

ASS. REC. BY:

REF: CS /AWA/8000343/Uvbnz

Special Instruction:

Date/Time:

ASSIGNMENT (Office)

From (Person): Stella Guh of AWA Date/Time: 05012018 423pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLM 9149K Insured: FBL 6399Z

at Workshop m/s Progressive Tel: 6744 5336

of Blk 3022A Ubi Rd 1 #01-45

Policy No: AVFMSB0000591702 Claim No: FBL6399Z/HLF

Sum Insured: Excess:

Make of Veh: D.O.A. 03012018

(Client's Record)

CA / REV / REP. / REV 24 HRS '1up' H.O.D. Endorsement:

Date/Time: 05012018 423pm Person Contacted: Per Wen Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLM 9149K - X
	FBL 6399Z - X

(08/11/13) wef

ASS. REC. BY: *MORIS*

REF:

*AWAC***ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS / TP RES / OD RES / EVA / INV / MVTo inspect Vehicle No: *SLM 9149K*at Workshop m/s *PA 66, 12pm.*

of _____

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.**

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent?: Yes or No

CIA / PR Seen: *2*

Consistent?: Yes or No

Est. Repairs: *3*

days

Res.: Yes or No

Lum Sum: *1.3.1*

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SLM 9149K*Yr Regn: *6.15*Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /Truck / Trailer or *CA*Make: *Audi A3*c.c. *1395*Colour: *Black*A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: *37298*T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: *WA42228V3F1136074*Gen. 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 *Continental*

Front

Rear

R/Bal. *7*

mm

R/Bal. *7*

mm

L/Bal. *7*

mm

L/Bal. *7*

mm

D.O.A. *31/1/18*D.O.I. *24/1/18*

Survey held at _____

Des. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or*Rear 1/5*

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

Date / Time

Action / Instruction

8/2/18 Confirmed final by *24-27* *2267.89* with Roy (Ref 1093.54, 329)

RECEIVED 08 FEB 2018

Date/Time, File Pass to? ☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

*8/2-tyrist*Days Of Repair: *3*Resurvey No. of Trip: *1*Add Fee: ☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS \$ SI

) Photos

) Others

Report Format: *TP*Lump Sum / I.B.I. (\$ *2267.89*)

TOTAL

150

Survey Department Check List (Case Handler)

Reference No.: CS / AWA18000343 / Uv6
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp. Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des. of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
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Check By:

VERON

8/2/18

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014



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/AWA18000343/Uvb	
(SINGAPORE BRANCH) 60 ANSON ROAD #08-01 (8th FLOOR) MAPLETREE ANSON SINGAPORE 079914		Date : 05-01-2018	
		Code : AWA	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBL 6399Z	Veh. Inspected	SLM 9149K
Policy No.	AVFMSB0000591702	Coverage (\$)	0.00
Claim No.	FBL6399Z/HLF	Excess (\$)	0.00
Assign From	STELLA GOH	Assign Date	05/01/2018
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			
5. General Information			
Accident Date	03/01/2018	Inspection Date	
Survey held at	PROGRESSIVE AUTOMOTIVE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		
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: Goh, Stella <stella.goh@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Friday, 5 January, 2018 4:23 PM
To: 'LKK'
Cc: 'SUR'; 'JiaMin, Progressive'
Subject: TP Survey assignment for SLM 9149K - DOA: 03/01/2018 Our ref: FBL 6399Z/HLF

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 Adrian Ling** 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	:	SLM 9149 K
Insured Vehicle	:	FBL 6399 Z
Policy Number	:	AVFMSB0000591702
Name of Workshop	:	Progressive Automotive Ptd Ltd
Contact Number	:	6741 5336
Person to Contact	:	Camy Lee
Estimated Cost of repairs	:	\$ 3,596.73

Regards,
Claims Division

Copy to Progressive Automotive Ptd Ltd 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

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4421H
Vehicle Details	
Vehicle No.:	SLM9149K
Vehicle to be Exported:	No
Intended De-registration Date:	24 Jan 2018
Vehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.4 TFSI AMBIENTE MY 15
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	CZC259128
Chassis No.:	WAUZZZ8V3F1136074
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$27,574.00
Original Registration Date:	30 Jun 2015
First Registration Date:	30 Jun 2015
Transfer Count:	1
Actual ARF Paid:	\$15,604.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2025
PARF Rebate Amount:	\$11,703.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$66,000.00
COE Rebate Amount:	\$49,041.00
Total Rebate Amount:	\$60,744.00

The information contained herein is correct as at 24 Jan 2018

OK

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	04/01/2018 11:23
Date Of Accident	03/01/2018 18:20
Exact Location Of Accident	OLD AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9149K
Insured/Policyholder	
Name Of Registered Owner	NEO BEE KIAN
NRIC No	S1594421H
Email Address	TORINA.NEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97575268
Alternative Phone No	OTHERS-97575268
Vehicle Particulars	
Manufacturer	AUDI
Model	A3-1.4 SEDAN TFSI (AMBIENTE) (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 CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA207858/1
Cover Note Number	
Driver	
Name of Driver	NEO BEE KIAN
NRIC No	S1594421H
Date Of Birth	13/12/1963
Occupation	INDOOR
Date Of Driving Pass	15/03/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	+65-97575268
Fax Number	
Contact Number	OTHERS-97575268
EMail Address	TORINA.NEO@GMAIL.COM

Address	BLK 213 BEDOK SOUTH AVENUE 1 # 02-04 SINGAPORE
Postcode	469337
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 involved in the accident	
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

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 TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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	FBL6399Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	ZHANG YAN
NRIC/Passport Number	G2911191Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

4/1/18

GIA/MC SketchPlanForm_V3

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

12.16pm

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

4/1/18

JiaMin

Sketch Plan #2

SKETCH PLAN

	Vehicle No
	A - S1M9149K
	B - FB163992
<p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Bike </div> </div>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I STOPPED MY CAR WHEN TRAFFIC LIGHT CHANGED ORANGE TO RED AT OLD AIR PORT ROAD. BUT MOTORCYCLIST FROM "MACDONALD" HIT LEFT OF REAR SIDE SUDDENLY DUE TO NOT ENOUGH DISTANCE. CAR DENTS AND SENSOR OF ALARM FOR REVERSING DAMAGED

PASS 1: Tomohiko Nakamura

DECLARATION

(We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated time frame from the date of occurrence. Kindly check your policy for more details.)

Policyholder's Signature

Date & Time: 4/1/18
12:16pm

GIARMC SketchPlanForm_02

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Jia Man
NRIC/PIN No.:

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident 31/18/2018		2 Exact location of accident Old Airport Road		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. **SLM9149K**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **Neo Bee Kian**
(capital letters)
Address _____
NRIC / Passport no. **S1994401H**
Tel no. (from Singapore) _____
HP **97575268**

7 Vehicle
Make, type **Audi A3 Sedan 1.4 TFSI**
AMBIENTE MY15

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy no. **GA5001853/1**

9 Driver
☒ State as Driver
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence **3**
HP _____
Gender Male ☐ Female ☒

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Other Collision
<input type="checkbox"/>	Collision into Object
<input type="checkbox"/>	Collision into Motorcyclist
<input type="checkbox"/>	Collision into Parked vehicle
<input type="checkbox"/>	Collision into Pedestrian
<input type="checkbox"/>	Collision into Property
<input type="checkbox"/>	Collision - Changed/Over lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Mirror/Mirror Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Rear-end
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Gas leak
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Self Damage
<input type="checkbox"/>	Theft

Registration No. **FBL63992**
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from Singapore) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from Insured B above)
Name **Zhang Yan**
(capital letters)
NRIC / Passport no. **G591191A**
Class of licence **JB, 3C**
HP _____
Gender Male ☒ Female ☐

13 Indicate the point of initial impact with an arrow (→)



14 Visible damage to vehicle A

15 My remarks

16 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

17 Indicate the point of initial impact with an arrow (→)



18 Visible damage to vehicle B

19 My remarks

20 Signatures of drivers

A *[Signature]*

B

* In the event of injury or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For injured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)			
To be completed and submitted within 24 hours to your insurer or TACC or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (if more than one, state all)		Email: <u>torina.new@gmail.com</u>		
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity		
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, State Relationship of Driver with owner	state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4. Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire				
	<input type="checkbox"/> Others - please specify				
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present				
Of which vehicle are you the owner?	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	If no, state action to be taken: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
	7. Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	13/12/63	Indoor	15/3/85	Yes	No
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability				
	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
Driver or person in charge of vehicle at the time of accident (including insured)	Date	Offence	Penalty		
Injured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, please state which Police station				
Accident details	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If yes, against whom?				
Accident details	14. Weather conditions	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Others	
	15. Road surface	<input checked="" type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Others	
	16. Speed of vehicles	A <input type="checkbox"/> km/hr	B <input type="checkbox"/> km/hr		
	17. What warnings were given by driver or other party?				
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	19. What lights were displayed on your vehicle/the other vehicle(s)?				
Declaration	20. If your vehicle is commercial, state weight of load carried at time of accident				
	21. State how accident happened, width of roads, speed limit, etc. (Refer to attached)				
	22. State number of Passengers (including Driver): <u>2</u>				
	I/We declare the foregoing particulars are true in every respect				
Policyholder's signature		Date		4/1/18	
Driver's signature (if driver is not the policyholder)		Date			

PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg
GST:201006949C RCB NO:201006949C

Not Applicable
Take photo before painting.
24/1/18
30-31

M/S : NEO BEE KIAN
BLK 213 BEDOK SOUTH AVENUE 1
02-04 SINGAPORE 469337

Estimate No: EST1503144
Date: 04 Jan 2018
Policy No: GA207858/1
Veh Reg No: SLM9149K
Make/Model: AUDI A3 SEDAN 1.4
TFSI AMBIENTE MY 15
Chassis No: WAUZZZ8V3F1136074
Engine No: CZC259128
Reg. Date: 30-06-2015

ATTN: AW

Your Ref No: TP 0118-4897
Claim Type: Third Party
Accident Date: 03-01-2018
TP Veh Reg No: FBL6399Z

Estimate Repair Cost to Vehicle No :SLM9149K

Description	U/Price	Quantity	Price SS	Amount SS
List Price				
1 REAR BUMPER <i>20</i>	1,463.550	1 PC	1,463.55	✓
2 REAR BUMPER SIDE HOLDER - LH <i>11</i>	47.4500	1 PC	47.45	✓
3 REAR BUMPER SIDE HOLDER - RH <i>11</i>	47.4500	1 PC	47.45	✓
4 REAR BUMPER CLIPS <i>ner</i>	114.8500	1 SET	114.85	✓
5 REAR BUMPER REINFORCEMENT <i>n</i>	407.0500	1 PC	407.05	✓
6 REAR BUMPER FOAM - NO PRICE <i>nn</i>	0.0000	1 PC	0.0000	✓
7 REAR BUMPER LOWER GARNISH <i>11</i>	168.0500	1 PC	168.05	✓
8 REAR BUMPER SENSOR - LH <i>shld</i>	208.8500	1 PC	208.85	✓
9 REAR BUMPER REFLECTORS - LH <i>11</i>	21.1000	1 PC	21.10	✓
			2,478.35	<i>1287.25</i>
		Less 5%	123.92	2,354.43
Labour				
10 TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS	400.0000	1 JOB	400.00	<i>250</i>
11 TO RESPRAY PAINT ON ACCIDENT PORTIONS	400.0000	1 JOB	400.00	<i>250</i>
12 TO CHECK WIRING	20.0000	1 JOB	20.00	✓
13 TO REMOVE & REPLACE REAR BUMPER SENSOR	100.0000	1 JOB	100.00	<i>50</i>
14 TO RESET CHECK LIGHT	60.0000	1 JOB	60.00	✓
15 TO REMOVE, REFIT REAR GARNISH	80.0000	1 JOB	80.00	✓
			1,060.00	
		Less 5%	53.00	1,007.00
			Total	SS 3,361.43
			Add GST @ 7%	235.30
			Total Amount Payable	SS 3,596.73

TOTAL: SINGAPORE DOLLAR THREE THOUSAND FIVE HUNDRED NINETY SIX AND CENTS SEVENTY THREE ONLY

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:

For PROGRESSIVE AUTOMOTIVE PTE LTD

AUTHORISED SIGNATURE

3414.43

PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg
GST:201006949C RCB NO:201006949C

*No of Affected
ruler
taken photo before
repairing.
24/1/18
2 days 3 days.*

M/S : NEO BEE KIAN
BLK 213 BEDOK SOUTH AVENUE 1
02-04 SINGAPORE 469337

Estimate No: EST1503144
Date: 04 Jan 2018
Policy No: GA207858/1
Veh Reg No: SLM9149K
Make/Model: AUDI A3 SEDAN 1.4
TFSI AMBIENTE MY 15
Chassis No: WAUZZZ8V3F1136074
Engine No: CZC259128
Reg. Date: 30-06-2015

ATTN: AW

TP 4897

Your Ref No: TP 0118-4897
Claim Type: Third Party
Accident Date: 03-01-2018
TP Veh Reg No: FBL6399Z

Estimate Repair Cost to Vehicle No :SLM9149K

Description	U/Price	Quantity	Price S\$	Amount S\$
List Price				
1 REAR BUMPER <i>DD</i>	1,463.550	1 PC	1,463.55	<i>✓</i>
2 REAR BUMPER SIDE HOLDER - LH	17.4500	1 PC	17.45	<i>?</i>
3 REAR BUMPER SIDE HOLDER - RH <i>1-1</i>	17.4500	1 PC	17.45	<i>✓</i>
4 REAR BUMPER CLIPS <i>rer 4</i>	114.8500	1 SET	114.85	<i>✓</i>
5 REAR BUMPER REINFORCEMENT <i>n</i>	407.0500	1 PC	407.05	<i>✓</i>
6 REAR BUMPER FOAM - NO PRICE <i>rer</i>	0.0000	1 PC	0.0000	<i>✓</i>
7 REAR BUMPER LOWER GARNISH <i>1-1</i>	168.0500	1 PC	168.05	<i>✓</i>
8 REAR BUMPER SENSOR - LH <i>shhd</i>	208.8500	1 PC	208.85	<i>✓</i>
9 REAR BUMPER REFLECTORS - LH	21.1000	1 PC	21.10	<i>?</i>
			2,478.35	<i>1787.25</i>
	Less 5%		123.92	<i>2,354.43</i>
Labour				
10 TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS	400.0000	1 JOB	400.00	<i>250 ✓</i>
11 TO RESPRAY PAINT ON ACCIDENT PORTIONS	400.0000	1 JOB	400.00	<i>250 ✓</i>
12 TO CHECK WIRING	20.0000	1 JOB	20.00	<i>✓</i>
13 TO REMOVE & REPLACE REAR BUMPER SENSOR	100.0000	1 JOB	100.00	<i>50 ✓</i>
14 TO RESET CHECK LIGHT	60.0000	1 JOB	60.00	<i>✓</i>
15 TO REMOVE, REFIT REAR GARNISH	80.0000	1 JOB	80.00	<i>✓</i>
			1,060.00	
	Less 5%		53.00	<i>1,007.00</i>
			Total	S\$ 3,361.43
			Add GST @ 7%	235.30
			Total Amount Payable	S\$ 3,596.73

TOTAL: SINGAPORE DOLLAR THREE THOUSAND FIVE HUNDRED NINETY SIX AND CENTS SEVENTY THREE ONLY

PARTS 1697.89

LAB 570.00

2267.89 ✓

For PROGRESSIVE AUTOMOTIVE PTE LTD

AUTHORISED SIGNATURE

**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/AWA18000343/Uvbn2

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLETREE ANSON
SINGAPORE 079914

Date : 09-02-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBL 6399Z	Veh. Inspected	SLM 9149K
Policy No.	AVFMSB0000591702	Coverage (\$)	0.00
Claim No.	FBL6399Z/HLF	Excess (\$)	0.00
Assign From	STELLA GOH	Assign Date	05/01/2018

2. Vehicle Particulars & Condition

Make & Model	AUDI A3 (A)	c.c	1395
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WAUZZZ8V3F1136074	Colour	BLACK
Odometer	37298	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	CONTINENTAL	7 mm
L/H Front Tyre	205/55 R16	CONTINENTAL	7 mm
R/H Rear Tyre	205/55 R16	CONTINENTAL	7 mm
L/H Rear Tyre	205/55 R16	CONTINENTAL	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	03/01/2018	Inspection Date	24/01/2018
Survey held at	PROGRESSIVE AUTOMOTIVE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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. SLM 9149K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DENTED	1,463.55	1,463.55
1	REAR BUMPER SIDE HOLDER-LH	NOT NECESSARY	47.45	-
1	REAR BUMPER SIDE HOLDER-RH	NOT NECESSARY	47.45	-
1	SET REAR BUMPER CLIPS	NECESSARY	114.85	114.85
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	407.05	-
1	REAR BUMPER FOAM (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER LOWER GARNISH	NOT NECESSARY	168.05	-
1	REAR BUMPER SENSOR-LH	SHORTED	208.85	208.85
1	REAR BUMPER REFLECTORS-LH	NOT NECESSARY	21.10	-
	LESS 5% DISCOUNT		-123.92	-89.36
			2,354.43	1,697.89
LABOUR				
	TO KNOCK OUT DENTS,REMOVE,REPLACE ACCIDENT PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER REINFORCEMENT.		400.00	250.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		400.00	250.00
	TO CHECK WIRING.		20.00	20.00
	TO REMOVE & REPLACE REAR BUMPER SENSOR.		100.00	50.00
	TO RESET CHECK LIGHT.	NOT NECESSARY	60.00	-
	TO REMOVE,REFIT REAR GARNISH.	NOT NECESSARY	80.00	-
			1,060.00	570.00
GRAND TOTAL			3,414.43	2,267.89
RECOMMENDED COST OF REPAIRS				2,267.89

Report Ref No. CS/AWA18000343/Uvbn2

CHUA KANG SENG

Licensed Appraiser

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