

ASS. REC. BY:

REF:

CS/AWA18016022/R/V68Y

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Tan Kah Leong of AWA Date/Time: 31062018 457pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: QBC 7048C Insured: YN 6486Yat Workshop m/s Rong Sheng Tel: 8239 0099of 42 Toh Guan Rd East #01-79Policy No: AVCP580066991703 Claim No: YN 6486Y / BT

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 31082018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP: 04092018 @ 3pm-4pm H.O.D. Endorsement: _____Date/Time: 03/09/2018 11:51am Person Contacted: Eric Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>QBC 7048C - X</u>
	<u>YN 6486Y - CC4 / III 17001071 / R/wg392</u> <u>DDA 26122016</u>

09/11/18
ASS REC BY: *ASue*

REF:

AWA

4726M

106 APR 2023/BAW

ASSIGNMENT

From

Date:

4/9/18

Estimated Cost:

OF (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

GBC 7048C

at Workshop m/s

Rong Sheng

of

42 Johansen Rd East #01-79

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

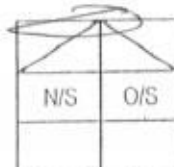
3pm - 4pm

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 ^{1 up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GBC 7048C

Yr Regn:

2008 / AUS

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA DYNA 150M

c.c

2582

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

345494

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JT.FAT 354 203001989

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

195R15C

R:

155R12C

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

5

mm

L/Bal.

7

mm

L/Bal.

5

mm

D.O.A.

31/08/18

D.O.A.

04/09/18

Survey held at

Rong Sheng

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

05/09/18@

Finalised with workshop ERIC amount of \$1306.47 / 1 day p/p
amount confirmed (Red 30.01, 21)

RECEIVED 07 SEP 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 2/9 - typist

Days Of Repair: 1

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

150

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

TP

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

1306.47

Catherine Chong (LKK Auto)

From: Tan, KahLeong <KahLeong.Tan@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Friday, 31 August, 2018 4:57 PM
To: 'assignments'
Cc: 'SUR'; Eric Kee
Subject: TP Survey assignment for GBC 7048C - DOA: 31/08/2018 Our ref: YN 6486Y/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 Mohammed Rasul** 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	:	GBC 7048 C
Insured Vehicle	:	YN 6486 Y (Accident not Reported)
Policy Number	:	AVCPSB0066991703
Name of Workshop	:	Rong Sheng Auto Engineering Trading
Contact Number	:	8239 0099
Person to Contact	:	Eric Kee
Estimated Cost of repairs	:	\$ 1,336.48

Regards,
Claims Division

03/09/2018 @ 11:51am
Eric veh not in
04/09/2018 @ 3pm - 4pm

Copy to Rong Sheng Auto Engineering Trading 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 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	31/08/2018 10:56
Date Of Accident	31/08/2018 07:00
Exact Location Of Accident	2D JALAN PAPAN SINGAPORE 619415 (AVERY LODGE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7048C
Insured/Policyholder	
Name Of Registered Owner	ACETEK ENGINEERING PRIVATE LIMITED
Co Reg No	201304726M
Email Address	ACETEK.SHARLYNLOO@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-69090432

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA161575/1
Cover Note Number	

Driver

Name of Driver	MIAH MOHAMMAD JAKIR HOSSAIN
Passport No/FIN	G2654330X
Date Of Birth	25/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85064283
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	2D JALAN PAPAN #02-01
Postcode	619415
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	0

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

KINDLY REFER TO 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	YN6486Y
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

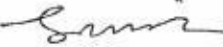
IMPORTANT NOTICE

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:

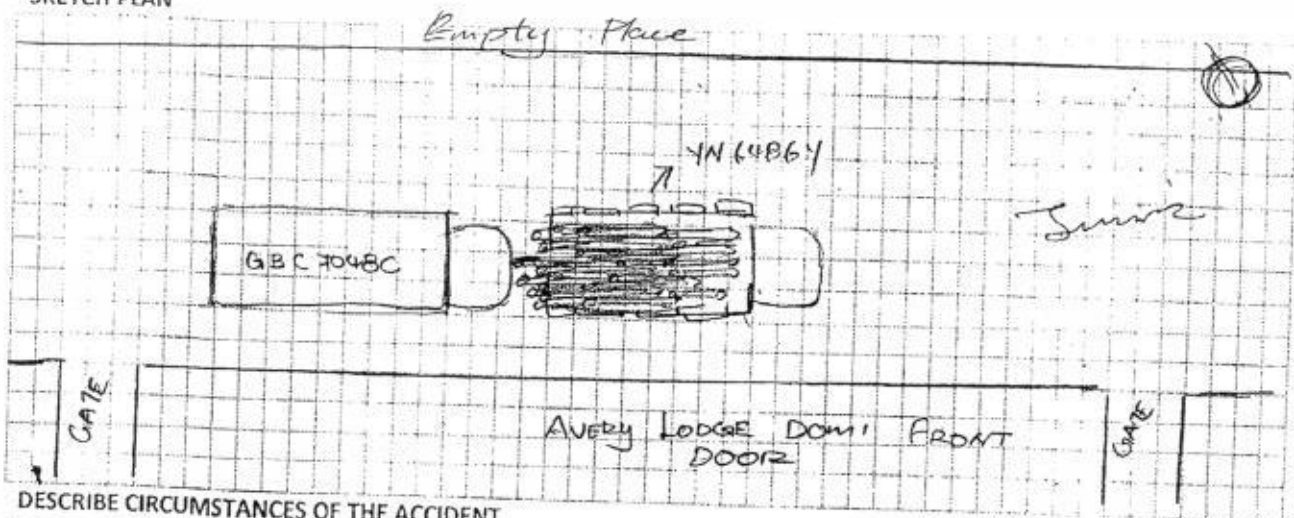
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 31 AUGUST 18
10:45a.m.


Driver's Signature
(If driver is not the policyholder)
Date & Time: 31 AUGUST 2018
10:45a.m.


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 31 AUGUST 2018, EARLY 6:50 a.m. to 7 a.m. MY DRIVER ~~PREVISE~~ COME OUT FROM THE DOMI TO TAKE THE LORRY TO WORK SITE. BUT SUDDENLY FIND OUT THAT OUR LORRY (GBC 7048C) HAS BEEN HIT BY ANOTHER LOCAL LORRY (YN 6486Y). WINDSCREEN HAS DAMAGE BECAUSE THE LORRY HAS OVER LENGTH WOOD HIT STRIGHT TO IT.

ON THE TIME, DRIVER FROM THE LOCAL LORRY IS NOT ON THE SCENEN. HE HIDE IN THE DOMI UNTIL WE CALL THE DRIVER COMPANY TO LET HIM COME DOWN.

THE DRIVER COME DOWN BRING ALONG WITH MANY FRIENDS AND TRY TO BLAME BACK TO MY DRIVER, SAY IS MY DRIVER HIT THEM FROM BACK.

WE DECIDED TO CALL THE POLICE FOR REPORT, ~~BECAUSE~~ MY DRIVER HAS HEAD THAT THEY HAVE CALL TO THEIR COMPANY FOR ADVISE, THEIR DECIDE TO JUST RUN AWAY WITHOUT GIVING ANY PARTICULARS.

AROUND 8 a.m., BEFORE POLICE COME THE DRIVER JUST RUN AWAY.

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

31 AUGUST 18
10:45 a.m.

Survive

Driver's Signature

(if driver not the policyholder)

Date & Time 31 AUGUST 2018
10:45 a.m.

Survive

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

RONG SHENG AUTO ENGINEERING TRADING

NO 42 TOH GUAN ROAD EAST

01-79 ENTERPRISE HUB

SINGAPORE 608583

TEL : 9239 9009

REG NO : 53181821K

QUOTATION/ESTIMATE

VEHICLE NO : GBC7048C

RE: REPAIR VEHICLE ON TOYOTA DYNA

DATE : 31/08/2018

TO : ALLIED WORD ASSURANCE COMPANY LTD

REFER NO :RSA/2018/ TP08/ 0011

PARTS DESCRIPTION

QTY UNTIL PRICE AMOUNT

NETT ITEMS

- 1 FRONT WINDSCREEN GLASS
- 2 FRONT WINDSCREEN GLASS MOULDING

1	\$1,271.73	\$1,271.73 Bro ✓
1	\$256.90	\$256.90 ne ✓

TOTAL :	\$1,528.63	\$1,528.63
LESS 25 %	\$382.15	\$382.15
TOTAL :	\$1,146.48	\$1,146.48

S/NETT ITEMS

- 1 ERP BRACKET

1	\$40.00	\$40.00 ne ✓
TOTAL :	\$40.00	\$40.00

TOTAL SPARE PARTS :	\$1,186.48	\$1,186.48
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LABOUR DESCRIPTION

AMOUNT

- 1 LABOUR FOR REMOVE & REPLACE FRONT WINDSCREEN GLASS

~~\$150.00~~ 120

TOTAL LABOUR :	\$150.00
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TOTAL PARTS AND LABOUR :	\$1,336.48
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47



PREPARE BY : ERIC KEE

Rasul
Hp 90010068
1 day - 7/8
04/09/18 @ 1540
Reg new windscreen

6/9/18

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 7 September 2018 9:02 AM
To: 'Eric Kee'; Rasul (LKKAUTO)
Cc: SUR
Subject: RE: Finalise -GBC 7048C

Dear Eric,

WITHOUT PREJUDICE

Finalise amount \$1306.47, @ 1 day.

Please forward us resurvey photos.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Eric Kee <rsauto_eng@yahoo.com.sg>
Sent: Wednesday, 5 September 2018 6:46 PM
To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>; Rasul (LKKAUTO) <Rasul@lkkauto.com>
Subject: Finalise

Hi Katherine

To finalise this case



Thank you

Regards

Eric Kee



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/AWA18016022/R1vbs2

(SINGAPORE BRANCH)

60 ANSON ROAD #08-01 (8th FLOOR)

MAPLE TREE ANSON

SINGAPORE 079914

Date : 14-09-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 6486Y	Veh. Inspected	GBC 7048C
Policy No.	AVCP SB0066991703	Coverage (\$)	0.00
Claim No.	YN6486Y/BT	Excess (\$)	0.00
Assign From	TAN KAH LEONG	Assign Date	31/08/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA DYNA 150 M	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JTFAT35Y203001989	Colour	GREY
Odometer	345494	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	BRIDGESTONE	7 mm
L/H Front Tyre	195 R15C	BRIDGESTONE	7 mm
R/H Rear Tyre	155 R12C	BRIDGESTONE	5 mm
L/H Rear Tyre	155 R12C	BRIDGESTONE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	31/08/2018	Inspection Date	04/09/2018
Survey held at	RONG SHENG AUTO ENGINEERING TRADING 42 TOH GUAN ROAD EAST #01-79 ENTERPRISE HUB SINGAPORE 608583		

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:	1 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. GBC 7048C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT WINDSCREEN GLASS	BROKEN	1,271.73	1,271.73
1	FRONT WINDSCREEN GLASS MOULDING	NECESSARY	256.90	256.90
	LESS 25% DISCOUNT		-382.16	-382.16
			1,146.47	1,146.47
	<u>SPECIAL NETT ITEMS</u>			
1	ERP BRACKET (SN)	NECESSARY	40.00	40.00
			40.00	40.00
	<u>LABOUR</u>			
	LABOUR FOR REMOVE & REPLACE FRONT WINDSCREEN GLASS.		150.00	120.00
			150.00	120.00
	GRAND TOTAL		1,336.47	1,306.47
	RECOMMENDED COST OF REPAIRS			1,306.47

Report Ref No. CS/AWA18016022/R1vbs2

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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