

ASSOCIATION

REF: CS/AWA 99002780/Klgd3 | n2

Surveyor Kalvin

ASSIGNMENT (Office)

From (Person), Stella Goh

10

AWAC

Date/Time: 13/2/19 @ 3:56 pm.

Estimated Cost

Bill to:

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

To inspect Vehicle No.

SHC 6052 A

Insured

71P 7843H

at Workshop m/s

Premier Taxis

Tel

6544 6682

of

23 Changi South Ave 2 # 01-02

Policy No:

B VFCSB 0013291900

Claim No.

YP 7843H KW

Sun injured

Excess.

Make of Veh

D.O.A. 13/2/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10:24 am @ 4/2/17

Person Contacted

wee dek

Vehicle ~~IN~~OUT

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

Veh No: SHC 6052A Yr Regt: 10 IL 1214
 Type: M.Car / M.Cycle / Bus / Van / Lorry / TD / Prime Mover /
 Truck / Trailer or
 Make: KIA Optima cc 1685
 Colour: Silver A/C: Ins 0 / Std / NI / NA
 Sp. Reading: 436235 T/Radio: Ins 0 / Std / NI / NA
 Eng/No: _____
 C/No: KNAM414ME5463901
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inor 0 / Jammed / Leaked / Burnt or
 Brake: Inor 0 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD 0 / Rim or
 Tyre Size: F: 205/65R16
 R: _____

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

Front		Rear
R/Bal. <u>7</u> mm		R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm		L/Bal. <u>7</u> mm
D.O.A. <u>13/2/19</u>		D.O.I. <u>14/2/19</u>

Survey held at Premier
 Des. of Damages: Frl / Rear / OIS / NIS / UIC / Rooftop or
Front

The UIC / Chassis frame / Body Structure affected due to collision.

(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: 2 days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
18/2/19	CH1 P14 & 215 / 2 P22 (Red & 1477, 82%) no lump sum

ANA
45

19/2/2019

Date/Time, File Pass to? ☐ : Prel. Report
 1) 19/2 turnover ☐ : Final Report
 Date/Time, File Return to? _____

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Report Format: TP
 Lump Sum / I.B.I: (\$ 315)

150

Nivitha (LKK Auto)

From: Goh, Stella <stella.goh@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Wednesday, 13 February 2019 3:56 PM
To: assignments@lkkauto.com
Cc: Goh Wee Dek
Subject: TP Survey assignment for SHC6052A DOA: 13.02.2019 Our ref: YP7843H/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 have** consensus in the appointment of **Mr Calvin Ang** 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	:	SHC 6052 A
Insured Vehicle	:	YP 7843 H
Policy Number	:	BVFCB0013291900
Name of Workshop	:	Premier Taxis Pte Ltd
Contact Number	:	6544 6682
Person to Contact	:	Mr Goh Wee Dek
Estimated Cost of repairs	:	NA

Regards,
Claims Division

Copy to Premier Taxis Pte Ltd (Your Ref: SHC6052A) 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.

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	10 Jul 2014 / 09:14:08	Receipt No.:	AACCK001-AX239-140710-000016
Asset Type:	Vehicle	Transaction Amount:	\$65,919.00
Asset ID:	SHC6052A	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140710091408062133		

Vehicle No.:	SHC6052A
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	10 Jul 2014
Original Registration Date:	10 Jul 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5463901
Engine No.:	D4FDDH307941
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$20,007.00
Minimum PARF Benefit:	\$7,506.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	10 Jul 2014 09:14:08
COE No.:	2014071001001215C
COE Expiry Date:	09 Jul 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$53,269.00
Lifespan Expiry Date:	09 Jul 2022
Owner ID Type:	Company

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	13/02/2019 14:04
Date Of Accident	13/02/2019 06:30
Exact Location Of Accident	YISHUN RING ROAD // YISHUN AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6052A
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	

Driver

Name of Driver	WONG WOEN-YU
NRIC No	S6806283G
Date Of Birth	10/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94374599
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 337D #08-165 TAH CHING ROAD
Postcode	614337
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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 ON COLLISION
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?	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)	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

VEH. A - NO PAX VEH. B - UNKNOWN PAX

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	YP7843H
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	YU JIN JIN
NRIC/Passport Number	
Contact Number	81567450
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.



13 FEB 2013

Policyholder's Signature
Date & Time:

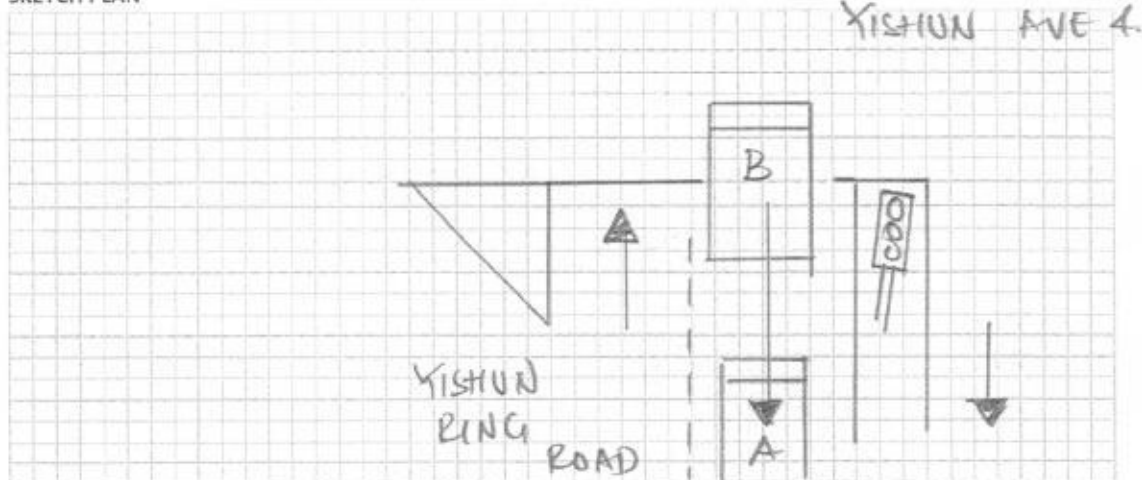
Driver's Signature
(If driver is not the policyholder)
Date & Time:

XS68062835
XSHC6052A

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6052A

B: YP 7843H.

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

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

13 FEB 2013

Policyholder's Signature
Date & Time:



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

2568062836

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

[Handwritten signature]

SLA/CML Sketch Plan Form V3

Describe Circumstance of the Accident.

ON 13/02/2019 @ 0630HRS, I WAS DRIVING MY TAXI (SHC 6052 A),
TRAVELLING ALONG THE TRAFFIC LIGHT JUNCTION OF YISHUN RING ROAD &
YISHUN AVE 4, IN THE RIGHT LANE.

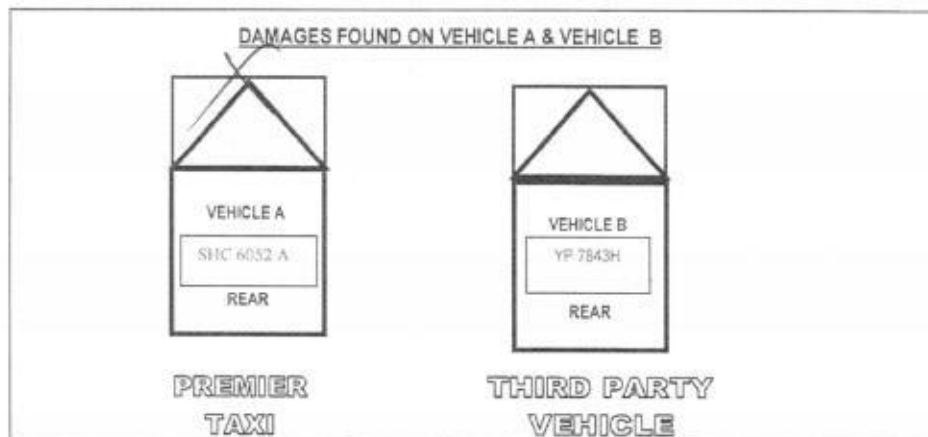
I STOPPED MY TAXI AS VEHICLE B (YP 7843 H – LORRY) WHICH WAS IN FRONT OF
ME, STOPPED.


WHILE STATIONARY, SUDDENLY VEHICLE B – REVERSED & COLLIDED ONTO THE
FRONT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT PORTION AND I WAS
NOT AWARE OF DAMAGES TO VEHICLE B.

NO PASSENGERS ONBOARD MY TAXI & I WAS NOT AWARE OF PASSENGERS
ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.



 868062836

Driver's Signature & NRIC Number
Wednesday, February 13, 2019 @ 2:18:01 PM

(attended by )

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

13-Feb-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6052 A

1 pc	Bonnet grille <i>X 500</i>	\$	385.00
1 pc	Front bumper <i>X 175.00</i>	\$	531.00
1 pc	Front bumper emblem <i>X 44</i>	\$	44.00
		\$	960.00
	Less 10%	\$	96.00
		\$	864.00

S/NETT

1 pc	Front no. plate with casing <i>- 21</i>	\$	50.00 <i>35</i>
1 pc	Front bumper clips <i>X 48</i>	\$	48.00

Sundry	\$	50.00 <i>X 21</i>
To check for wiring and to focus head lamps	\$	80.00 <i>X 3</i>

To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same	\$	450.00 <i>100</i>
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To putty and spray painting on front bumper	\$	250.00 <i>180</i>
	\$	1,792.00

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

K. L. (11/11/19)

14/2/19 1015 hr

2045

45

After Repair photo

Customer hereby acknowledges and agrees to the following:

- * The cost of repair work is based on the estimate provided by the repairer.
- * The repairer is not responsible for any damage to the vehicle or its contents caused by fire, theft, flood, or any other cause.
- * The repairer is not responsible for any damage to the vehicle or its contents caused by the use of the vehicle after the repair work is completed.
- * The repairer is not responsible for any damage to the vehicle or its contents caused by the use of the vehicle after the repair work is completed.

Acknowledged by Customer:

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/AWA19002780/K1qd3n2

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

Date : 20-02-2019



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 7843H	Veh. Inspected	SHC 6052A
Policy No.	BVFCB0013291900	Coverage (\$)	0.00
Claim No.	YP7843H/KW	Excess (\$)	0.00
Assign From	STELLA GOH	Assign Date	13/02/2019

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KNAGM414ME5463901	Colour	SILVER
Odometer	436235	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	ACHILLES	7 mm
L/H Front Tyre	205/65 R16	ACHILLES	7 mm
R/H Rear Tyre	205/65 R16	ACHILLES	7 mm
L/H Rear Tyre	205/65 R16	ACHILLES	7 mm

4. Description of Damages

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

5. General Information

Accident Date	13/02/2019	Inspection Date	14/02/2019
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

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:	2 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. SHC 6052A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BONNET GRILLE	SERVICEABLE	385.00	-
1	FRONT BUMPER	TO REPAIR SEE LABOUR	531.00	-
1	FRONT BUMPER EMBLEM	NOT NECESSARY	44.00	-
	LESS 10% DISCOUNT		-96.00	-
			864.00	-
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NO PLATE WITH CASING (SN)	DENTED	50.00	35.00
1	FRONT BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			148.00	35.00
	<u>LABOUR</u>			
	TO CHECK FOR WIRING AND TO FOCUS HEAD LAMPS.	NOT NECESSARY	80.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE AND ADJUST OF THE SAME.INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		450.00	100.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER.		250.00	180.00
			780.00	280.00
	GRAND TOTAL		1,792.00	315.00
	RECOMMENDED COST OF REPAIRS			315.00

Report Ref No. CS/AWA19002780/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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