

22/03/2019

ASS. REC. BY:

REF:

CS, PC119019319 / R188

Special Instructions

Manager: Real

ASSIGNMENT (Office)

From (Person): Merina Chia

of

PC1

Date/Time:

11/11/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: FB1 5055 Y

Insured:

SH1 8190 G

at Workshop in/s Hua Chin

Tel:

68966619

of 50 Bukit Batok St 23 #02-01

Policy No:

Claim No:

019006917 MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A.

19/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11/11

Person Contacted:

.....

Vehicle IN/OUT

Date/Time

Action/Instruction

Follow up

(✓)

FB1 5055 Y-X

SH1 8190 G-X

303 63 13
DID: 303 63 13

REC BY: PRM

REF:

PRS

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBL 50554

at Workshop m/s Hua CHIN

of 50, BUKIT BATOK ST 23 #02-02

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

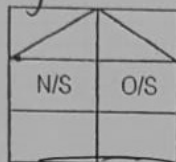
(Client's Record)

Make of Veh: _____

4.30 pm (werty)

(Policy Condition)

Peter



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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBL 50554 Yr Regn: 2016 / NOV

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

Truck / Trailer or

Make: YAMAHA YZF R15 c.c. 150

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

Sp. Reading: 027983 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MEIK 906 20H 2001920

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: 160/80-17

R: 140/70-17

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

TOYO / YOKO or

METZELER

Front

Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. mm L/Bal. mm

D.O.A. 19/10/19 D.O.I. 26/10/19

Survey held at Hua CHIN

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

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

Date / Time Action / Instruction

4/12/19 Sent email to Insurance (Pending Estimate)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

Survey Fee: _____

Transportation: _____

\$ + RS \$

Photos

Others

Report Format: _____

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	22/10/2019 16:03
Date Of Accident	19/10/2019 15:05
Exact Location Of Accident	SLIP RD FROM JURONG WEST AVE 4 TWDS JLN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5055Y
Insured/Policyholder	
Name Of Registered Owner	HARIZ MUHAMAD SYAHMI
NRIC No	S2667283Z
Email Address	MUMUAZZZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98592259
Alternative Phone No	OTHERS-98592259

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)

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 MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2019-00004120
Cover Note Number	

Driver

Name of Driver	MU'AZ AL SUFYAN BIN HARIZ MUHAMAD SYAHMI
NRIC No	S9622895C
Date Of Birth	04/07/1996
Occupation	INDOOR
Date Of Driving Pass	17/02/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98592259
Fax Number	
Contact Number	
Email Address	MUMUAZZZ@GMAIL.COM

Address	BLK 122 WOODLANDS AVENUE 5 #07-46
Postcode	739021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 TO REAR
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)	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 SKETCH PLAN

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	AZHAR
Phone Number	82235959
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8190G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FOO CHEE FATT
NRIC/Passport Number	S0155582J
Contact Number	97612294
Address	
Postcode	
Insurance Company Name	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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: 22/10/19

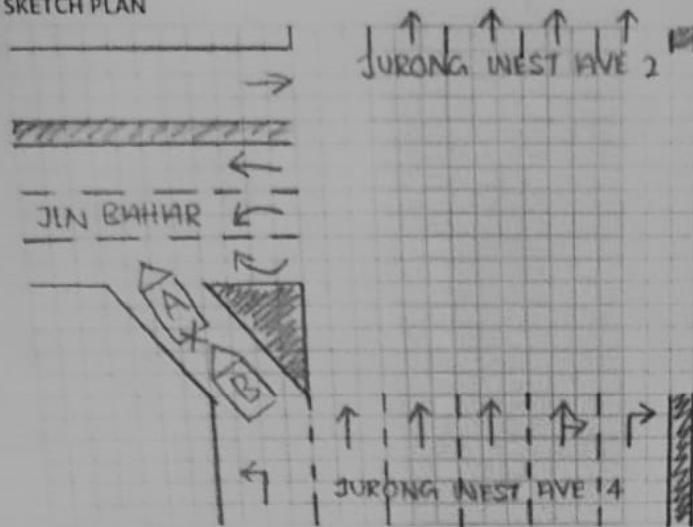
04:07 pm

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



Sketch Plan #2

SKETCH PLAN



LOCATION

SLIP ROAD FROM
JURONG WEST AVE 4
FILTERING LANE
JIN BAHAR

A - FBLS055Y
B - SHK8190G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering the filter lane and I saw an incoming bus merging into one lane, that is why I decided to stop at the give way line. The taxi argue that I was supposed to enter but it was too dangerous as I cannot see any vehicle incoming vehicle besides the bus.

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: 22 / 10 / 19

1607 pm

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



Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Wednesday, December 04, 2019 9:36 AM
To: 'CWS Motor Claims'
Subject: SURVEY ASSESSMENT - D19006917MFSH/1

Dear Sir,

Please be informed that we have inspected the vehicle FBL5055Y on 26/11/2019.

We are still pending estimate from repairer.

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: yvonne Wong@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Wednesday, December 04, 2019 9:31 AM
To: 'YVONNE' <WONG@LKKAUTO.COM>; SUR <sur@lkkauto.com>
Subject: FW: SURVEY ASSESSMENT - D19006917MFSH/1

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Friday, 1 November, 2019 11:24 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006917MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

MOTOR SURVEY ASSIGNMENT

Date	31-10-2019	Our Ref No. D19006917MFSH
Accident Date	19-10-2019	Claim Type. Third Party
Insured Vehicle	SHA8190G	Third Party Vehicle. FBL5055Y
Survey Location	50 BUKIT BATOK STREET 23 #02-02 MIDVIEW BUILDING	
Contact Person.	NA	
Contact No.	68966619/ 0	Fax No. 62678616
Survey Type	DIRECT SETTLEMENT:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	HUA CHIN (2000)TRADING MOTOR SERVICE CENTRE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

Veh Out