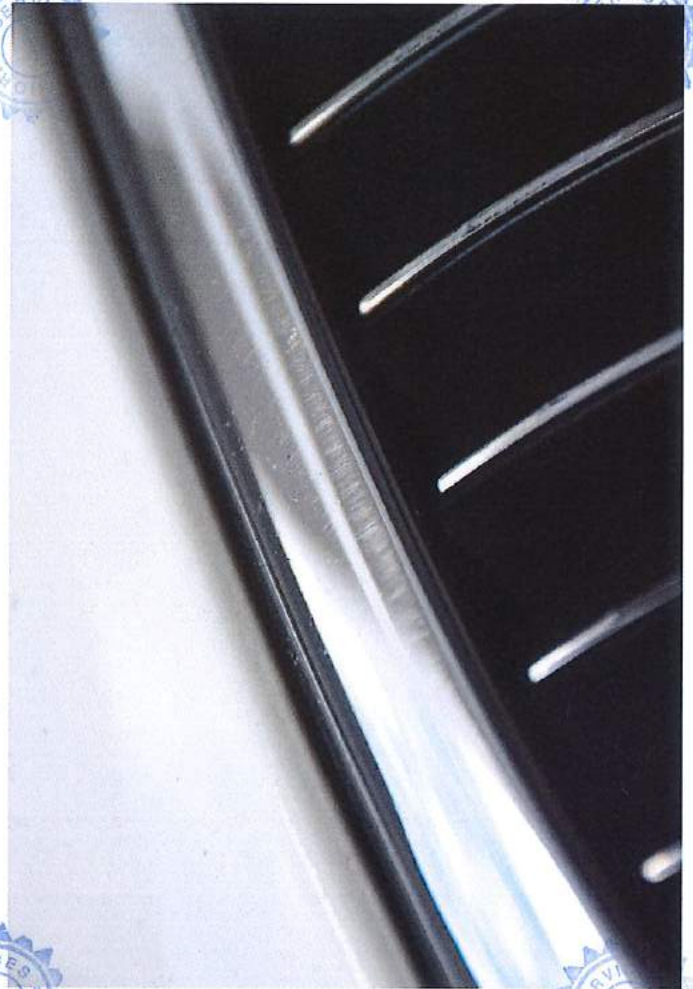
Informant is not able to provide sketch plan

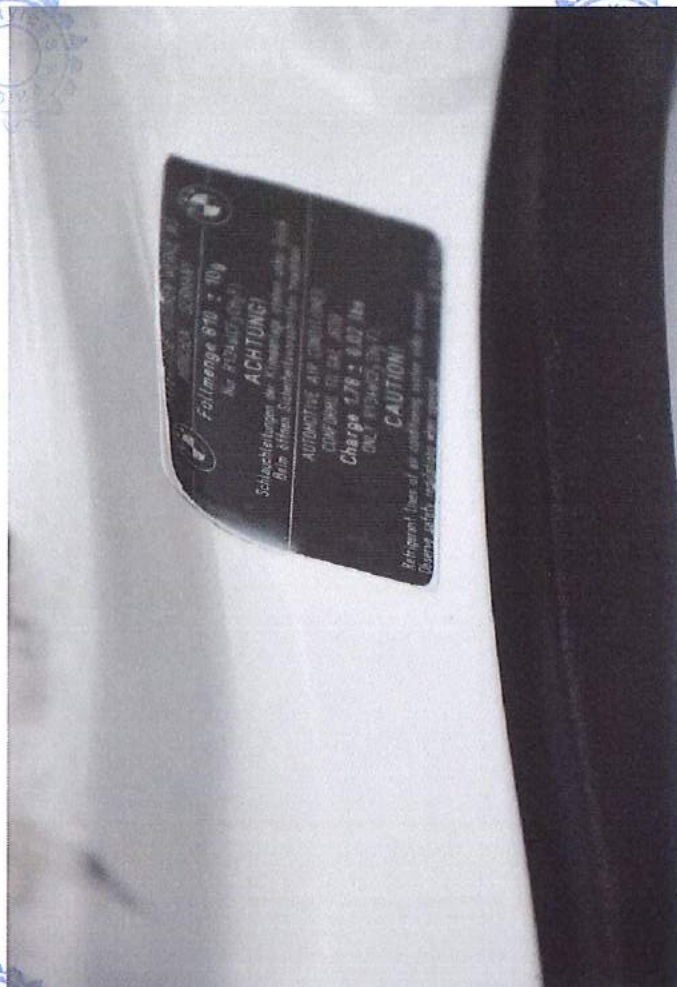
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD TAUFIQ BIN ISHAK <i>Taufiq</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2020 16:30
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTI SYED MOHD SAID Contact No.: 85476172	Classification Of Case: SN 070
Authentication Stamp NP168 <i>Taufiq</i> SIGNATURE	

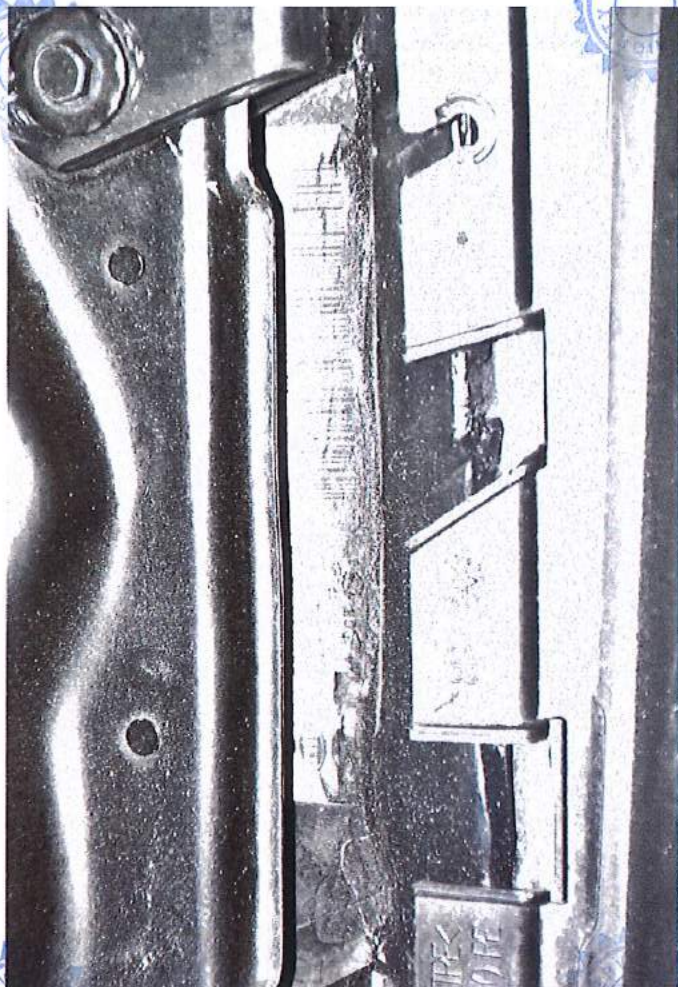




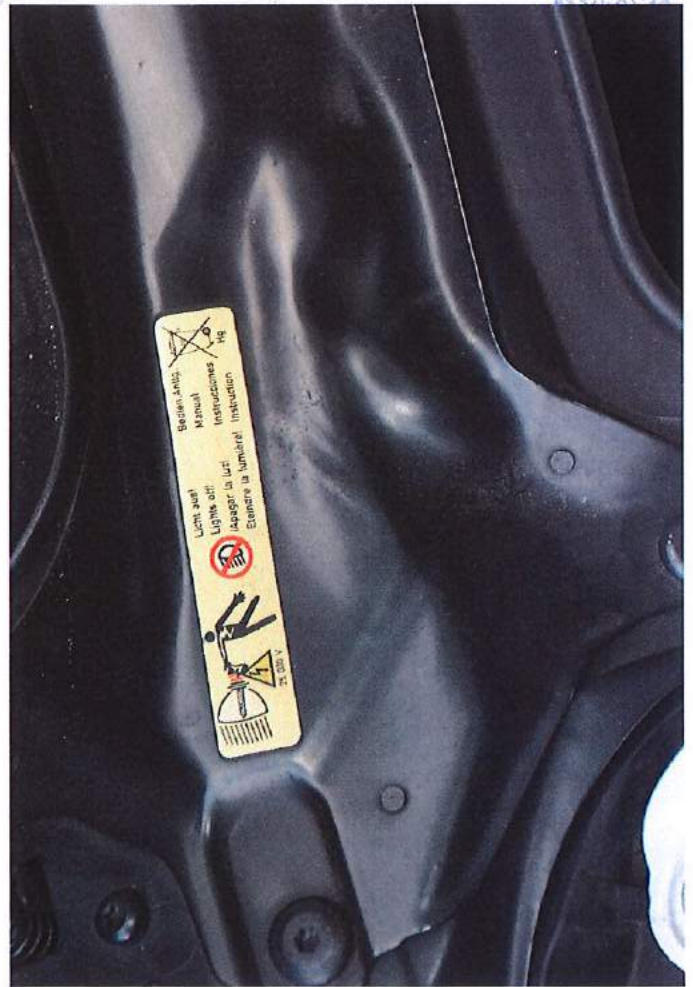


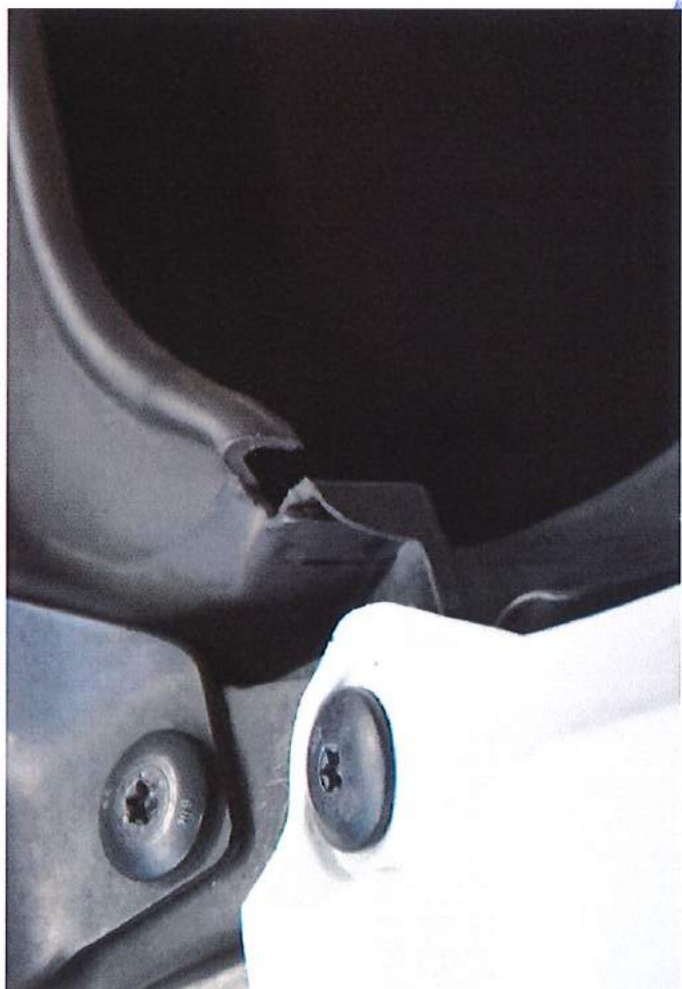




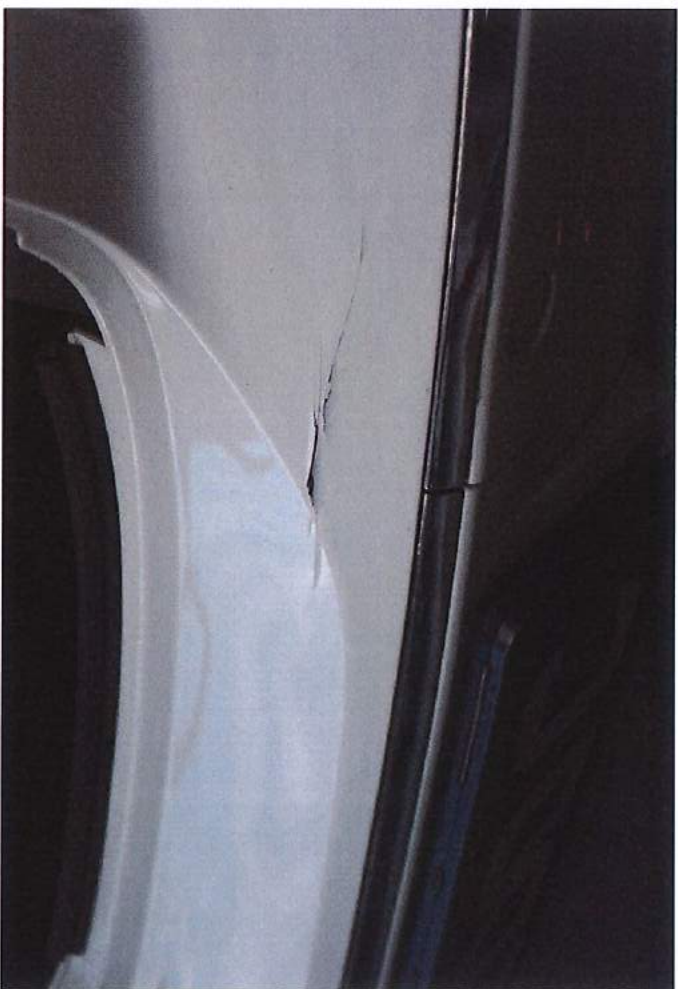


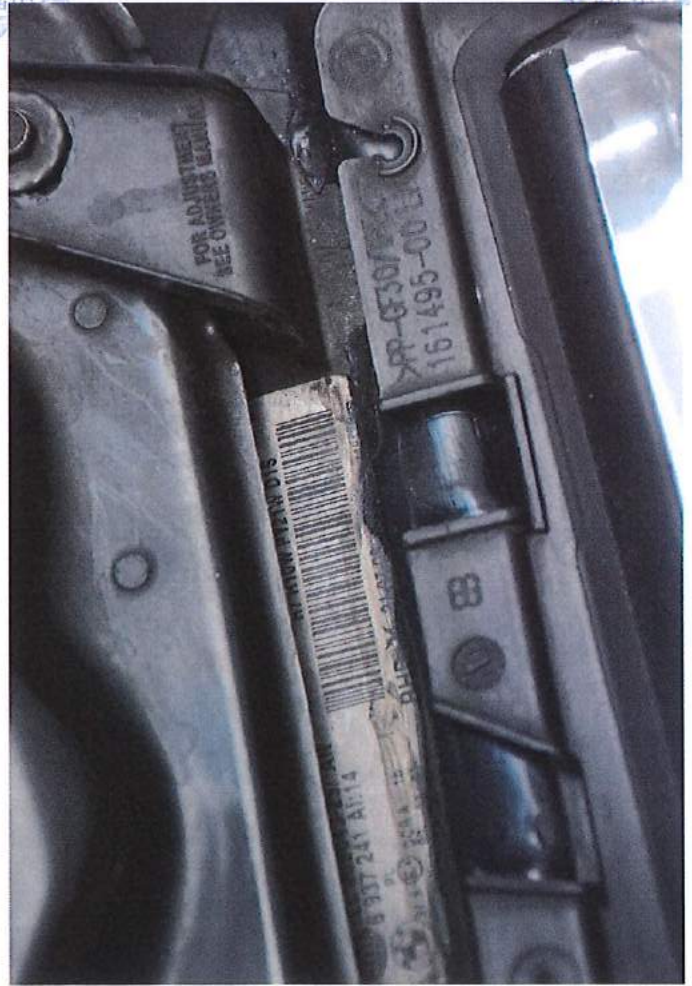
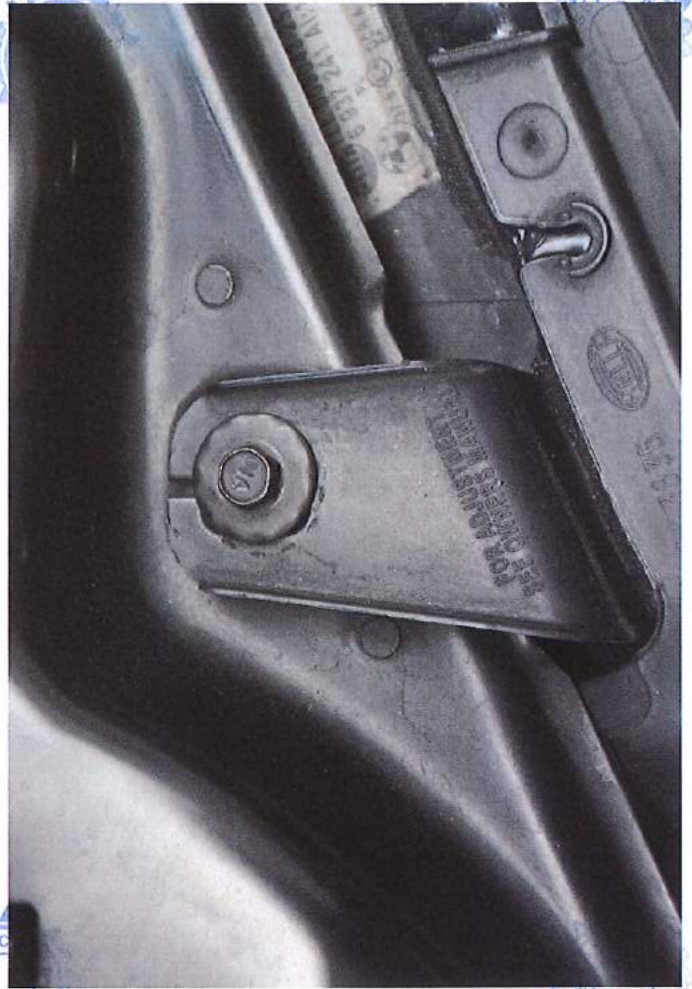










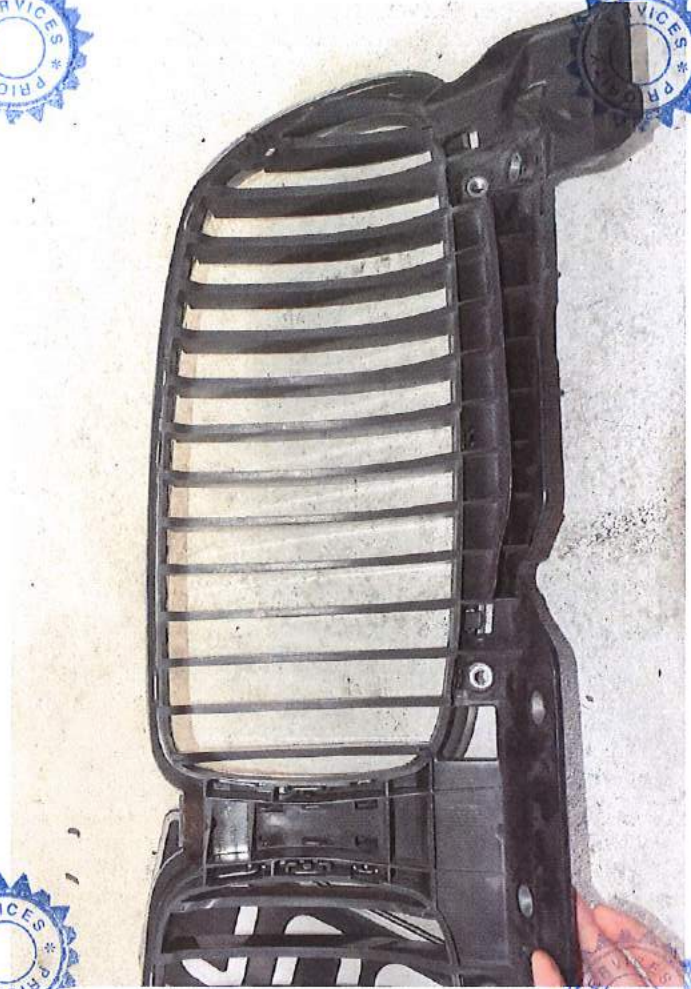
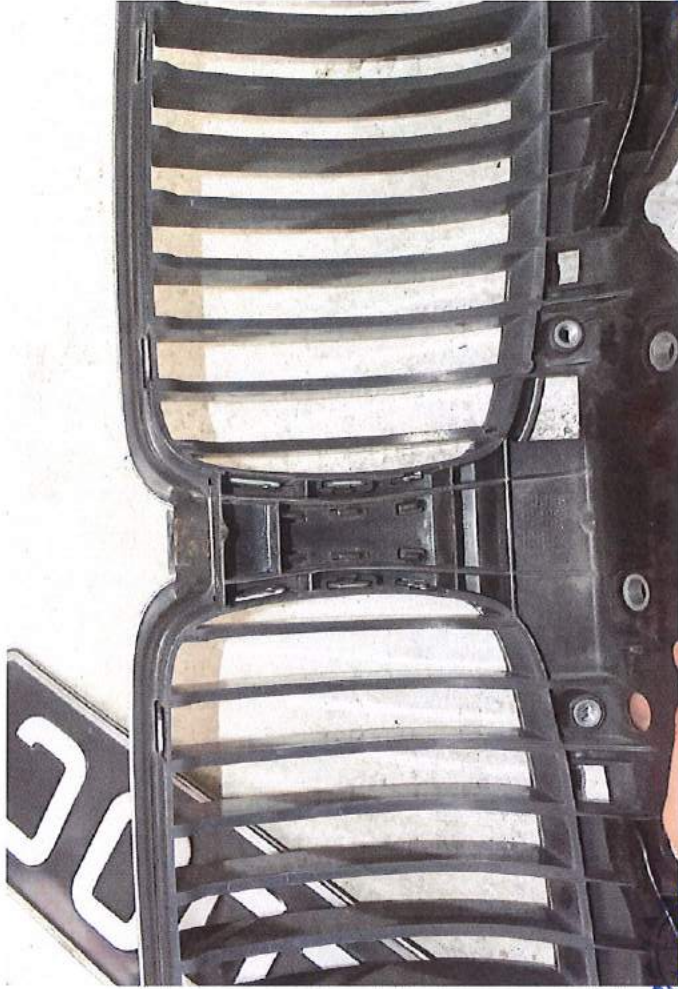




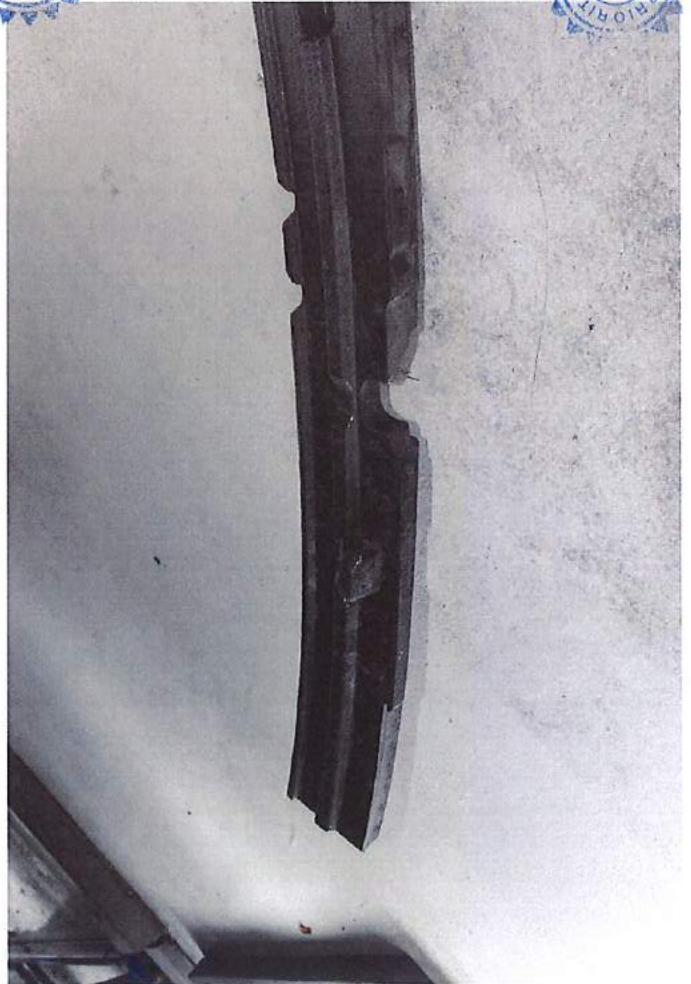
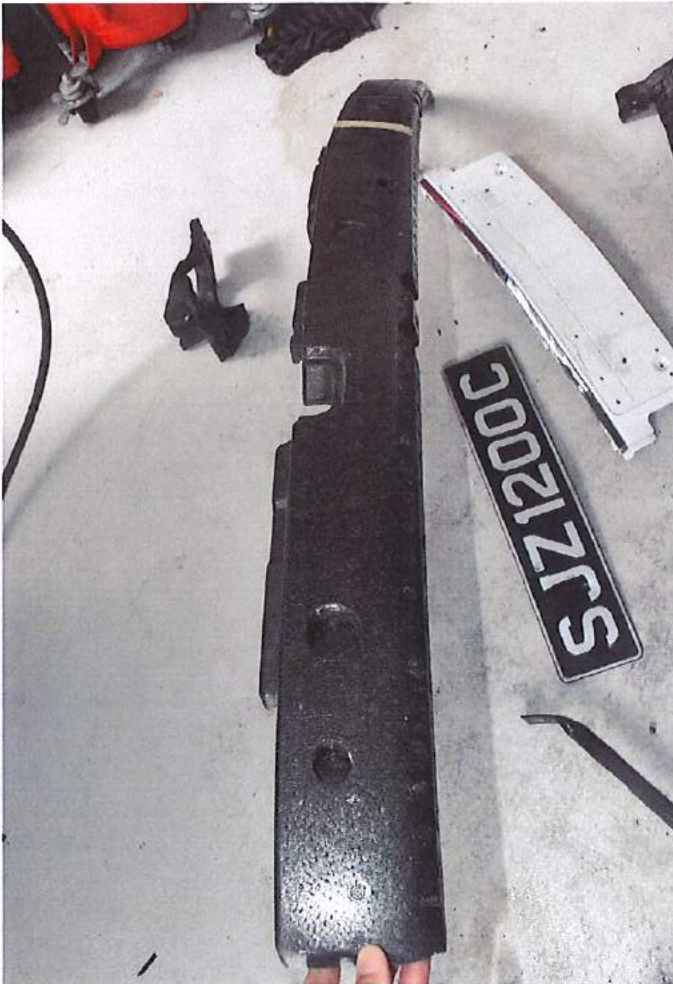
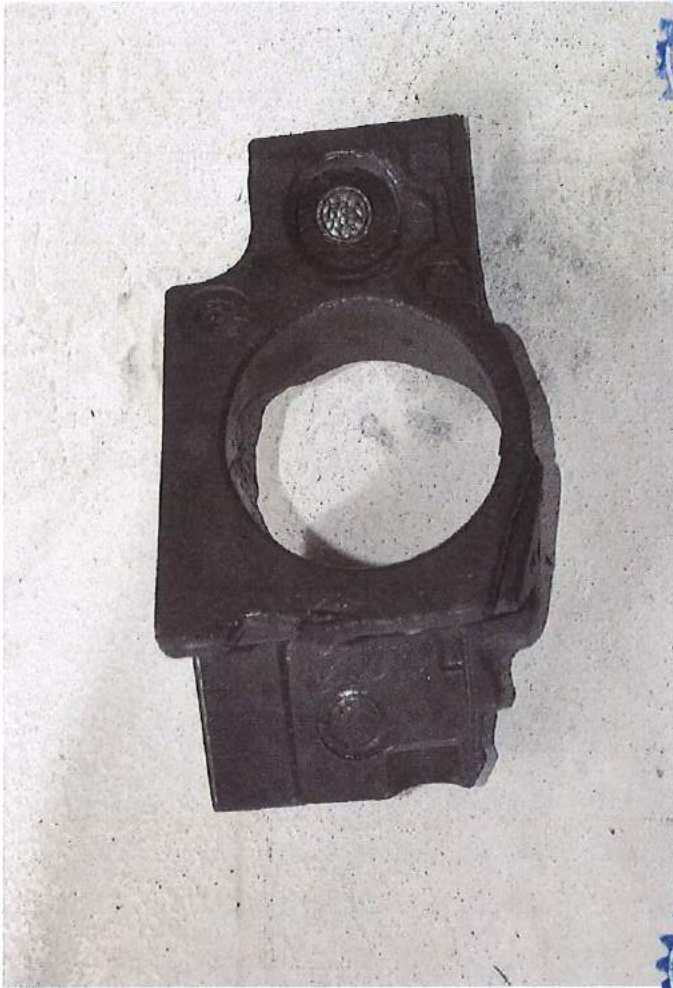


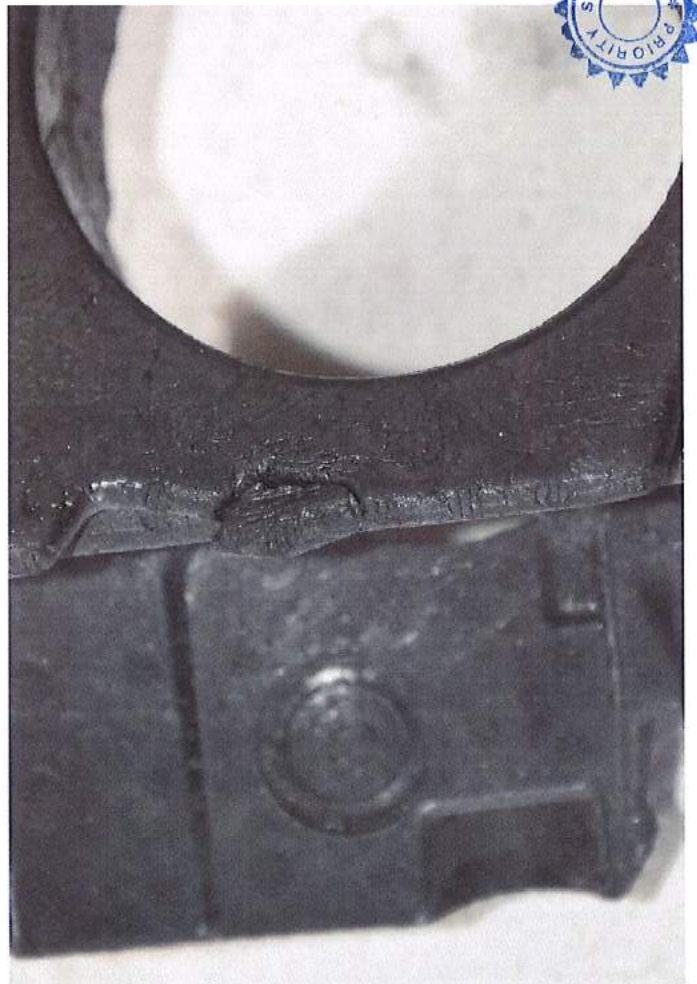












RESURVEYED  
AFTER REPAIRS

