

ASS. REC. BY:

REF:

CS/AWA 17021658/Rlvb

02

Special Instruction:

Surveyor

Rusu

ASSIGNMENT (Office)

From (Person):

Tan Kah Leng

of

AWA

Date/Time:

13.11.17 5:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 7495E

Insured:

G8B 1886U

at Workshop m/s

Hua Hong

Tel:

6661 9688

of

25D Sungai Kadut St 1

Policy No:

AVCP80075041702

Claim No:

G8B1886U / BT

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10.11.17

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

13.11.17 5:26pm

Person Contacted:

Yunny

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLG 7495E - x ✓

G8B 1886U - x

(08/11/13)

REF:

0309M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLG 7495Eat Workshop m/s Hua Hongof 250, sumam kromi ST1Insured: AWA / up

Policy No. _____

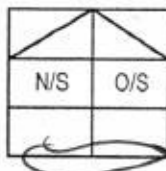
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLG 7495E Yr Regn: 2016 / OCTType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: B.M.W 116D c.c. 1496Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 65645 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W9A1V72000V725027Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55 R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 10/11/17Survey held at Hua HongDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

16/14/18 finished and of 1400 / 2 days 9/1 confirmed (Real 200 330)

V 16/4

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 17/4 - typistDays Of Repair: 2Resurvey No. of Trip: -

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

150

Report Format: TPLump Sum / I.B.I: (\$ 400/-)Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)



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

Affiliated to Federation Internationale Des Experts En Automobile

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA17021658/R1vb

(SINGAPORE BRANCH)

60 ANSON ROAD #08-01 (9th FLOOR)

MAPLETREE ANSON

SINGAPORE 079914

Date : 13-11-2017



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 1886U	Veh. Inspected	SLG 7495E
Policy No.	AVCPSP0075041702	Coverage (\$)	0.00
Claim No.	GBB1886U/BT	Excess (\$)	0.00
Assign From	TAN KAH LEONG	Assign Date	13/11/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	10/11/2017	Inspection Date
Survey held at	HUA HONG PTE LTD 25D SUNGEI KADUT STREET 1 SINGAPORE 729332	

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

Catherine Chong (LKK Auto)

From: Tan, KahLeong <KahLeong.Tan@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Monday, 13 November, 2017 5:05 PM
To: LKK (assignments@lkkauto.com)
Cc: SUR (sur@lkkauto.com); Yvonne Toh (yvonne@huahong.com.sg)
Subject: TP Survey assignment for SLG 7495E - DOA: 10.11.2017 Our ref: GBB1886U/BT

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us **do** have consensus in the appointment of **Mr Mohamad Taufikh**, as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	SLG 7495 E
Insured Vehicle	:	GBB 1886 U (Accident Not Reported)
Policy Number	:	AVCPSB0075041702
Name of Workshop	:	Hua Hong Private Limited
Contact Number	:	6661 9688
Person to Contact	:	Yvonne Toh
Estimated Cost of repairs	:	\$ N.A

Regards,
Claims Division

Copy to Hua Hong Private Limited via Email

Note -

- (x)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards
Motor Claims
Claims Group
Global Market

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 ability.
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 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	13/11/2017 11:17
Date Of Accident	10/11/2017 11:50
Exact Location Of Accident	ALONG TEMASEK AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7495E
Insured/Policyholder	
Name Of Registered Owner	HUA HONG PTE. LTD.
Co Reg No	200900309M
Email Address	CLAIMS@HUAHONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66619688

Vehicle Particulars

Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC LED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087272209
Cover Note Number	

Driver

Name of Driver	AUNG YE GAUNG
NRIC No	S8673419B
Date Of Birth	30/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90571090
Fax Number	
Contact Number	
Email Address	FRANK.AYG2015@GMAIL.COM

Address	BLK 317 SEMBAWANG VISTA #09-209
Postcode	750317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTED VEHICLE
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
Was any body injured in the Accident?	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)	4

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

AS PER 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	GBB1886U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAY HUNG MING
NRIC/Passport Number	S8716833F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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:

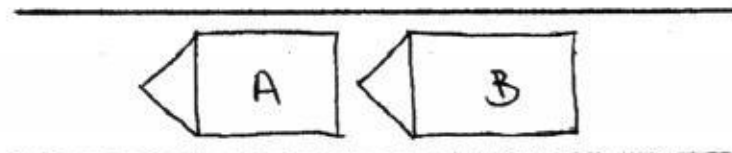
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/11/17.

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

A → SLG 7495 E
B → GBB 1886 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 10 / NOV / 2017 , 1150 am

Accident Location : Temasek Avenue

I was stationary at the mentioned.
Suddenly, vehicle B roared forward and
hit my vehicle.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of the accident.

Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(if driver is not the policyholder)
Date & Time: 12/17

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



HUA HONG PRIVATE LIMITED

25D Sungei Kadul Street 1 Singapore 729332
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

Estimate Repair List

13 April 2018

HHTPClaims18-29

Allied World Assurance Company, Ltd
60 Anson Road #08-01
Mapletree Anson
Singapore 079914

Attn: Motor Claims Department

ACCIDENT INVOLVING SLG 7495 E & GBB 1886 U ON 10/11/2017 ALONG TEMASEK AVENUE AT ABOUT 1150 HOURS

Insured : HUA HONG PTE. LTD.
Vehicle Registration No : SLG 7495 E
Vehicle Make : BMW
Vehicle Model : 116D 5DR HATCHBACK DSC LED
Vehicle Chassis No : WB1V72000V725027
Policy No : 5087272209
Date of Accident : 10/11/2017

Type of Claim: Third Party

	Amount S\$
To dismantle & refit rear bumper, knocking & pull straight rear reinforcement.	\$ 300.00 150
To spray rear bumper.	\$ 300.00 250
	\$ 600.00
7% GST	\$ 42.00
Total	\$ 642.00

Resur
4p 90010068

2 days

P/P

13/04/18 @ 1210

Resur after repair

Final
and

400

2 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

**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

Affiliated to Federation Internationale Des Experts En Automobile				
ALLIED WORLD ASSURANCE COMPANY LTD		Ref : CS/AWA17021658/R1vbn2		
(SINGAPORE BRANCH) 60 ANSON ROAD #08-01 (8th FLOOR) MAPLETREE ANSON SINGAPORE 079914		Date : 17-04-2018		
		Code : AWA		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBB 1886U	Veh. Inspected	SLG 7495E	
Policy No.	AVCPSPB0075041702	Coverage (\$)	0.00	
Claim No.	GBB1886U/BT	Excess (\$)	0.00	
Assign From	TAN KAH LEONG	Assign Date	13/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	B.M.W 116D	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	WBA1V72000V725027	Colour	WHITE	
Odometer	65645	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	YOKOHAMA	6 mm	
L/H Front Tyre	205/55 R16	YOKOHAMA	6 mm	
R/H Rear Tyre	205/55 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	205/55 R16	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/11/2017	Inspection Date	13/04/2018	
Survey held at	HUA HONG PTE LTD 25D SUNGEI KADUT STREET 1 SINGAPORE 729332			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLG 7495E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO DISMANTLE & REFIT REAR BUMPER, KNOCKING & PULL STRAIGHT REAR REINFORCEMENT.		300.00	150.00
	TO RESPRAY REAR BUMPER.		300.00	250.00
			600.00	400.00
	GRAND TOTAL		600.00	400.00
RECOMMENDED COST OF REPAIRS				400.00

Report Ref No. CS/AWA17021658/R1vbn2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.