

22/03/2002

ASS. REC. BY:

REF: CS/AWA 20003385/kyl3

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Wong Kin

of

AWAC

Date/Time: 22.2.2020 5:18pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKU 1404X

Insured:

FBN 1744H

at Workshop m/s

S Thru Automotive

Tel:

9766 2745

of

BIC B sin ming Ind Est #01-64/66

62841575

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 24.2.2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

21/2/2020 10:20a.m

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKU 1404X - X

FBN 1744H - X

ASS. REC. BY:

REF: AWAC

ASSIGNMENT

From: _____ Date: 2/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SKU 1404X

at Workshop m/s S Three Automotive

of Blk 8 sin ming Ind Est #01-64/66

Insured: _____

Policy No. _____

Claims No. _____

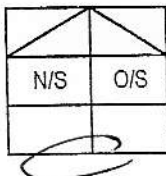
Sum Insured: _____ Excess: _____

(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: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

np

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKU 1404X Yr Regn: 06, 15

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

Truck / Trailer or

Make: NIS Teane C.C. 2488

Colour: M.D. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 50538 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNTBCAC 337 0003043

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: 215/55R17

R: _____

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 24/2/20

D.O.I. 2/3/20

Survey held at

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

US \$4500/- (Red \$4236-44, 48%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

14/5/20 Typist

Days Of Repair: 6

Resurvey No. of Trip: 3

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format:

Lump Sum / B.I. (\$) \$4500/-

Nivitha (LKK Auto)

From: Wong, Kin <Kin.Wong@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Friday, 28 February 2020 5:18 PM
To: 'assignments@lkkauto.com'
Cc: 'sur@lkkauto.com'; 'tk_sim@juseq.com.sg'
Subject: TP Survey assignment for SKU 1404 X DOA: 24/02/2020 Our ref: NSV2000091/KW

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 have consensus in the appointment of Mr Kenneth Kong 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 rd Party Vehicle	:	SKU 1404 X
Insured Vehicle	:	FBN 1744 H
Policy Number	:	AVFMSB0000651901
Name of Workshop	:	S THREE AUTOMOTIVE RECOVERY PTE LTD
Contact Number	:	6284 1542
Person to Contact	:	NA
Estimated Cost of repairs	:	\$ NA

Regards,
Claims Division

Copy to JusEquity Law Corporation (Your Ref:JEQ/200226/0220/S3) via Email.

Note -

- (x)
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.

Regards
Motor Claims
Claims Group

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, Ltd 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	28/02/2020 15:09
Date Of Accident	24/02/2020 18:30
Exact Location Of Accident	CLEMENTI AVE 6 UNDERPASS TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1404X
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co Reg No	1XXXXX157E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94871051

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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 PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5113954130
Cover Note Number	

Driver

Name of Driver	TONG MIN NAN
NRIC No	SXXXXX619Z
Date Of Birth	14/03/1983
Occupation	INDOOR
Date Of Driving Pass	20/01/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94871051
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
Postcode	
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 - 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

PLEASE 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN1744H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	BAHTIAR BIN SALEH SALIM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 Authorized 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 submission and acceptance of this form by insurance companies is not an admission of policyholders 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 at the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for processing and then a part of the report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and the 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 purposes) or:
 - (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 enquiry by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports, notices, etc.) which could involve disclosure of certain personal data about me to bring about delivery of the same as well as in the internal transfer of envelopes/emails, postage 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 (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, litigation, 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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575943
Tel: 6453 4234 Fax: 6453 7944
(Claims Section)

Accident Sketch Plan

SKETCH PLAN

A - SKR18044 Clement Ave 6 underpass towards PTE
 B - FBK17404H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Clement Ave 6 underpass towards PTE. When suddenly vehicle B hit the rear section of my vehicle.

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 Representative's Signature
 Name
 NRIC/Fin No

CITY AUTO PTE LTD
 Blk 6 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 505543
 Tel: 6453 7244 Fax: 6453 7944
 (Company Seal Here)



S THREE AUTOMOTIVE RECOVERY PTE LTD

Not Authorised
 21 Day @ \$4500
 Recovery After Paim

TO :

ATTN :

T/P VEH. NO. : FBN1744H

ESTIMATE REPORT 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : NATIONAL CAR RENTALS PTE LTD

CONTACT :

ADDRESS :

VEHICLE NO. : SKU1404X

CHASSIS NO : MNTBCAL33Z0003043

MAKE / MODEL : NISSAN TEANA

ENGINE NO :

JOB-CODE : T/P S/A :

ACCIDENT DATE : 24-Feb-20

CLAIM DETAIL

MATERIALS

		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	REAR BUMPER \$899-40	1.00	1080.00	10.00	972.00	Y	✓
2	REAR BUMPER CHROME MLDG <i>nsp</i>	1.00	116.70	10.00	105.03	Y	X
3	REAR BUMPER REINFORCEMENT <i>Best</i>	1.00	363.30	10.00	326.97	Y	✓
4	REAR BUMPER BRACKETS	1.00	91.70	10.00	82.53	Y	X
5	REAR BUMPER SIDE HOLDERS	1.00	28.80	10.00	25.92	Y	✓
6	REAL AND PANEL \$467-20	1.00	560.60	10.00	504.54	Y	✓
7	REAR AND PANEL GARNISH	1.00	90.60	10.00	81.54	Y	—
8	REAR SPARETYRE TOP BOARD	1.00	617.90	10.00	556.11	Y	X
9	REAR SPARETYRE FOAM TRAY CENTER	1.00	439.40	10.00	395.46	Y	X
10	REAR SPARETYRE FOAM TRAYS	1.00	109.90	10.00	98.91	Y	X
11	BOOTLID	1.00	971.60	10.00	874.44	Y	✓
12	BOOTLID INNER LOCK	1.00	97.90	10.00	88.11	Y	✓
13	BOOT LID HINGE LH	1.00	148.90	10.00	134.01	Y	X
14	BOOT LID HINGE RH	1.00	148.90	10.00	134.01	Y	X
16	BOOTLID INNER TRIM	1.00	212.40	10.00	191.16	Y	X
17	BOOTLID OUTER CHROME HANDLE	1.00	351.00	10.00	315.90	Y	X
19	BOOTLID INNER LOCK CATCH	1.00	50.60	10.00	45.54	Y	X
20	BOOTLID RUBBER BEADING <i>nd/d.1</i>	1.00	106.30	10.00	95.67	Y	✓
21	BOOTLID RUBBER STOPPERS	1.00	15.00	10.00	13.50	Y	X
22	BOOTLID EMBLEM - LOGO	1.00	35.20	10.00	31.68	Y	—
23	BOOTLID EMBLEM - TEANA	1.00	56.20	10.00	50.58	Y	—
24	BOOTLID EMBLEM - 2.5XV	1.00	56.20	10.00	50.58	Y	—
25	BOOTLID EMBLEM - TRONIC CVT	1.00	56.20	10.00	50.58	Y	—
26	TAILLAMP RH	1.00	409.70	10.00	368.73	Y	X X
27	TAILLAMP LH <i>CRA \$375-40</i>	1.00	409.70	10.00	368.73	Y	✓

28	REAR BUMPER CLIPS ISET	1.00	<i>Mn</i>	20.00	10.00	18.00	Y	<i>✓</i>
29	REAR BUMPER PANEL GARNISH CLIPS ISET	1.00	<i>Mn</i>	20.00	10.00	18.00	Y	<i>✓</i>
30	FENDER INNER TRIM	1.00	<i>Pen</i>	384.56	10.00	346.10	Y	<i>X</i>
31	SPARE TYRE LOWER COVER	1.00	<i>Scr</i>	528.00	10.00	475.20	Y	<i>X</i>
32	EXHAUST CHROME	1.00	<i>Scr</i>	158.00	10.00	142.20	Y	<i>X</i>
33	EXHAUST PIPE <i>\$530-90</i>	1.00	<i>Paint</i>	770.00	10.00	693.00	Y	<i>✓ \$530-90</i>
34	EXHAUST HEATSHIELD	1.00	<i>R</i>	1060.00	10.00	954.00	Y	<i>X</i>

TOTAL (PARTS) :

9565.26

8608.73

SPECIAL NETT ITEM

1	BOOTLID LOCK SENSOR	1.00	<i>Scr</i>	180.00	0.00	180.00	Y	<i>X</i>
2	REAR BUMPER INNER SENSOR	1.00	<i>Scr</i>	280.00	0.00	280.00	Y	<i>X</i>
3	REAR NUMBER PLATE	1.00	<i>Pen</i>	50.00	0.00	50.00	Y	<i>X</i>
4	REAR REVERSE SENSOR	1.00	<i>Red</i>	280.00	0.00	280.00	Y	<i>✓</i>
5	REAR END PANEL SEALANT	1.00	<i>Mn</i>	80.00	0.00	80.00	Y	<i>3000</i>
6	REAR BUMPER CLIPS ISET	1.00	<i>Mn</i>	50.00	0.00	50.00	Y	<i>✓</i>
7	REAR BUMPER PANEL GARNISH CLIPS ISET	1.00	<i>Mn</i>	50.00	0.00	50.00	Y	<i>✓</i>
8	KEYLESS SENSOR <i>Paint \$210k</i>	1.00		280.00	0.00	280.00	Y	<i>10✓</i>

TOTAL (PARTS) :

870.00

0.00

LABOUR

1	STRENGTHEN & PANEL BEAT ACCIDENT AREA	1.00		1200.00	0.00	1200.00	Y	<i>600</i>
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00		1400.00	0.00	1400.00	Y	<i>700</i>
3	CHECK & REPAIR WIRING SYSTEM	1.00		80.00	0.00	80.00	Y	<i>20</i>
4	R&R REAR REVERSE SENSOR	1.00		120.00	0.00	120.00	Y	<i>60</i>
5	RESPRAY TUFF KOTE ON ACCIDENT AREAS	1.00		120.00	0.00	120.00	Y	<i>60</i>
6	R&R TRIM, CARPET, BOARD TO ASSIST REPAIR	1.00		120.00	0.00	120.00	Y	<i>60</i>
7	R&R REAR BOOTLID COMPONENTS	1.00		120.00	0.00	120.00	Y	<i>50</i>

TOTAL (LABOUR) :

3160.00

3160.00

TOTAL PARTS & LABOUR

13595.26

8736.44

EXCESS : : \$S _____

NO. OF DAY : *06*

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

PART ~~BY~~ PART OR LUMP-SUM : \$S _____

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: _____

DATE OF SURVEY : 2 / 3 / 20

SURVEY BY : Kennerh

CONTACT NO : 96910663

FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.