

2/20/2002

ASS. REC. BY:

REF:

CS3/AWA19002909/6cd3

Special Instruction:

Surveyor:

Quodling

ASSIGNMENT (Office)

From (Person):

Peggy Chan

of

AWAC

Date/Time:

13/2/19 @ 3:04pm

Estimated Cost:

Bill to:

OD / ☒ WS / TT RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

FBG 62504

Insured:

FBK 2436G

at Workshop m/s:

My car consultant

Tel:

of

53 ubi Ave 1 # 01-33

Policy No:

AVFMSB0000591803

Claim No:

NSV1900065/BT

Sum Insured:

Excess:

Make of Veh:

D.O.A.

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup?

H.O.D. Endorsement:

Date/Time:

3:05pm 13/2/19

Person Contacted:

Hui Qin

Vehicle ☒ IN / ☐ OUT

Date/Time	Action/Instruction (X) Estimate	
	FBG 62504 - NA/MSG19002230/13	DOA: 6/2/2019
	FBK 2436G - NA/MSG19002230/13	DOA: 6/2/2019

PRS  
XAL

REF:

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s My car consultant  
 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.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt.: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: FBG650 U Yr Regn: Sep / 12  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Yamaha FZ16 c.c. 153  
 Colour: white A/C: Insured / Std / NI / NA  
 Sp. Reading: 99999 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: ME121C0D8C0010376  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: SP / S/Rim / STD A/Rim or  
 Tyre Size: F: 110/70-17  
 R: 130/70-17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIZ / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. \_\_\_\_\_ D.O.I. 14-02-19

Survey held at w/s 4:20pm  
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>\$2000 - \$3000</u>

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 3

Resurvey No. of Trip: -

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Report Format : PRS

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

## Nivitha (LKK Auto)

**From:** Chan, Peggy <Peggy.Chan@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>  
**Sent:** Wednesday, 13 February 2019 3:04 PM  
**To:** 'assignments@lkkauto.com'  
**Cc:** 'MCC Admin'  
**Subject:** TP Survey assignment for FBG6250U DOA: Our ref: NSV1900065/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 not** have consensus in the appointment of **LKK Auto Consultants Pte Ltd** 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 <sup>rd</sup> Party Vehicle	:	FBG 6250 U
Insured Vehicle	:	FBK 2436 G
Policy Number	:	AVFMSB0000591803
Name of Workshop	:	My Car Consultant
Contact Number	:	8866 8832
Person to Contact	:	Ms Huiqin
Estimated Cost of repairs	:	NA

Regards,  
Claims Division

Copy to My Car Consultant (Your Ref: FBG 6250U ) via Email.

Note -

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.

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	07/02/2019 17:18
Date Of Accident	06/02/2019 18:30
Exact Location Of Accident	ANG MO KIO ST 43
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6250U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAWN CHU MING XUAN
NRIC No	S9544240D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96301350
Alternative Phone No	OTHERS-96304330

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-393847-CA
Cover Note Number	

### Driver

Name of Driver	BRYAN CHU WEI XUAN
NRIC No	S9544240D
Date Of Birth	01/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96304330
Fax Number	
Contact Number	
Email Address	AARONSIKY@GMAIL.COM

Address	BLK 449 ANG MO KIO AVE 10 #04-1725
Postcode	560449
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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

I WAS RIDING MY MOTORCYCLE FROM ANG MO KIO ST 43 TURNING LEFT INTO ANG MO KIO AVE 3. WHILE MAKING A LEFT TURN MOTORCYCLE B FROM MY LEFT MAKE A LEFT TURN TOO AND HIS REAR SIDE HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH. MY VEH WOBBLE AND I MANAGED TO MAINTAIN MY VEH FROM FELL DOWN.

#### 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	FBK2436G
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)	

**DETAILS OF INJURED PERSON 1**

Name	BRYAN CHU WEI XUAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBG6250U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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 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: 7/2/19

 07/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

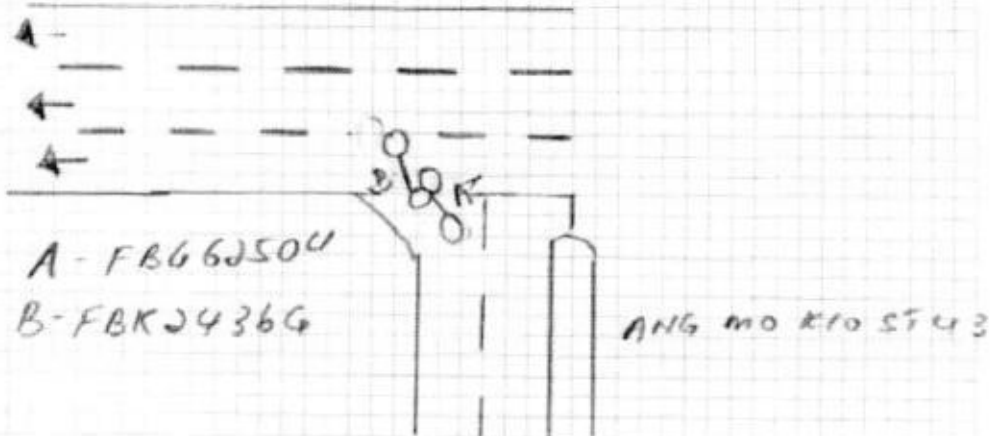
GIA/MSG SketchPlanForm 1/15



# Accident Sketch Plan

SKETCH PLAN

ANG MO KIO AVE 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 7/2/19

*[Signature]* 07/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

> Back to OneMotoring

## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBG6250U		
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	YAMAHA		
Vehicle Model :	FZ 16		
Chassis No. :	ME121C0D8C2010376		
Propellant :	Petrol		
Engine No. :	21CD010386		
Engine Capacity :	153 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	330 kg		
Unladen Weight :	135 kg		
Year Of Manufacture :	2012		
Original Registration Date :	21 Sep 2012		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$1,852.00		
COE Expiry Date :	20 Sep 2022		
Road Tax Expiry Date :	20 Mar 2019		
Inspection Due Date :	20 Sep 2019		
Intended Transfer Date :	23 Feb 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 20 Mar 2019. You may renew the road tax from 21 Dec 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 20 Mar 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 21 Mar 2019 to 20 Sep 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	32.00	-	32.00
Total Amount Payable :			57.00
Amount Payable (From 21 Mar 2019 to 20 Mar 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	64.00	-	64.00
Total Amount Payable :			89.00

You may print this page for reference.

OK

Print

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	3661D
<b>Vehicle Details</b>	
Vehicle No.:	FBG6250U
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Feb 2019
Vehicle Make:	YAMAHA
Vehicle Model:	FZ 16
Primary Colour:	Red
Manufacturing Year:	2012
Engine No.:	21CD010386
Chassis No.:	ME121C0D8C2010376
Maximum Power Output:	-
Open Market Value:	\$2,246.00
Original Registration Date:	21 Sep 2012
First Registration Date:	21 Sep 2012
Transfer Count:	4
Actual ARF Paid:	\$337.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	20 Sep 2022
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,852.00
COE Rebate Amount:	\$662.00
<b>Total Rebate Amount:</b>	<b>\$662.00</b>

The information contained herein is correct as at 23 Feb 2019

OK

**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

**PRE-REPAIR INSPECTION REPORT**

ALLIED WORLD ASSURANCE COMPANY LTD  
(SINGAPORE BRANCH) 60 ANSON ROAD #08-01  
(8th FLOOR) MAPLETREE ANSONSINGAPORE  
079914

Ref: CS3/AWA19002909/Gcd3s2

Date: 25-02-2019



Code: AWA

**1. Policy Particulars :- (THIRD PARTY CLAIM)**

Insured Veh.	FBK 2436G	Veh. Inspected	FBG 6250U
Policy No.	AVFMSB0000591803	Coverage (\$)	0.00
Claim No.	NSV1900065/BT	Excess (\$)	0.00
Assign From	PEGGY CHAN	Assign Date	13/02/2019

**2. Vehicle Particulars & Condition**

Make & Model	YAMAHA FZ 16	c.c	153
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	ME121C0D8C2010376	Colour	WHITE
Odometer	99999 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	110/70-17	MICHELIN	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	130/70-17	MICHELIN	4 mm
L/H Rear Tyre			mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND N/S BODY.	
--	---

**5. General Information**

Accident Date	06/02/2019	Inspect Date / Time	14/02/2019 ( 04:20 PM )
Survey held at	MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934		

**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 \$2,000-\$3,000
--

**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
-------------------------------------	----------------

Report Ref No. CS3/AWA19002909/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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 replying on this Report, in whole or in part, does so at his or her own risk.