03/03/2002

ASS. REC. BY: | REF: CS/PWD 1901209/Mff3 | Special Instruction:

Surveyor : Marcus

ASSIGNMENT (Office)

From (Person): Venessa Chan of PWD Date/Time: 17/7 @ 10.55am.

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YK 3300K Insured: SJH 3717

at Workshop m/s Man Lian Motor Tel:

of 38 Defu Lane 9 Singapore 539278

Policy No: PNPV2019-0000947G Claim No: 120190002019G

Sum Insured: Excess:

Make of Veh: D.O.A. 1/7/19

(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate

(08/11/13) wef
ASS. REC. BY: Marcus

REF: Fwd/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: YK 3300K

at Workshop m/s meh lian

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: 28500

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 20 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Coe 16/4/2023

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YK 3300K Yr Regn: 4 03

Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or LM/

Make: ISUZU NPR71L c.c 4570

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

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

Eng/No:

C/No: JAANPR71L37101654

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R: 7.50-16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or G.T Super 88N

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	11/7/19	D.O.I.	17/7/19

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear & LHS.

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

Date / Time Action / Instruction 3yrs 9mths.
LTA/K064 Dep 7500 Net $15430

2/9/19 Confirm L/S $15,000 with s.hui (Red: 31966-20 : 1687%)

RECEIVED 0 3 SEP 2019

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

1) 3/9 Typist [✓] : Final Report

Date/Time, File Return to?

Days Of Repair: 20

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($) __S + RS __SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Survey Fee:	300
Transportation:	50
S + RS, SI	50 + 50
Photos	
Others	11
TOTAL	

t Format : TP

Sum / I.B.I: ($ 15,000/-)

15/5/2010

INS CASE OWNER: cc4, FWD190 12609, Uga3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus

DOI: 17/7/19

Date / Time : 17/7/19

Registered in Merimen: 17/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SJH 371T

Name of Insured : MOK SHAO WEI

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 11/07/2019

Is driver the owner? (YES / NO) [YES circled]

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO) [YES circled]

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

Insured Liability : %

Final ? Yes / No [No circled]

LX

YK3300K → → →

INSRS: WSP: Tel : Mah Lian Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	YK3300K - X ;
	SJH371T - 9/5mf18815954/d3 XX ; 009 ; 28/8/18
18/X	checked w CKS - no D/S. To finalise & close.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% C.C (OI last 3rd)
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
(if Nec)	S$	Name 2:	
(if Nec)	S$	Name 3:	

Denise Tay (LKKAuto)

From: venessa.chan@fwd.com
Sent: Wednesday, 17 July 2019 10:55 AM
To: Admin-D (LKKAuto); Admin A
Cc: clara.li@fwd.com; motorclaims.sg@fwd.com
Subject: ACCIDENT INVOLVING SJH371T & YK3300K ON 11/07/2019 OUR CLAIM REF: 1201900020199
Attachments: SURVEY AGREE ON SJE - REQ TO ASSIGN LKK.pdf; YK3300K PRI - VISION LAW LLC.pdf; YK3300K TP GIA.zip; SJH371T OI GIA.zip

Dear Sir/Madam,

Please refer to the email below and liaise with TP repairer for PRS.

Please create the case in Merimen.

Thank you.

Best Regards,

Venessa Chan
Administrative Assistant, Claims

FWD insurance

FWD Singapore Pte. Ltd.
6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986
E venessa.chan@fwd.com
W www.fwd.com.sg

From: Venessa Chan - SGUser
Sent: Wednesday, July 17, 2019 10:52 AM
To: 'ct-admin@visionlawllc.com'; 'jactan@visionlawllc.com'
Cc: Clara Li Zirong - SGUser; Motor Claims SG - SG Common
Subject: ACCIDENT INVOLVING SJH371T & YK3300K ON 11/07/2019 OUR CLAIM REF: 1201900020199

Dear Sir/Madam,

Thank you for your selection of LKK Auto Consultant Pte Ltd.
We will proceed to assign survey.

Thank you.

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	12/07/2019 15:18
Date Of Accident	11/07/2019 16:45
Exact Location Of Accident	PIE CHANGI AIRPORT (NEAR KJE EXIT)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YK3300K
Insured/Policyholder	
Name Of Registered Owner	HENRY GAS PTE LTD
Co Reg No	200210783Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96863300
Alternative Phone No	OFFICE-65673300
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR71L-4.6 D (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA467549/1
Cover Note Number	
Driver	
Name of Driver	VEERADEVAN RAJAGURU
Passport No/FIN	G5463208N
Date Of Birth	29/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83565807
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 364 BUKIT BATOK STREET 31
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN 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	5
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes,Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 370 BUKIT BATOK STREET 31 , **POSTCODE:** 650370 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5679999 - **FAX NO**: 65652508
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACH POLICE REPORT

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	SJH371T
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC4573S
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XD2373E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	XE737Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide **within 21 days** of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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

HENRY GAS PTE LIMITED

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