

ASS. REC. BY:

REF:

03/AWP18008602 / Rlsaber

Special Instruction:

Survivor

Rasu

ASSIGNMENT (Office)

From (Person):

Ben Tung

of

AWA

Date/Time:

10052018 4:04pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FW 7615M

Insured:

SDU 4874K

at Workshop m/s

Primero Racing

Tel:

6262 3305 / 8161 1427

of

20 Bukit Batok Crescent Enterprise Center #01-19

Policy No:

AVPP98 0398561708

Claim No:

NSV 1800248 / KW

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

16042018

CA / REV / REP. / REV 24 HRS 'wp.

11-05-2018 @ after 12pm

H.O.D. Endorsement:

Date/Time:

10052018 504pm

Person Contacted:

Raj

Vehicle IN / OUT

Date/Time

Action/Instruction (✓)

Estimate

Total Loss

FW 7615M - X

SDU 4874K - X

16/05/18 @ 13:27 p.m. revised to sum via email (Pending Estimate)

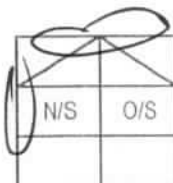
08/11/17

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **FW 7615M**
 at Workshop m/s: **PRIMO RACING**
 of **20, BUKIT PATOK CRES # 01-19 EPPA GM**
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Total loss
after 12pm



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: **FW 7615M** Yr Regn: _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: _____ C.C. _____
 Colour: **Black** A/C: Insured / Std / NI / NA
 Sp. Reading _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: _____
 Gen. Cond: Good / Fai / 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: **90/70-17**
 R: **22**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front _____ Rear _____
 R/Bal. **3** mm R/Bal. **3** mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. **11/05/18 @ 04:19pm**

Survey held at **PRIMO RACING**
 Des. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or
FR

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

Date / Time Action / Instruction

ESTIMATE RANGE COST OF REPAIR - (2K - 4K)

29/06/18 Submit PRS report.

RECEIVED 29 JUN 2018

Date/Time File Pass to?

29/06/18

1) Typist

Date/Time File Return to?

2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

100

100

Catherine Chong (LKK Auto)

From: Tang, Ben <Ben.Tang@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Thursday, 10 May, 2018 4:04 PM
To: 'assignments'
Cc: 'SUR'; 'accident@kscgp.com'; 'jiapei@kscgp.com'
Subject: TP Survey assignment for FW 7615M - DOA: 16/04/2018 Our ref: NSV1800248/KW

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 not** have consensus in the appointment 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	:	FW 7615 M
Insured Vehicle	:	SDU 4874 K
Policy Number	:	AVPPSB0398561708
Name of Workshop	:	Primero Racing
Contact Number	:	6262 3305
Person to Contact	:	Raj
Estimated Cost of repairs	:	\$ NA

Regards,
Claims Division

Copy to KSCGP Juris LLP (Your Ref: FW 7615M/PMR/jp/in) 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

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.

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 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	24/04/2018 17:41
Date Of Accident	16/04/2018 20:30
Exact Location Of Accident	BETWEEN CLEMENTI AVE 5 & CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW7615M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZAR BIN IBRAHIM
NRIC No	S9501296E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87278417
Alternative Phone No	HOME-87278417

Vehicle Particulars

Manufacturer	HONDA
Model	NF125MD
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTMC01002902
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZAR BIN IBRAHIM
NRIC No	S9501296E
Date Of Birth	11/01/1995
Occupation	INDOOR
Date Of Driving Pass	16/04/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87278417
Fax Number	
Contact Number	HOME-87278417
EMail Address	NOEMAIL

Address 302 JURONG EAST STREET 32 #06-18 SINGAPORE 600302
 Postcode
 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 -
 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 3
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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 JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN/ POLICE REPORT

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 SJP9002H
 Vehicle Make/Model/Colour TOYOTA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver 97928053
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

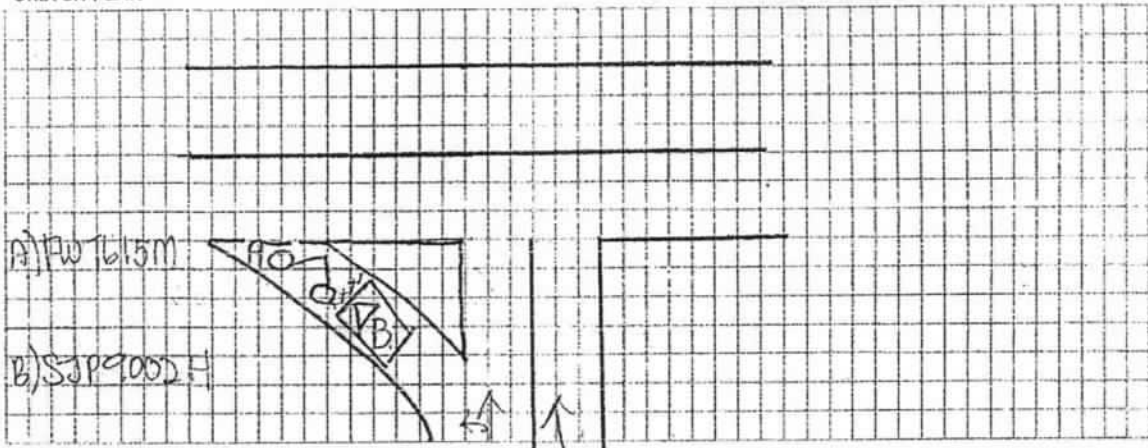
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDU4874K
Vehicle Make/Model/Colour
Details Of Properties
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 MUHAMMAD AZAR
Approximate Age
Injuries Sustain
Injured person in which vehicle? FW7615M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO T/20180417/2102
As Per Police report.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/TP at other workshop

DECLARATION

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

Policyholder's signature _____
Date & Time 24/04/16 /17H

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

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.



SINGAPORE POLICE FORCE



T/20180417/2102

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 4

Report No. T/20180417/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2018 16:40		Vide Report No.: D/20180416/0120		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: MUHAMMAD AZAR BIN IBRAHIM			Address: APT BLK 302 JURONG EAST STREET 32 #06-18 SINGAPORE 600302		
ID Type / ID No.: NRIC NO / S9501296E			Contact No.: Home/Office: Mobile: 87278417		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 11/01/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/04/2018 20:30	Type of Location: Filter Lane
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI AVENUE 5 CLEMENTI AVENUE 2 Filter lane from Clementi Avenue 5 to Clementi Avenue 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW7615M	Motorcycle	HONDA	NF125MD	Silver		0
SDU4874K	Car					0
SJP9002H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180417/2102

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180417/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW7615M	TENET SOMPO INSURANCE PTE. LTD.	D17MTMC0100290 2	30/11/2017	29/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	MUHAMMAD AZAR BIN IBRAHIM	ID No.	S9501296E	
Related Vehicle	FW7615M (Motorcycle)	Contact No.	87278417	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Unknown Driver	ID No.	NIL	
Related Vehicle	SDU4874K (Car)	Contact No.	96784874	
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	
Driver				
Name	Kelvin	ID No.	NIL	
Related Vehicle	SJP9002H (Car)	Contact No.	97928053	
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	



**SINGAPORE
POLICE FORCE**



T/20180417/2102

3 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180417/2102

CONTINUATION OF REPORT

Brief Details.

On 16/04/2018 at about 2030hrs, I was riding my motorcycle, a white Honda Wave bearing registration plate number FW7615M along Clementi Ave 5 towards Clementi Ave 2. I then stopped at the filter lane at Clementi Ave 5 towards Clementi Ave 2 to look out for traffic. As I was about to move off, a black Toyota Wish, bearing registration plate number SJP9002H, hit me from behind causing my bike to mount the curb and I fell off from my motorcycle. There was also a third car, a black Toyota Camry, SDU4874K, which hit onto the rear of the Toyota Wish.

Subsequently, there was a police car that happened to be there and attended to the accident scene. I was then conveyed by ambulance to NUH. The driver of the car that hit me gave his name as Kelvin, HP: 97928053 while I only have the contact number of the third car which was HP: 96784874. Due to the accident, my right shin was swollen and I felt pain on my right knee and my right waist. I was then given an MC for 7 days. However, I am pending another appointment by the doctor which is on 23/04/2018 as they suspect there could be a fracture at my waist area.



**SINGAPORE
POLICE FORCE**



T/20180417/2102

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Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180417/2102

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

D /

Sgt 2 MUHAMMAD ZAINULARIFFIN BIN MOHD
ZAINUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt. LEE GUANG HUI
Contact No.: 65476138

SN 34

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

17/04/2018 16:40

Classification Of Case:

**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

ALLIED WORLD ASSURANCE COMPANY LTD
(SINGAPORE BRANCH) 60 ANSON ROAD #08-01
(8th FLOOR) MAPLETREE ANSON SINGAPORE
079914

Ref: CS3/AWA18008602/R1sbe2

Date: 05-07-2018



Code: AWA

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SDU 4874K	Veh. Inspected	FW 7615M
Policy No.	AVPPSB0398561708	Coverage (\$)	0.00
Claim No.	NSV1800248/KW	Excess (\$)	0.00
Assign From	BEN TANG	Assign Date	10/05/2018

2. Vehicle Particulars & Condition

Make & Model	HONDA NF125MD	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	MULTI COLOUR
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	90/70-17	DUNLOP	3 mm
L/H Front Tyre			mm
R/H Rear Tyre	90/70-17	DUNLOP	3 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND FRONT PORTION.	
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5. General Information

Accident Date	16/04/2018	Inspect Date / Time	11/05/2018 (04:49 PM)
Survey held at	20 BUKIT BATOK CRESCENT #01-19		
Repairer	PRIMERO RACING		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000-\$4,000

Report Ref No. CS3/AWA18008602/R1sbe2

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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