

22/03/2002

ASS. REC. BY:

REF: CS/AWA18021966/Avbn2

Special Instruction:

Surveyor: Adrian ASSIGNMENT (Office)From (Person): Ben Tung of AWA Date/Time: 06/12/2018 11:22am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SDR 96183 Insured: FBK 6550Hat Workshop m/s Auto Bolt Tel: 9068 7204 / 9061 2555of 8 Kaki Bukit Ave 4 #03-55.Policy No: AVFM680000591803 Claim No: NSV1800613/BT

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08-11-2018
(Client's Record)CA / REV / REP. / REV 24 HRS wpi 07-12-2018 H.O.D. Endorsement: _____Date/Time: 06/12/2018 11:59am Person Contacted: Alvin Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SDR 96183 - CS / AV18009425 / RH1392</u> <u>DA: 22/05/2018</u>
	<u>FBK 6550H - X</u>
<u>13/3/19</u>	<u>Adrian confirmed LS \$3800 (Red 15,668, 801)</u>

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 Report: _____ 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: SDR96185 Yr Regn: 2015 Rec.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Jaguar S Type C/C: 2497Colour: Black A/C: Insured / Std / NI / NASp Reading: 209007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/35R18R: 275/35R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mmL/Bal. 06 mmD.O.I. 07/12/18Survey held at Auto Bolt.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.WE Exping: 30/11/2025

MV: 56K, Depreciation: 8k annually.
 PV: 42.2K
 Net: 13.8K

RECEIVED 14 MAR 2019

Date/Time: File Pass to?

☐

: Preli. Report

11

☐

: Final Report

Date/Time: File Return to?

14/3 - typist

Report Format: _____

TP

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

3800k

Days Of Repair: 5Resurvey No. of Trip: 1Add Fee: ☐ Site Insp. (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation

) S + B3 \$

) Photos

) Others

TOTAL

250

Catherine Chong (LKK Auto)

From: Tang, Ben <Ben.Tang@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Thursday, 6 December, 2018 11:22 AM
To: 'assignments'
Cc: 'SUR'; 'autoboltsvc@singnet.com.sg'; 'alvinong@singnet.com.sg'
Subject: TP Survey assignment for SDR 9618S - DOA: 08/11/2018 Our ref: NSV1800613/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 Marcus Chua / 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	:	SDR 9618 S
Insured Vehicle	:	FBK 6550 H
Policy Number	:	AVFMSB0000591803
Name of Workshop	:	Auto Bolt Services Pte Ltd
Contact Number	:	9068 7204 / 9851 1300
Person to Contact	:	NA
Estimated Cost of repairs	:	\$ 19,049.21

Regards,
Claims Division

Copy to Auto Bolt Services 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

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8809E
Vehicle Details	
Vehicle No.:	SDR9618S
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Dec 2018
Vehicle Make:	JAGUAR
Vehicle Model:	S-TYPE2.5SE
Primary Colour:	Grey
Manufacturing Year:	2005
Engine No.:	509834360JC
Chassis No.:	SAJAC01AX5JN46651
Maximum Power Output:	147.0 kW (197 bhp)
Open Market Value:	\$48,868.00
Original Registration Date:	13 Dec 2005
First Registration Date:	13 Dec 2005
Transfer Count:	0
Actual ARF Paid:	\$53,755.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2025
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$60,519.00
COE Rebate Amount:	\$42,245.00
Total Rebate Amount:	\$42,245.00

The information contained herein is correct as at 07 Dec 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 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	10/11/2018 11:48
Date Of Accident	08/11/2018 11:30
Exact Location Of Accident	ALEXANDRA (ARC) NEXT TO PSA BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR9618S
Insured/Policyholder	
Name Of Registered Owner	FOO SOO LIANG
NRIC No	S1438809E
Email Address	BLIM0107@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97533218
Alternative Phone No	OFFICE-97533218

Vehicle Particulars

Manufacturer	JAGUAR
Model	S-TYPE-2.5 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	FOO SOO LIANG
NRIC No	S1438809E
Date Of Birth	26/01/1960
Occupation	INDOOR
Date Of Driving Pass	20/11/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97533218
Fax Number	
Contact Number	OFFICE-97533218
Email Address	BLIM0107@GMAIL.COM

Address	12 YEW SIANG RD #01-07
Postcode	117752
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 - MAJOR/MINOR RD
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)	1

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 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	FBK6550H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
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:

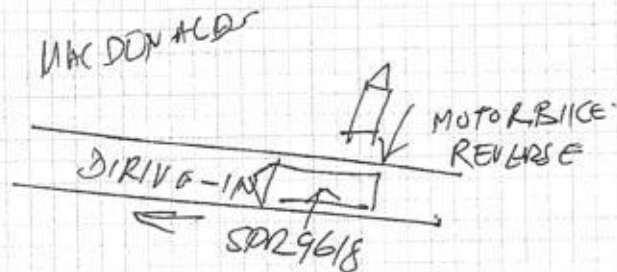
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SDR 96185 ACCIDENT DATE & TIME: 8/11/18 11-12 PM
 CONTACT NUMBER: 97533218 E-MAIL ADDRESS: BLM0107@GMAIL.COM
 LOCATION: AT DRIVE-IN AT MACDONALD'S ALEXANDRA (ARC)
→ NEXT TO PSA BUILDING.
MACDONALD'S DELIVERY BIKE REVERSED AND HIT THE
BACK OF MY CAR WITHOUT A PROPER LOOK-OUT.
MOTORBIKE LICENCE- FBK 6550H (RIDER NAZIRUL
AMIR BIN ABDULLAH)
MY CAR HAS A DENT AND A DEEP SCRATCH.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
 OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state: ☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only

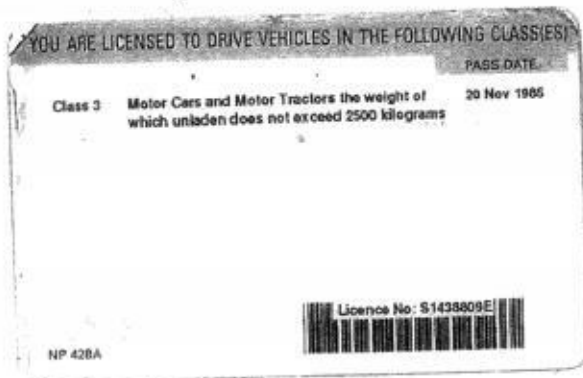
DECLARATION

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.:



Accident Photo



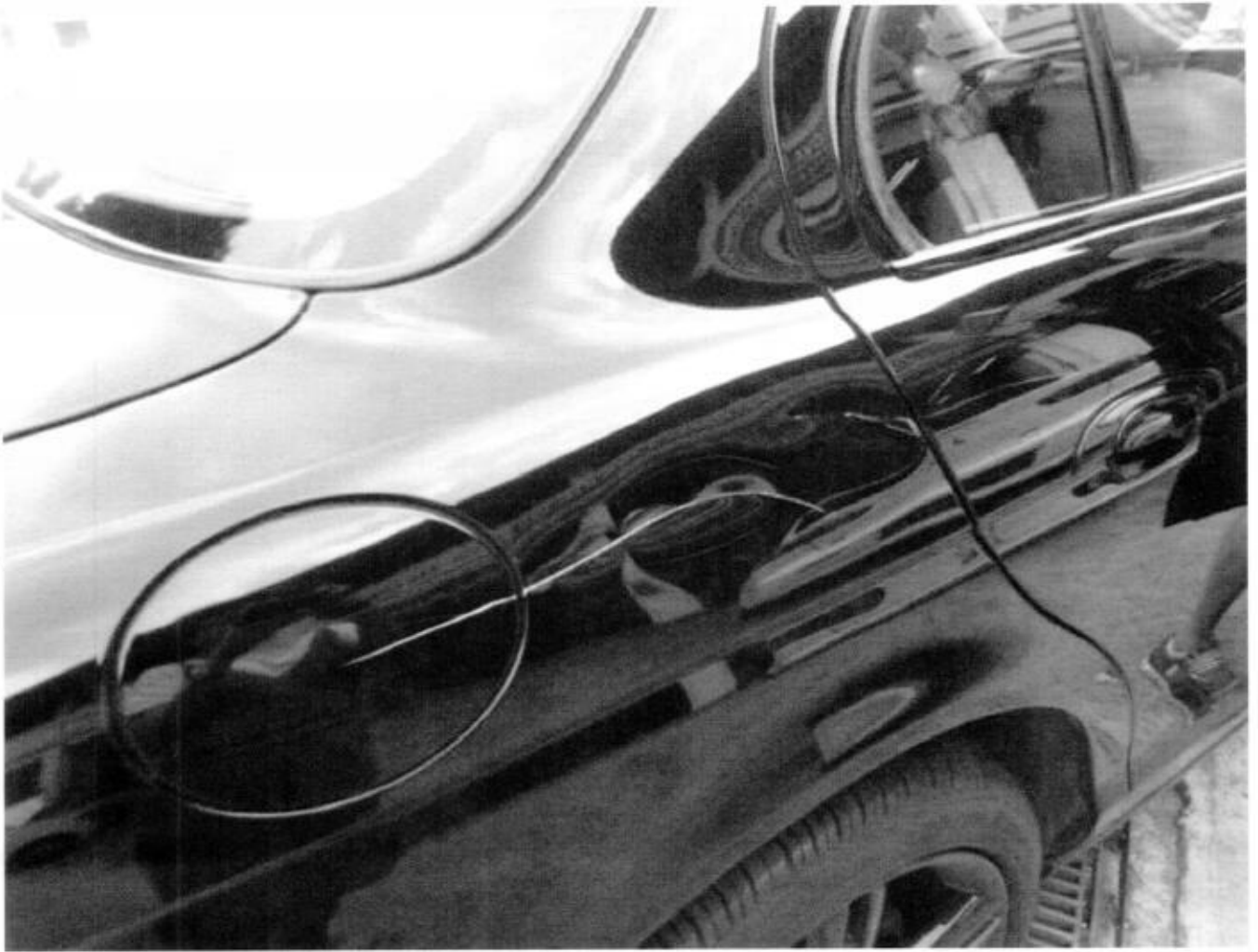
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Email: autoboltsvc@Singnet.com.sg

63841067

TPAWA VESOL.

[illegible]

Labour			
1	TO R & R ACCIDENT DAMAGE PARTS, TO CUT/WELD, KNOCK & REALIGN ACCIDENT AFFECTED AREA.	1	\$1,800.00
2	TO PUTTY & RESPRAY ACCIDENT AFFECTED AREA.	1	\$1,500.00
3	TO RUST PROOF ACCIDENT AFFECTED AREA.	1	\$250.00
4	TO CHECK WIRING LAYOUT AND FUEL FILLER	1	\$280.00
5	TO DO DIAGNOSTIC , REPROGRAM AND SCAN FAULT CODES.		\$500.00
1480		Labour Total	\$4,330.00
		Parts Total	\$13,473.00
		Labour Total	\$4,330.00
		Parts and Labour Total	\$17,803.00
		GST 7%	\$ 1,246.21
		Grand Total	\$19,049.21

19,468

Adrian Lij
 2/s 07/12/18
 OS Pays.

total: 4751.50
 2/s. 3.81C.

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/AWA18021966/Avbn2

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

Date : 15-03-2019



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 6550H	Veh. Inspected	SDR 9618S
Policy No.	AVFMSB0000591803	Coverage (\$)	0.00
Claim No.	NSV1800613/BT	Excess (\$)	0.00
Assign From	BEN TANG	Assign Date	06/12/2018

2. Vehicle Particulars & Condition

Make & Model	JAGUAR S-TYPE	c.c	2497
Engine No.	HIDDEN	Year of Reg.	2005
Chassis No.	SAJAC01AX5JN46651	Colour	BLACK
Odometer	209007	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/35 R18	PIRELLI	6 mm
L/H Front Tyre	275/35 R18	PIRELLI	6 mm
R/H Rear Tyre	275/35 R18	PIRELLI	6 mm
L/H Rear Tyre	275/35 R18	PIRELLI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	08/11/2018	Inspection Date	07/12/2018
Survey held at	8 KAKI BUKIT AVE 4 #03-55		
Repairer	AUTO BOLT PTE LTD		

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:	5 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDR 9618S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FUEL FILLER BOWL	TO REPAIR SEE LABOUR	210.00	-
1	FUEL FILLER HOUSING	NOT NECESSARY	95.00	-
1	FUEL FILLER ACTUATOR	NOT NECESSARY	125.00	-
1	FUEL FILLER FLAP	DENTED	285.00	285.00
1	FUEL FILLER PIPE	NOT NECESSARY	345.00	-
1	FUEL FILLER CAP	NOT NECESSARY	105.00	-
1	RHR WHEEL HUB	NOT NECESSARY	760.00	-
1	RHR WHEEL HUB CARRIER	NOT NECESSARY	1,055.00	-
1	RHR WHEEL BEARING	NOT NECESSARY	225.00	-
1	RHR STABILISING LINK	NOT NECESSARY	380.00	-
1	RHR FENDER	TO REPAIR SEE LABOUR	2,500.00	-
1	BACKLIGHT GLASS	NOT NECESSARY	2,150.00	-
1	BACKLIGHT GLASS SEAL	NOT NECESSARY	335.00	-
1	GLASS BONDING ADHESIVE	NOT NECESSARY	135.00	-
1	RHR DOOR ASSY	TO REPAIR SEE LABOUR	3,550.00	-
1	RHR DOOR LATCH	NOT NECESSARY	465.00	-
1	REAR BUMPER	TORN	1,850.00	1,850.00
	LESS 10% DISCOUNT		-1,457.00	-213.50
			13,113.00	1,921.50
1	RIM 18INCH (SN)	CUT	2,250.00	1,350.00
	LESS 10% DISCOUNT		-225.00	-
			2,025.00	1,350.00
<u>LABOUR</u>				
	TO R&R ACCIDENT DAMAGE PARTS, TO CUT/WELD, KNOCK & REALIGN ACCIDENT AFFECTED AREA. INCLUSIVE OF THE REPAIR OF FUEL FILLER BOWL, RHR FENDER AND RHR DOOR ASSY.		1,800.00	600.00
	TO PUTTY & RESPRAY ACCIDENT AFFECTED AREA.		1,500.00	700.00
	TO RUST PROOF ACCIDENT AFFECTED AREA.	NOT NECESSARY	250.00	-
	TO CHECK WIRING LAYOUT AND FUEL FILLER.	NOT NECESSARY	280.00	-

Report Ref No. CS/AWA18021966/Avbn2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DO DIAGNOSTIC,REPROGRAM AND SCAN FAULT CODES.		500.00	180.00
			4,330.00	1,480.00
	GRAND TOTAL		19,468.00	4,751.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,800.00

Report Ref No. CS/AWA18021966/Avbn2

ADRIAN LING WAI PING

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

Licensed Appraiser

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