

22/03/2002

ASS. REC. BY:

REF:

OS/AWA20003345/Gyd3

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Hazel chun

of

AWACDate/Time: 28/2/2020 @ 3.26pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 3168Y

Insured:

Public Liability

at Workshop m/s

Trans Gunboats

Tel:

9111 7463.

of

Subi close

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 03/02/2020CA / REV / REP. / REV 24 HRS ^{up}

H.O.D. Endorsement:

Date/Time: 3.37pm @ 28/2/2020

Person Contacted:

Vion

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate

SLV 3186Y-XPublic Liability-X

* if the workshop wants to arrange for survey
kindly let Bryn know first Before
arranging survey.

ASS. REC. BY:

REF:

AWA CS/AWA20003345/Gydz

ASSIGNMENT

From:

Date:

1/4/2020

Estimated Cost:

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

To Inspect Vehicle No:

SLV 31684

at Workshop m/s

Trans Eurokars

of

23 Long Ku Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

11.30 a.m. amr washp

(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:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLV31684

Yr Regn:

27 Dec 2017

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

Truck / Trailer or

Make:

Mazda 6

c.c

2488

Colour

Red

A/C:

Insured / Std / NI / NA

Sp.Reading

53756

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM6GL103100131782

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:

225/45 R19

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

01-04-20

Survey held at

w/s

11:30

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

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

Date / Time

Action / Instruction

PIP \$1310-00 (Red \$930-00, 41%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

7/7/20 Typist

Report Format :

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

PIP \$1310f

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:




S + RS, SI

Photos

Others

TOTAL

New assignment - Public Liability Claim - Insured: Sportshub | Damage to ...

From: Chua, Hazel
To: assignments@lkkauto.com
Cc: sur@lkkauto.com, 'Lauren Boo Teng Teng'
Sent: 2/28/2020 3:26:21 PM
Attachments:  EST.pdf  RPT.PDF  FRT FOOTAGE.mp4

Dear Sir/Madam

We are the Commercial General Liability Insurer of the Carpark Owner. Appreciate if you could conduct survey for Vehicle SLV3168Y which was damaged as a result of the carpark barrier arm dropping on the Third Party's bonnet.

Attached are the quotation, accident report and the photos of the Third Party Vehicle. Please make the necessary arrangement and commence work at your end for the above matter.

Upon completion of your survey, please kindly keep me informed of your findings.

Lastly, please note that the policy is a co-insurance, please submit your bill as follows:

Allied World Assurance Company – 70%

MS First Capital – 30%

Please kindly acknowledge this email upon receipt. Thank you.

Best Regards

Hazel Chua
Claims Analyst
Asia-Pacific Claims Group

Allied World Assurance Company, Ltd
60 Anson Road #08-01 (8th Floor) Singapore 079914
T: +65 6423 0531
F: +65 6423 0798
E: Hazel.Chua@awac.com
W: www.awac.com

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From: vion.lim@eurokars.com.sg
To: Hazel.Chua@awac.com
Cc: ronald.yap@eurokars.com.sg, jason.wong@eurokars.com.sg
Subject: Accident on 03/02/20 involving SLV3168Y & CARPARK BARRIER
Date: Fri, 28 Feb 2020 01:08:21 +0000

CAUTION: External Email

Good Morning Hazel,

Apologies for the late reply. As per our conversation, please refer to the attached.
Kindly revert if we're able to proceed. Thank you.

Best Regards.

Vion Lim

Insurance Claims Officer

EUROKARS SERVICES PTE LTD

5 Ubi Close, Singapore 408605

D: (65) 6395 7874 H: (65) 9111 7463

E: vion.lim@eurokars.com.sg

Website: <https://www.eurokarsservices.com.sg>

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	26/02/2020 17:54
Date Of Accident	03/02/2020 13:55
Exact Location Of Accident	SPORTSHUB CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3168T
Insured/Policyholder	
Name Of Registered Owner	GOH SIAH KHIAN
NRIC No	SXXXX245Z
Email Address	WILLY@ORDELL.COM.SG
Mobile Phone No	(LOCAL) +65-90077100
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.5 L WAGON SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	GOH SIAH KHIAN
NRIC No	SXXXX245Z
Date Of Birth	16/11/1963
Occupation	INDOOR
Date Of Driving Pass	27/09/1982
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90077100
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	WILLY@ORDELL.COM.SG

Address	16 LI HWAN CLOSE
Postcode	557139
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	CARPARK BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

Policyholder's Signature
Date & Time:

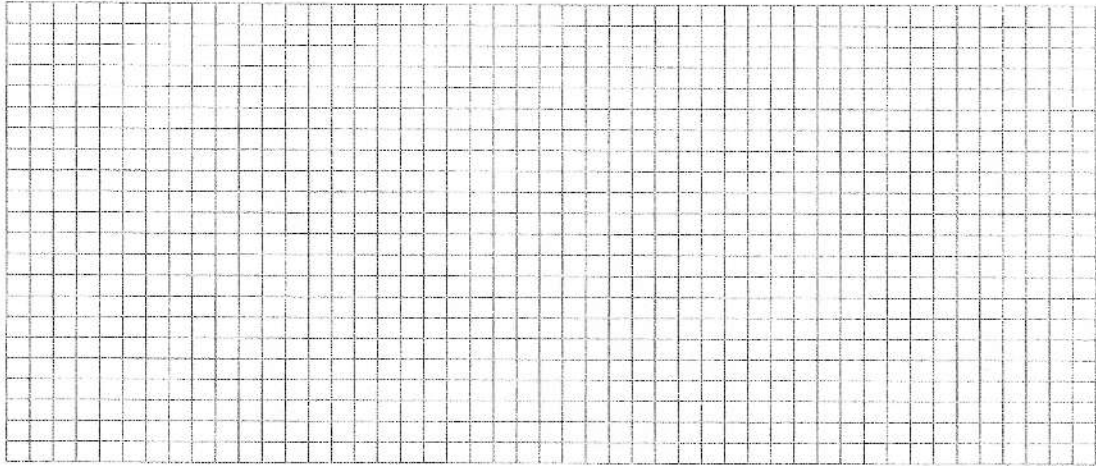
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLV31685

ACCIDENT DATE: 03/02/2020

CONTACT NUMBER: 900 77100

ACCIDENT TIME: 1.55 PM

EMAIL: willy@ordell.com.sg

LOCATION: SportsHub car park

When the payment was being deducted the barrier was raised and the barrier arm just drop down and it hit the car.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time:

31/2/2020
1643

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	245Z
Vehicle Details	
Vehicle No.:	SLV3168Y
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Apr 2020
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 WAGON 2.5 AT LUXURY EU6
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	PY21027554
Chassis No.:	JM6GL103100131782
Maximum Power Output:	141.0 kW (189 bhp)
Open Market Value:	\$25,954.00
Original Registration Date:	27 Dec 2017
First Registration Date:	27 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$28,336.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Dec 2027
PARF Rebate Amount:	\$21,252.00
Intended COE Rebate Details	
COE Expiry Date:	26 Dec 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$57,000.00
COE Rebate Amount:	\$44,083.00
Total Rebate Amount:	\$65,335.00

The information contained herein is correct as at 01 Apr 2020

OK

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A **QUOTATION FEE OF \$400** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

Authorised Signature