

ASS. REC. BY:

REF

CS3/AWA19000440/RIC03eb

Special instruction

Surveyor

Rasul

ASSIGNMENT (Office)

From (Person)

Wong, Kin

94

AWAC

Date/Time

8/1/19 @ 2pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SIR 9521R

Insured:

YP 3404T

at Workshop m/s

Toy Carz Auto

Tel:

9876 8299

of

210 Turfclub Road #01-V70/V71, 287995

Policy No:

AVCPSB 0082091802

Claim No.

Nsv 1900011 / KW

Sum Insured

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/01/2019

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement

Date/Time

2:51 pm @ 8/11/19

Person Contacted

Mr. Chon

Vehicle (IN) OUT

Date/Time	Action/Instruction (X) Estimate
	Requiver agreed on 09/01/2019
	SJR 9521R-X
	YP3404T-X

Person

REF: AWAC

1206K.
COC HIR. 2019 / July

ASSIGNMENT

From: Date: 09/01/2019

Estimated Cost:

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

To inspect Vehicle No: SJR 9521R
at Workshop m/s Toy Carz Auto
of 210 Turfclub Rd #01-V70/71,
Insured 287995

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Mr. chong @ 9876 8299

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: 13K

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SJR 9521R

Yr Regn: 2008 / July

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

Truck / Trailer or

Make: HONDA CITY 1.5L C.C. 1497

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 228189 T/Radio: Insured / Std / NI / NA

Eng/No:

C/N: MRHGM 26509P020358

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ order / Jammed / Leaked / Burnt or

Brake: ☒ order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65R15

R: n.

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

TOYO / YOKO or

Front

Rear

R/Bal. 65 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 04/01/19 D.O.I. 09/01/19 @ 0348PM

Survey held at TOY CARZ AUTO

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

N/S FR

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

Date / Time Action / Instruction

- Estimated repair range \$3,500 - \$4,500

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: -

Survey Fee:

Transportation

) S + RS

) Photos

) Others

Report Format: PRE

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

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

TOTAL

100

14/1/2019

Nivitha (LKK Auto)

From: Wong, Kin <Kin.Wong@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Tuesday, 8 January 2019 2:00 PM
To: 'assignments'
Cc: 'SUR'; 'sukmei@lawrencelee.com.sg'
Subject: TP Survey assignment for SJR 9521R - DOA: 04/01/2019 Our ref: NSV1900011/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 of 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	:	SJR 9521 R
Insured Vehicle	:	YP 3404 T
Policy Number	:	AVCPSB0082091802
Name of Workshop	:	Toy Carz Auto Roaming
Contact Number	:	9876 8299
Person to Contact	:	Mr Chong
Estimated Cost of repairs	:	\$ NA

Regards,
Claims Division

Copy to Toy Carz Auto Roaming 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:	Company
Owner ID:	1206K
Vehicle Details	
Vehicle No.:	SJR9521R
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jan 2019
Vehicle Make:	HONDA
Vehicle Model:	CITY 1.5L I-VTEC AUTO
Primary Colour:	Maroon
Manufacturing Year:	2009
Engine No.:	L15A71809047
Chassis No.:	MRHGM26509P020358
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$18,628.00
Original Registration Date:	23 Jul 2009
First Registration Date:	23 Jul 2009
Transfer Count:	1
Actual ARF Paid:	\$18,628.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jul 2019
PARF Rebate Amount:	\$9,314.00
Intended COE Rebate Details	
COE Expiry Date:	22 Jul 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$14,310.00
COE Rebate Amount:	\$761.00
Total Rebate Amount:	\$10,075.00

The information contained herein is correct as at 10 Jan 2019

OK

13,000
10,075
2925

PERSONAL PARTICULARS

Date of accident : 04/01/2019 Time of accident : AROUND 1010AM.

Exact location of accident : HOLLAND ROAD. NEAR TYERSALL AVE.

Driver's Name : WONG KUM LOY NRIC : 1279185B Handphone No : 86995178

Driver's DOB : 21/10/1957 License passed date (back of license) : 16/03/2011

Driver's Address : #0550, BLK 634, YISHUN ST 61 S-760634.

Vehicle's No : SJR N21R Make & Model : HONDA CITY.

Insurance Co : NTUC Policy No : 5085977185-02

Email Address : _____

Policy Holder name : LEISURE LEASING PTE LD. Policy Holder IC : _____

Driver's relation with owner : RENTAL. Occupation : Indoor / Outdoor

(PLEASE TICK ACCORDINGLY)

What do u wish to claim?

☐ Own Insurance ☒ Other vehicle (3rd party) ☐ Not claiming, just reporting only (record purpose)

Exact Purpose for which the vehicle was being used at time of accident?

☐ Private use ☐ Work ☐ Hire & Rent

Total no of passenger for reporting vehicle (including driver) : TWO.

Weather condition at time of accident?

☒ Clear ☐ Raining ☐ Others : _____

Was anybody injured in the accident? ☒ No ☐ Yes

Was accident reported to police? ☒ No ☐ Yes at which police station : _____

Name of Injured person : _____ Vehicle no : _____ Was injured conveyed to Hospital?
☒ No ☐ Yes

Any camera in your car : ☒ Yes / No

Third Party driver's particular:

Driver's Name : ZHANG JIFENG NRIC : G2635566X HP No : 85350726

Vehicle no : YP 3404T. vehicle make & model : _____

Witness's Particular

Witness's Name : JACELYN NRIC : _____ HP No : 92972219

old .x
already revise

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 04/01/2019 12:50
Date Of Accident 04/01/2019 10:10
Exact Location Of Accident HOLLAND RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR9521R

Insured/Policyholder

Name Of Registered Owner LEISURE LEASING PTE LTD
Co Reg No 201511206K
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-86995178

Vehicle Particulars

Manufacturer HONDA
Model CITY

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5085977185-02(CLASSIC)
Cover Note Number

Driver

Name of Driver WONG KUM LOY
NRIC No S1279185B
Date Of Birth 25/10/1957
Occupation OUTDOOR
Date Of Driving Pass 16/03/2011
Driving Experience 7 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86995178
Fax Number
Contact Number
Email Address NOEMAIL

X

Address	BLK 634 YISHUN ST 61 #05-50
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : --- 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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

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 Witness 1

Name	JACELYN
Phone Number	92972219
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3404T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG JIFENG
NRIC/Passport Number	G2635566X
Contact Number	85350726
Address	

X

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.:

A hand-drawn diagram on a grid background. It consists of three horizontal lines. Between the top and middle lines, there is a box with diagonal hatching. An arrow points from the text 'STP-9521R' to the bottom of this box. To the right of the lines, the numbers '3', '2', and '1' are written vertically, corresponding to the top, middle, and bottom lines respectively. To the left of the lines, the text 'YP3404T' is written vertically, aligned with the middle line.

I WAS TRAVEL ALONG HOLLAND RD, NEAR TYERSALL AVE. SUDDENLY ONE LORRY CAR PLATE NUMBER. YP 3404T. DRIVE INTO MY LANE AND HIT ~~MY~~ MY LIFE SIDE FRONT DOOR AND THE WINDOW GLASS IS SMACK.

I WAS TRAVEL AT LANE 2, THE LORRY IS TRAVEL AT LANE 1. ~~IN~~ AND THE LORRY IS DRIVE INTO MY LANE AT LANE 2, TIME IS ~~ABEND~~ AROUND 10:10 AM.

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

Driver's Signature
(If driver is not the policyholder)
Date & Time: 04/01/2019
1245



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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVA 11900-1544/VAC ^{BUKIT BATOK.} Vehicle Registration No : SJR 9521 R.
Name (as shown in NRIC) : WONG KEM LOY NRIC/FIN/Passport No : 1279185 B
(*Vehicle Driver) Vehicle Owner (*) Please delete as appropriate
Address : #05-50, BLK 634, YISHUN ST 61, S-760634 Singapore ()
Contact (Tel) : 86995178. Mobile No. : 86995178.
Email Address : wong kemloy 178 @ gmail. com.
Date of Accident : 04/01/2019. Time of Accident : 10:00 AM.
Place of Accident : HOLLAND RD. NEAR TYERSALL AVE.
Insurance Company : N7UC.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE OF SKETCH PLAN.


Policyholder / Driver's Signature
Date:



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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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.
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ACCIDENT STATEMENT

Date Of Report	04/01/2019 12:50
Date Of Accident	04/01/2019 10:10
Exact Location Of Accident	HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9521R
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	LEISURE LEASING PTE LTD
Co Reg No	201511206K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86995178

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085977185-02(CLASSIC)
Cover Note Number	

Driver

Name of Driver	WONG KUM LOY
NRIC No	S1279185B
Date Of Birth	25/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86995178
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 634 YISHUN ST 61 #05-50
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : -- 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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

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 Witness 1

Name	JACELYN
Phone Number	92972219
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3404T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG JIFENG
NRIC/Passport Number	G2635566X
Contact Number	85350726
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number	SMC4795T
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)	

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

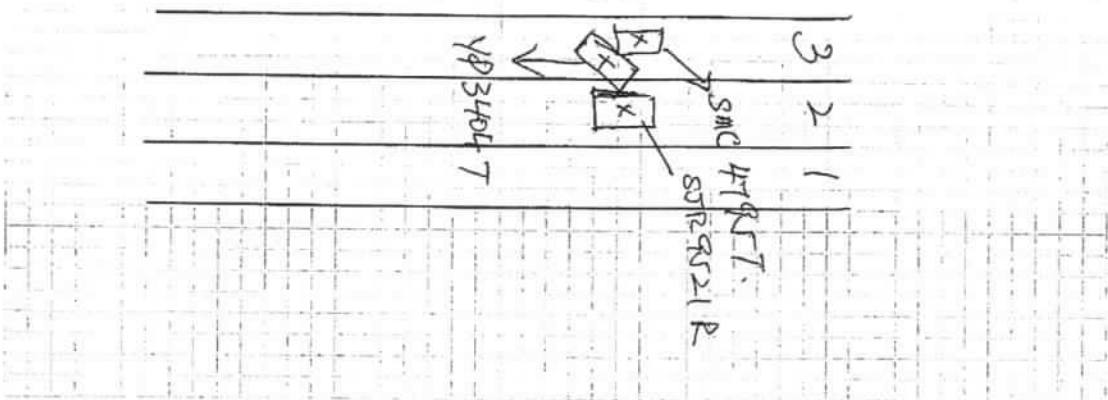
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



REPORTING CENTRE (VAC)

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVEL ALONG HOLLAND RD NEAR TYERSHALL
AVE. SUDDENLY ONE LORRY CAR PLATE NUMBER
YP34047 DRIVE INTO MY LANE AND HIT MY
LEFE SIDE FRONT DOOR AND THE WINDOW
GLASS IS SMACK

I WAS TRAVEL AT LANE 2, THE LORRY IS TRAVEL AT LANE 1, AND THE LORRY IS DRIVE INTO MY LANE AT LANE 2. TIME IS AROUND 1010 AM. WEATHER IS GOOD AND CLEAR

THE SAID LOARY ALSO HIT THE BACK OF
ONE CAR (CAR PLATE NUMBER SMC 4795 T)
WHICH WAS TRAVELING IN FRONT OF THE
LOARY

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:

DAC BUKIT BATOK (VAČ)

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

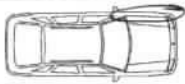
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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PRE-REPAIR INSPECTION REPORT				
ALLIED WORLD ASSURANCE COMPANY LTD (SINGAPORE BRANCH)60 ANSON RD #08-01 (8th FLOOR)MAPLETREE ANSONSINGAPORE 079914		Ref: CS3/AWA19000440/R1cd3e2 Date: 16-01-2019 Code: AWA		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	YP 3404T	Veh. Inspected	SJR 9521R	
Policy No.	AVCPSB0082091802	Coverage (\$)	0.00	
Claim No.	NSV1900011/KW	Excess (\$)	0.00	
Assign From	WONG KIN	Assign Date	08/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA CITY 1.5L	c.c	1497	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	MRHGM26509P020358	Colour	RED	
Odometer	228189 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	175/65 R15	DUNLOP	5 mm	
L/H Front Tyre	175/65 R15	DUNLOP	5 mm	
R/H Rear Tyre	175/65 R15	DUNLOP	5 mm	
L/H Rear Tyre	175/65 R15	DUNLOP	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
5. General Information				
Accident Date	04/01/2019	Inspect Date / Time	09/01/2019 (03:48 PM)	
Survey held at	TOY CARZ-210 TURFCLUB RD# 01-V70-V71			
Repairer	-			
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 \$3,500-\$4,500				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/AWA19000440/R1cd3e2

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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