

ASS. REC. BY:

REF:

CS/AWA18021617/Avd3⁰²

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Stella Goh

of

AWAC

Date/Time: 30/11/18 @ 2:22pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SLW 9869M

Insured:

FBM 5171P

at Workshop m/s

J-Mark

Tel:

6343 0934

of

BKS Defu June 10 # 01-578

Policy No:

AVFMSB0000591803

Claim No:

FBM5171P/SG

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/11/18

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

3:19pm @ 30/11/18

Person Contacted:

Angie

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SLW 9869M - NA / LIP18021597/h4	DVA: 27/11/18
	FBM5171P - NA / LIP18021597/h4	DVA: 27/11/18
12/3/19	Adrian confirmed LS \$ 2200 (Red 3130.30, 597)	

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s: _____

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.

N/S	O/S

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: SLW9869M. Yr Regn: 2018 / Feb.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Renault Scenic C.C. 1461Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 29618 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIRFA00159482443.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: 195/55R20R: 195/55R20

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 30/11/18Survey held at J-Mart.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

TP AWA.

RECEIVED 12 MAR 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 12/3 - typistReport Format: TPLump Sum / I.B.I: (\$) 2200/-Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation

) S + RS \$

) Photos

) Others

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

200

TOTAL

0684D

Nivitha (LKK Auto)

From: Goh, Stella <stella.goh@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Friday, 30 November 2018 2:22 PM
To: 'assignments'
Cc: 'SUR'; jmartauto@gmail.com
Subject: TP Survey assignment for SLW 9869M - DOA: 27/11/2018 Our ref: FBM 5171P/SG

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	:	SLW 9869 M
Insured Vehicle	:	FBM 5171 P (Accident not Reported)
Policy Number	:	AVFMSB0000591803
Name of Workshop	:	J-Mart Motor Pte Ltd
Contact Number	:	6343 0934
Person to Contact	:	Angie
Estimated Cost of repairs	:	\$ 5,703.42

Regards,
Claims Division

Copy to J-Mart Motor Pte 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.

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 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	30/11/2018 11:55
Date Of Accident	27/11/2018 17:50
Exact Location Of Accident	AIRPORT RD TWDS PAYA LEBAR AIRBASE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9869M
Insured/Policyholder	
Name Of Registered Owner	INTER TECH PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97359900

Vehicle Particulars

Manufacturer	RENAULT
Model	SCENIC
Exact Purpose for which vehicle was being used at time of accident	WORK
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V02363/VPC2/R00
Cover Note Number	-

Driver

Name of Driver	TAN SWEE KIAN
NRIC No	S1757058G
Date Of Birth	04/08/1966
Occupation	INDOOR
Date Of Driving Pass	31/03/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97359900
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 331 AMK AVE 1 #08-1837
Postcode	560331
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
Passenger 1	
	NAME: : UNKNOWN
	GENDER: : FEMALE

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM5171P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LI SHUGUANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident 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 Authorized 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.

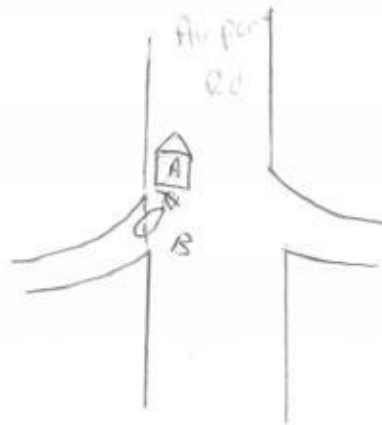
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DOA 27/01/18

A. SLW 9869M

B. FBM 5171P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the main road of Airport (heavy traffic) Rd, suddenly veh B came at them the small road & collected into my veh rear portion.

DECLARATION

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

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:

J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,
Defu Industrial Park C, Singapore 539186
Tel : 6343-0934 Fax : 6343-0921
Email : jmartauto@gmail.com
Registration No: 201400246D
GST Reg. No: 201400246D

30-Nov-18

Our ref : TP/4609/18

Inter Tech Pte Ltd

TPAWA VFIRFA00159482443
Veron.

RE : estimate cost for vehicle no : SLW 9869M

1 pc	logo emblem		\$	110.00	✓
1 pc	Scenic emblem			75.00	✓
1 pc	rear bumper top	2315		1760.00	✓ 1480
1 pc	rear bumper lower	2083.50		1530.00	✓ 650
1 pc	rear bumper rh reflector			120.00	+
4 pcs	rear bumper reverse sensor			1,072.00	✓
				4667.00	
		less 10%		466.70	
				4,200.30	
Panel beating.		680		500.00	250
Spray painting.				600.00	200
Wiring.				30.00	✓
				5,330.30	
		Plus 7% GST		373.12	
				5,703.42	

SD : Five thousand seven hundred three & cents forty-two only.

Adrian Ling.
L/S 30/11/18

04 days.

total: 2763.5

L/S 2210

2210

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/AWA18021617/Avd3n2

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

Date : 13-03-2019



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 5171P	Veh. Inspected	SLW 9869M
Policy No.	AVFMSB0000591803	Coverage (\$)	0.00
Claim No.	FBM5171P/SG	Excess (\$)	0.00
Assign From	STELLA GOH	Assign Date	30/11/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT SCENIC	c.c	1461
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	VF1RFA00159482443	Colour	BROWN
Odometer	29618	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/55 R20	MICHELIN	6 mm
L/H Front Tyre	195/55 R20	MICHELIN	6 mm
R/H Rear Tyre	195/55 R20	MICHELIN	6 mm
L/H Rear Tyre	195/55 R20	MICHELIN	6 mm

4. Description of Damages

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

Accident Date	27/11/2018	Inspection Date	30/11/2018
Survey held at	J-MART MOTOR PTE LTD BLK 5 DEFU LANE 10 #01-578 DEFU INDUSTRIAL PARK C SINGAPORE 539186		

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:	4 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. SLW 9869M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LOGO EMBLEM	NECESSARY	110.00	110.00
1	SCENIC EMBLEM	NECESSARY	75.00	75.00
1	REAR BUMPER TOP	DEFORMED	1,760.00	1,480.00
1	REAR BUMPER LOWER	CUT	1,530.00	650.00
1	REAR BUMPER RH REFLECTOR	NOT NECESSARY	120.00	-
4	REAR BUMPER REVERSE SENSOR	NOT NECESSARY	1,072.00	-
	LESS 10% DISCOUNT		-466.70	-231.50
			4,200.30	2,083.50
<u>LABOUR</u>				
	PANEL BEATING.		500.00	250.00
	SPRAY PAINTING.		600.00	400.00
	WIRING.		30.00	30.00
			1,130.00	680.00
GRAND TOTAL			5,330.30	2,763.50

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,200.00
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Report Ref No. CS/AWA18021617/Avd3n2

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.