

22/03/2019

ASS. REC. BY:

REF: CS/CT1 19013999/K+f3

Special instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Ong chin Kiat

of CT1

Date/Time: 13.8.19 15.11pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLW 5140H

Insured:

GX 94415

at Workshop m/s

LKW motor

Tel:

of Bk 17 Sin ming Industrial estate

Policy No:

DMCVSN30383519022

Claim No:

SNM19D20369802

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 7.8.2019

CA / REV / REP. / REV 24 HRS

Date/Time:

13.8.19

1.00pm

Person Contacted:

LK Wong

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLW 5140H - X

GX 94415 - NAI IN 15012363/14

D.O.A - 29/07/2019

20/9-

Repair done. need wait for part price as boss not done

Surveyor

ASSIGNMENT

From: _____ Date: 14.8.2019

Estimated Cost: _____

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

To inspect Vehicle No: SLW 5140
at Workshop m/s LKW Auto Services
of BIK A6 sin my draw 102-01

Insured: _____

Policy No. _____

Claims No. _____

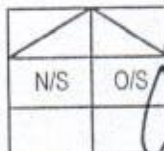
Sum Insured: _____ Excess: _____

(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: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLW 514014 Yr Regn: _____

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

Truck / Trailer or

Make: Mazda 3 C.C. _____

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 28596 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN8BN22A814 0161290

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/50R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 1/11P

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.I. 14/8/19

Survey held at _____

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

O/S Rear

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

Date / Time Action / Instruction

GIA & SN not ready

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	13 Aug 2019		13 Aug 2019 15:11 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:		SHIN KHAI CONSTRUCTION PTE LTD, Co. Reg. No.: 200722471K		[Created by insurer]
Main Claimant:		PYRO CARS PTE LTD, Co. Reg. No.: 201710328D		
Vehicle Reg. No.:		SLW5140H	Date of Loss:	07/08/2019 11:00 - :59 [17 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:		TP / SNM19D203698C02	Policy/Cover Note No.:	DMCVSN30383519022
Vehicle Reg. No. (Insured):		GX9441S	Policy No. (Claimant):	
			Excess:	S\$0.00
Repairer:		Lkw Motor (HQ) BLK 17 SIN MING INDUSTRIAL ESTATE SECTOR A #01-55, 2057 Sin Ming - Tel:		
Handling Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]		
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 22/08/2019]		
Driver/Custodian (Insured):		FAN XIAOPING (2 / Male), NRIC: G8429711P Email:		
Adj Asg. Remarks:		please assign Mr Kenneth Kong for SJE, to contact LK Wong via lkw.claims@gmail.com to arrange. thank you.		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

View All

Compose Case Mail



ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

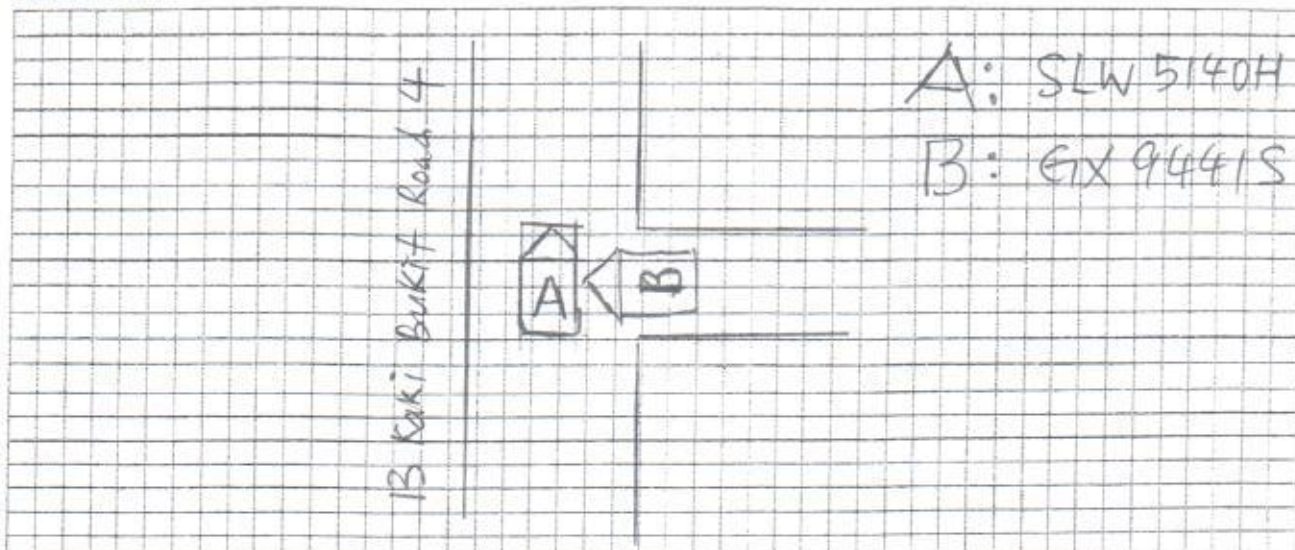
View All

Search Tasks

Create New Task

Complete

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the workshops at 13 Kaki Bukit Rd 4
 Suddenly, Vehicle B drove out from the junction and knock onto
 my vehicle right side with a hard impact.

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.:

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	19/08/2019 16:10
Date Of Accident	07/08/2019 12:50
Exact Location Of Accident	INSIDE 13 KAKI BUKIT ROAD 4 BARTLEY BIZ CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5140H
Insured/Policyholder	
Name Of Registered Owner	PYRO CARS PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82548857

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ001123-R00
Cover Note Number	

Driver

Name of Driver	HENRY KANG WEI MENG (KANG WEIMING)
NRIC No	S7822583A
Date Of Birth	05/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82548857
Fax Number	
Contact Number	OFFICE-82548857
Email Address	NOEMAIL

Address	APT BLK 529 SERANGOON NORTH AVENUE 4 #02-20 SINGAPORE
Postcode	550529
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (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

REFER TO ATTACHED

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	GX9441S
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 INJURED PERSON 1

Name	HENRY KANG WEI MENG (KANG WEIMING)
------	------------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK PAIN

SLW5140H

NO

APT BLK 529 SERANGOON NORTH AVENUE 4
#02-20 SINGAPORE

550529

SKETCH PLAN

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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.

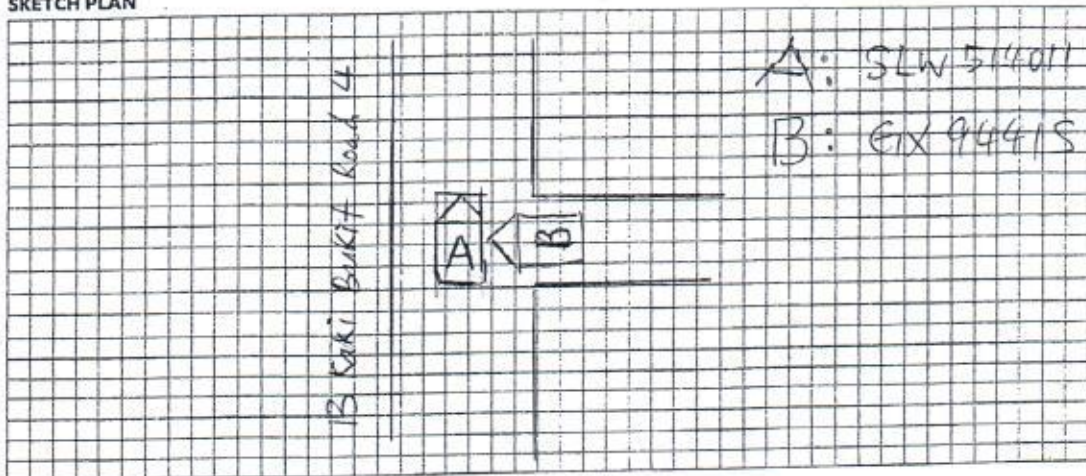


Policyholder's Signature
Date & Time:

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

I was driving along the workshops at 13 Kaki Bukit Rd 4
 Suddenly, Vehicle B drove out from the junction and knock onto
 my vehicle right side with a hard impact.

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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



Accident Photo



Accident Photo



Accident Photo



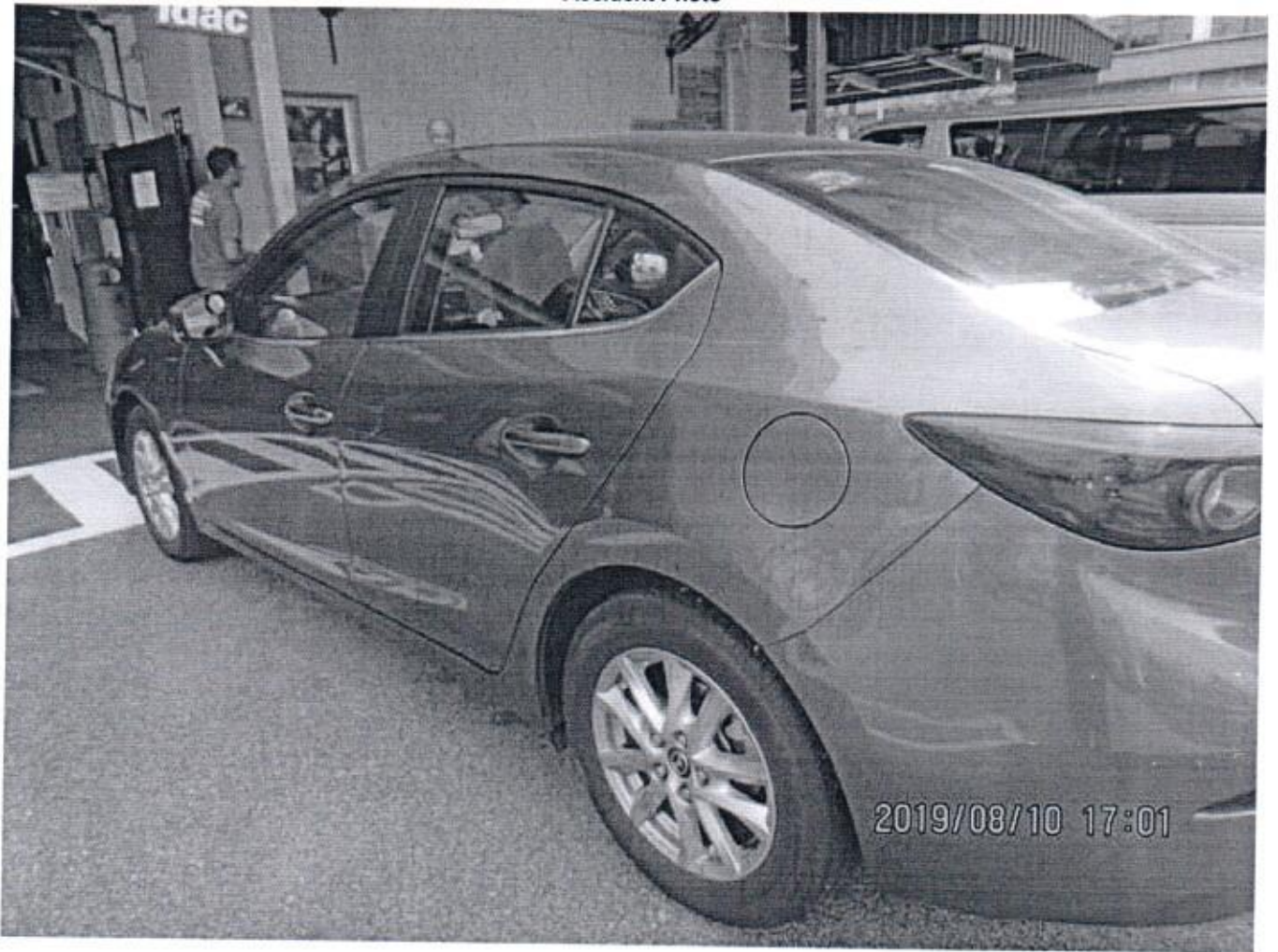
Accident Photo



Accident Photo



Accident Photo



LKW AUTO SERVICES

C/O : 176 SIN MING AUTOCARE DRIVE #02-01 SINGAPORE 575721

TEL : 6452 8211 FAX 6451 7420

CO REG NO : 199404214H

ESTIMATE

PYRO CARS PTE LTD

c/o 46 Lentor Plain

Singapore 786548

Date : 13/08/2019

Quantity	Particulars	Amount (\$)
	RE : SLW5140H / Mazda 3	
1 pc	Rear Door ✓	
1 pc	Rear Door Hinge Upper X	
1 pc	Rear Door Hinge Lower X	
1 pc	Rear Door Regulator Gear ?	
1 pc	Rear Door Regulator Motor ?	
1 pc	Rear Door Weatherstrip ✓	
1 pc	Rear Door Frame Sticker ✓	
1 pc	Rear Fender ✓	
1 pc	Rear Fender Dust Cover ?	
1 pc	Alloy Rim ✓	
1 pc	Rear Shock Absorber ?	
1 pc	Rear Lower Arm ?	
1 pc	Rear Knuckle Arm ?	
1 pc	Rear Wheel Bearing Hub Assy ?	
1 pc	Rear Windscreen Moulding ✓	
1 pc	Rear Windscreen Seal ✓	
	Sub-total	\$ -
1 tube	Windscreen Glass Sealant ✓ S.nett	
	<p>To remove and replace the parts mentioned above, panel beat and realign the necessary affected areas.</p> <p>To apply rust proofing on affected areas.</p> <p>To apply waterproof sealant on affected areas.</p> <p>To apply putty & spray painting on affected areas.</p> <p>To remove rear windscreen glass to enable repair.</p> <p>To remove carpet, trimming and seats to enable repair.</p> <p>To transfer door(s) accessories</p> <p>To remove and install rear undercarriage parts to enable repair.</p>	

Quantity	Particulars	Amount (\$)
	To replace steel rim(s) / alloy rim(s) & perform wheel balancing.	
	To perform 4 wheels computerised alignment.	
	Sub-total	\$ -
	Grand Total	

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: