

ASS REC BY:

REF: CS3/AIG17017514/Wber

Special Instruction:

DAR / DM

Surveyor: Wilson ASSIGNMENT (Office)

From (Person): Chin Lee Ying of ACA Date/Time: 11/09/2017 2:32pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SJG 5642J Insured: SLC 5606L

at Workshop m/s Perise Auto Tel: 6745 7367

of Blk 1 Kaki Bukit Ave 6 #01-311/36

Policy No: 2100465351 Claim No: 6547248462SG

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 06/09/2017  
(Client's Record)

CA / REV / REP. / REV 24 HRS WPI H.O.P. Endorsement: \_\_\_\_\_

Date/Time: 11.09.2017 2:59pm Person Contacted: Ariane Vehicle IN/OUT

| Date/Time | Action/Instruction ( X ) Estimate |
|-----------|-----------------------------------|
|           | <u>SJG 5642 J - X</u>             |
|           | <u>SLC 5606 L - X</u>             |
|           |                                   |
|           |                                   |
|           |                                   |
|           |                                   |

REF:

## ASSIGNMENT

|   |                         |   |  |          |                          |
|---|-------------------------|---|--|----------|--------------------------|
| From  | Date                    | Veh No  | STG 5642J  | Yr Regn  |                          |
| Estimated Cost:   |                         | Type  | <input checked="" type="checkbox"/> M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |          |                          |
| <u>OD / TP / WS / TP RES / OD RES / EVA / INV / MV</u>              |                         |   | Truck / Trailer or   |          |                          |
| To Inspect Vehicle No:  |                         | Make  | Toyota Altis   | CC       | 1598                     |
| at Workshop must:   |                         | Colour  | Silver   | A/C      | Insured / Std / Nil / NA |
| of  |                         | Sp. Reading   | 190858   | T. Radio | Insured / Std / Nil / NA |
| Insured   |                         | Eng No  |  |          |                          |
| Policy No   |                         | C No  | NR053 ZEE 106109751  |          |                          |
| Claims No.  |                         | Gen. Cond   | <input checked="" type="checkbox"/> Good / Fair / Poor / Burnt                                   |          |                          |
| Sum Insured:  | Excess:                 | Steering  | <input checked="" type="checkbox"/> In order / Jammed / Leaked / Burnt or                        |          |                          |
| (Client's Record)   |                         | Brake   | <input checked="" type="checkbox"/> In order / Jammed / Leaked / Burnt or                        |          |                          |
| Make of Veh   |                         | Modi  | Nil / <input checked="" type="checkbox"/> SRim / STD A/Rim or                                    |          |                          |
| (Policy Condition)  |                         | Tyre Size   | F: 195/65 R15  |          |                          |
| Remark: The veh had commenced its repair at the time of inspection. |                         |   | R:   |          |                          |
| Bal. or Market Value  |                         | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |  |          |                          |
| DAO Accident Rpt:   | Consistent? : Yes or No | TOYO / YOKO or  |  |          |                          |
| GIA / PR Seen:  | Consistent? : Yes or No | Front   |  | Rear     |                          |
| Est. Repairs:   | days Res: Yes or No     | R. Bal  | 5 mm   | R Bal    | 5 mm                     |
| Lump Sum:   | % 3 Val: Yes or No      | L. Bal  | 5 mm   | L Bal    | 5 mm                     |
| CA / REV / REP. / 24 HRS  |                         | D.O.A.  |  | D.O.A.   | 11/9/2017                |
| Date  | Person Contacted:       | Survey held at  |  |          |                          |
| Date / Time   | Action / Instruction    | Des. of Damages:  | Frnt / <input checked="" type="checkbox"/> Rear / O/S / N/S / U/C / Rooftop or                   |          |                          |
|   |                         |   | The U/C / Chassis frame / Body Structure affected due to collision                               |          |                          |



RECEIVED 11 MAY 2018

Date/Time File Pass to:

Prel. Report

Days Of Repair:

Date/Time File Return to:

Final Report

Resurvey No. of Trip:

Survey Fee

Transporter

Fuel &amp; Toll

Phone

Total

Misc

Total

Add Fee:

Site Insp US

Interview US

Tech Invs US

Weekend US

Report Format:

Lump Sum / I.B.H / S

180

20

200

Duplicated 11/4/2018

**- FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED  
VEHICLE SLC5606L AND SJG5642J ON 06/09/2017**

From: Chin, Lee-Ying  
To: 'assignments', 'Admin A'  
Cc: Fong, Andy-SY  
Sent: Monday, 11 September, 2017 2:32:43 PM  
Attachments:  SLC5606L.PRI.TIF

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Hi LKK,

Kindly assist to survey, vehicle is in.

Thanks.

Best Regards

Lee Ying, Chin

AIG

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1947 | Fax +(65) 6835 7416

[Lee-Ying.Chin@aig.com](mailto:Lee-Ying.Chin@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

**IMPORTANT NOTICE:**

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# RIAZ

L.L.C

ADVOCATES AND SOLICITORS  
COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER : 200911678H

07.09.2017

Our Ref: SJG 5642J (K)

Your Ref: SLC 5606L

TO: AIG Asia Pacific Insurance Pte. Ltd.  
78 Shenton Way  
Tower 2 #07-16  
Singapore 079120  
Attn: Motor Claims Department

RIAZ QAYYUM (LLB HONS) NUS  
(DIRECTOR)

TAN KOK SIANG (LLB HONS) LON  
(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS  
(ASSOCIATE)

BY FAX (6415 3727) ONLY

## NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to *notify* you of a road traffic accident on 6 September 2017 at about 2230 hours along CTE towards Seletar West Link (Exit 16) involving our client's vehicle registration number SJG 5642J and vehicle registration number SLC 5606L driven by you or your authorized driver at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Name of workshop : **PRECISE AUTO SERVICE**  
Address : 1 Kaki Bukit Avenue 6  
#02-34/36 Autobay @ Kaki Bukit  
Singapore 417883  
Telephone no. : 6745 7367 Fax no. : 6841 3390

Please let us hear from you by the stipulated time.

Yours faithfully

encs

cc 1. Client

### FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor  
(Name & signature)

Date & time of inspection

MSME17118796 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 07/09/2017 16:40

### 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 ability.
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 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             | 07/09/2017 16:40                          |
| Date Of Accident           | 06/09/2017 22:30                          |
| Exact Location Of Accident | FROM CTE TWDS SELETAR WEST LINK (EXIT 16) |
| Country/State of Loss      | SINGAPORE                                 |

#### DETAILS OF OWN VEHICLE

|  |                                      |
|--|--------------------------------------|
| Vehicle Registration Number  | SJG5642J                             |
| <b>Insured/Policyholder</b>  |                                      |
| Name Of Registered Owner   | SM GROUP (1988) PTE LTD              |
| Co Reg No  | 198804312K                           |
| Email Address  | NOEMAIL                              |
| Mobile Phone No  |                                      |
| Alternative Phone No   | OFFICE-63489909                      |
| <b>Vehicle Particulars</b>   |                                      |
| Manufacturer   | TOYOTA                               |
| Model  | ALTIS                                |
| 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                          |
| <b>Insurance Company</b>   |                                      |
| Name of Insurance Company  | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 17-MI000703-R00                      |
| Cover Note Number  |                                      |
| <b>Driver</b>  |                                      |
| Name of Driver   | TAN WEI JOON                         |
| NRIC No  | S7228283C                            |
| Date Of Birth  | 12/08/1972                           |
| Occupation   | INDOOR                               |
| Date Of Driving Pass   | 02/03/1998                           |
| Driving Experience   | 19 YEARS AND 6 MONTHS                |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-90250019                 |
| Fax Number   |                                      |
| Contact Number   |                                      |
| Email Address  | NOEMAIL                              |

|   |                               |
|---|-------------------------------|
| Address   | BLK 269B YISHUN ST 22 #10-553 |
| Postcode  | 762269                        |
| 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  |
| Was any body injured in the Accident?   | 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**

ON 06/09/2017 AT ABOUT 10.30PM, I WAS DRIVING MY CAR (SJG5642J) ALONG CTE TWDS SELETAR WEST LINK (EXIT 16) IN THE MIDDLE LANE. SUDDENLY, I FELT AN IMPACT FROM BEHIND. WHEN I CAME OUT TO INSPECT MY CAR, I REALISED THAT VEHICLE B (SLC5606L) COLLIDED ONTO REAR PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES. I WILL GO TO SEE DOCTOR IF I FEEL ANY UNCOMFORTABLE AFTER THIS. I WISH TO STATE THAT I HAVE INSTALLED CAMERA RECORDER INSIDE MY CAR AND WILLING TO PROVIDE ACCIDENT FOOTAGE FOR MY CLAIM PURPOSE.

**Attachment(s)**

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Remarks/ Reasons:                             | -   |
| Was there any audio recorded?                 | NO  |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

|                                     |                       |
|-------------------------------------|-----------------------|
| Vehicle Registration Number         | SLC5606L              |
| Vehicle Make/Model/Colour           |                       |
| Details Of Properties               | VEHICLE B             |
| Name of Driver                      | GOH KAI LIANG WILLIAM |
| NRIC/Passport Number                | S8436222J             |
| Contact Number                      | 93383605              |
| Address                             |                       |
| Postcode                            |                       |
| Insurance Company Name              |                       |
| Nature Of Damage                    |                       |
| No. Of Passenger (Including Driver) |                       |

**Details of Witness**

|      |  |
|------|--|
| Name |  |
|------|--|

Phone Number

Email Address

Sketch Plan Pg. 1

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 willful 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 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.
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.



Policyholder's Signature / Date & Time

1.17 pm  
7/9/2017

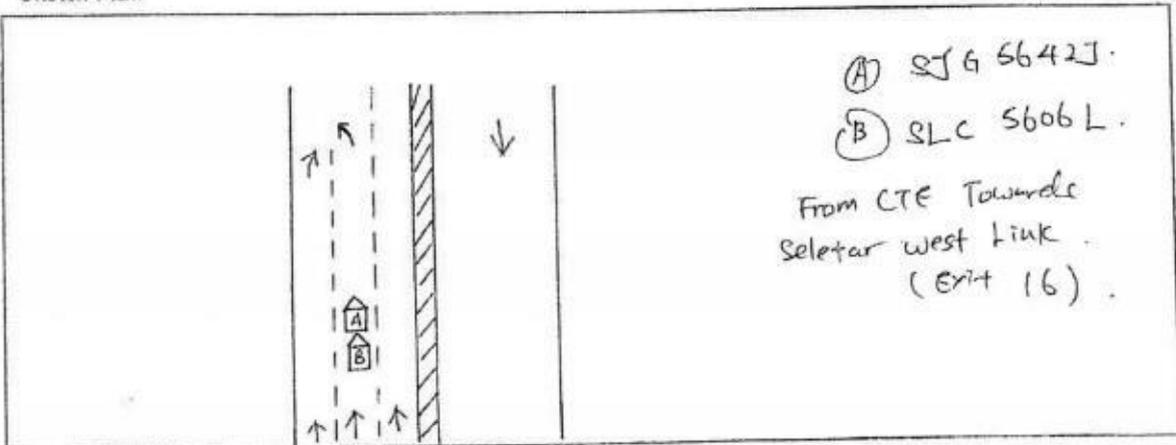


Driver's Signature (if driver is not the policyholder) / Date & Time

7/9/17 (30 pm)

Witnessed by Reporting Centre Personnel

Sketch Plan



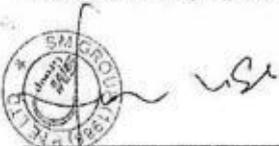
Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

On 06-09-2017 @ about 10:30pm I was driving my car (SJG 5642J) along CTE Tawarke Setaar West Link (Exit 16) in the middle lane. Suddenly i felt an impact from behind, when i came out to inspect my car and i realized that Veh B (SLC5506L) collided onto rear portion of my car. Hence, I hereto lodge this report to claim Veh B's Insurance for my accident damages. I will go to see doctor if i feel any uncomfortable after this. I wish to state that i has installed camera recorder inside my car and willing to provide accident footage for my claim purpose.

Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time

1.17 pm  
  
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Insurance Co. Tokio Marine Insurance  
 Vehicle NO. SJG 5642J Date Of Accident 06, 09, 17  
 Reporting Only  
 Own Damage Claim  
 Third Party Claim PRECE



**...CLAIM SUBFOLDER...(Pending for Survey Report)**

PRI

| CLAIM SUBFOLDER TRACKING |   |               |  |  |  |             |   |
|--------------------------|---|---------------|--|--|--|-------------|---|
| Case                     | Notified                                | Est Submitted | Adj Assigned   | Adj Rpt  | Adj Submitted                              | Ins Auth'ed | Status  |
| Main                     | 11 Sep 2017<br><a href="#">Edit Reg</a> |               | 11 Sep 2017<br>00:00<br><a href="#">Edit Adj Rpt</a> | <b>S\$0.00</b><br><a href="#">Edit Estimates</a> | <b>S\$0.00</b><br><a href="#">View Rpt</a> |             | <b>Pending for Survey Report</b><br><a href="#">Cancel Case</a> |

| Main   | Reference   | Claim Details            | Documents                    | Show All                          |                          |                    |                     |                   |              |
|--|---|--------------------------|------------------------------|-----------------------------------|--------------------------|--------------------|---------------------|-------------------|--------------|
| <b>CLAIM SUBFOLDER DETAILS</b>                       |   | [Created by adjuster]    |                              |                                   |                          |                    |                     |                   |              |
| Insured:   | <b>Goh Kai Liang, William (Wu Kailiang, William),</b> Co. Reg. No.: -   |                          |                              |                                   |                          |                    |                     |                   |              |
| Main Claimant:                                       | <b>SM GROUP (1988) PTE LTD</b>  |                          |                              |                                   |                          |                    |                     |                   |              |
| Vehicle Reg. No.:                                    | <b>SJG5642J</b>   | Date of Loss:            | 06/09/2017 00:00 - :59       |                                   |                          |                    |                     |                   |              |
| Claim Type:  | <b>TP / 6547248462SG</b>  | Policy/Cover Note No.:   | 2100465351 (Comprehensive)   |                                   |                          |                    |                     |                   |              |
| Vehicle Reg. No. (Insured):                          | <b>SLC5606L</b>   | Policy No. (Claimant):   |                              |                                   |                          |                    |                     |                   |              |
|  |   | Excess:                  |                              |                                   |                          |                    |                     |                   |              |
| Repairer:  | <b>Precise Auto Service (HQ)</b> No 1 Kaki Bukit Ave 6, #02-34/36, 417883 Kaki Bukit - Tel: 67457367                                    |                          |                              |                                   |                          |                    |                     |                   |              |
| Handling Insurer:                                    | <b>AIG Asia Pacific Insurance Pte. Ltd. (Express)</b> - Tel: 65-6419-3000 ... [Handled by <b>Wong, Justin</b> ] Justin.Wong@aig.com     |                          |                              |                                   |                          |                    |                     |                   |              |
| Adjuster:  | <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>Teo Cheng Ming Wilson</b> ] ... [Final Rpt due 12/04/2018] |                          |                              |                                   |                          |                    |                     |                   |              |
| Claimant's Solicitor:                                | <b>RIAZ LLC</b> - Tel: 65340110   |                          |                              |                                   |                          |                    |                     |                   |              |
| <b>ASSOCIATED MAIL RECEIVED</b>                      |   |                          | <a href="#">View All</a>     | <a href="#">Compose Case Mail</a> |                          |                    |                     |                   |              |
| • AIG_SG (04/04/2018): <b>TP GIA REPORT</b>          |   |                          |                              |                                   |                          |                    |                     |                   |              |
| <b>ALL ASSOCIATED TASKS</b> <input type="checkbox"/> |   | <a href="#">View All</a> | <a href="#">Search Tasks</a> | <a href="#">Create New Task</a>   | <a href="#">Complete</a> |                    |                     |                   |              |
| <b>Due Date</b>                                      | <b>Priority</b>   | <b>Type</b>              | <b>Task Group</b>            | <b>Subject</b>                    | <b>Handler</b>           | <b>Assigned By</b> | <b>Completed On</b> | <b>Created On</b> | <b>Done?</b> |
| No results.  |   |                          |                              |                                   |                          |                    |                     |                   |              |

## Claim Documents

\*SJG5642J (6547248462SG)  
[SLC5606L]  
TP  
SM GROUP (1988) PTE LTD  
Sep 6 2017 12:00AM  
[Goh Kai Liang, William (Wu Kailiang, William)]  
Precise Auto Service

| <a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>   <a href="#">Upload Video</a>   <a href="#">Upload Audio</a> |                 |  | View <input type="button" value="View in Browser"/> |
|---|-----------------|--|---|
| <b>Assessment Reports</b>   |                 |  | 1 per page <input type="checkbox"/>                 |
| No  | Finalized On    | AIG Asia Pacific Insurance Pte. Ltd. (SG)  | Thumbnail <input type="checkbox"/>                  |
| 1   | 04/04/18 16:27  | <b>Accident Statement</b><br><small>From:OD - Reg. No: SLC5606L, Claimant: GOH KAI LIANG WILLIAM</small> | <input checked="" type="checkbox"/> Load HTM        |
| <b>Photos/Images</b>  |                 |  | 3 per page <input type="checkbox"/>                 |
| No  | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ)  | Thumbnail <input type="checkbox"/>                  |
| 1   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 2   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 3   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 4   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 5   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 6   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 7   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 8   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 9   | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 10  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 11  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 12  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 13  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 14  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 15  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 16  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 17  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 18  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 19  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 20  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 21  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 22  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 23  | 03/04/18 15:52  | <b>General View</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 24  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 25  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 26  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 27  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 28  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 29  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 30  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 31  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 32  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |
| 33  | 18/04/18 15:53  | <b>Photographs of Damaged Parts</b>  | <input checked="" type="checkbox"/> Load JPG        |

| Assessment Reports |                |   | 1 per page | <input checked="" type="checkbox"/> |
|--------------------|----------------|---|------------|-------------------------------------|
| No                 | Finalized On   | AIG Asia Pacific Insurance Pte. Ltd. (SG) | Thumbnail  | Print                               |
| 34                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 35                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 36                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 37                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 38                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 39                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 40                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 41                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 42                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 43                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 44                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 45                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 46                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 47                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 48                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 49                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 50                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 51                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 52                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 53                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 54                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 55                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 56                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 57                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 58                 | 18/04/18 15:53 | Photographs of Damaged Parts              | Load JPG   | <input checked="" type="checkbox"/> |
| 59                 | 18/04/18 15:59 | Photo After Spray                         | Load JPG   | <input checked="" type="checkbox"/> |
| 60                 | 18/04/18 15:59 | Photo After Spray                         | Load JPG   | <input checked="" type="checkbox"/> |
| 61                 | 18/04/18 15:59 | Photo After Spray                         | Load JPG   | <input checked="" type="checkbox"/> |
| 62                 | 18/04/18 15:59 | Photo After Spray                         | Load JPG   | <input checked="" type="checkbox"/> |

### Documents Checklist

| DOCUMENTS CHECKLIST  | Reset | Save | Print |
|--|-------|------|-------|
| There are no document checklists configured.   |       |      |       |
| <b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div>        |       |      |       |
| <b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer<br><small>Note: Remarks are private unless you show it to other parties.</small> |       |      |       |

## LKK Auto Consultants Pte Ltd (Co.Reg.No.199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

### VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG17017514/WBE2

Date: 14/05/2018

#### REFERENCE

|  |                               |                        |
|--|-------------------------------|------------------------|
| Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. | Policy No: 2100465351         |                        |
| Claimant Vehicle No : SJK5642J                         | Insured Vehicle No : SLC5606L |                        |
| Date of Loss: 06/09/2017                               | Nature of Claim: TP           | Claim No: 6547248462SG |

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

|  |                               |  |  |
|--|-------------------------------|--|--|
| Reg No: <b>SJK5642J</b>                              |                               |  |  |
| Make & Model: TOYOTA COROLLA ALTIS, 1.6 (A)          | Engine No: HIDDEN             |  |  |
| Reg. Date: (Man. Year: )                             | Chassis No: MR053ZEE106108951 |  |  |
| Colour: Silver                                       | Odometer: 190858 km           |  |  |
| Engine Capacity: 1598 cc                             |                               |  |  |
| Market Value/New Car Price: N/A                      |                               |  |  |
| Sum Insured (S\$): <b>Market Value/New Car Price</b> |                               |  |  |

#### CONDITION OF VEHICLE AT THE TIME OF SURVEY

|                              |                             |                              |     |
|------------------------------|-----------------------------|------------------------------|-----|
| General Condition:           | Steering (Serviceable): Yes | Footbrake (Serviceable): Yes |     |
| Handbrake (Serviceable): Yes | Engine Modification: No     | Pre-accident Condition:      | Yes |

#### CONDITION OF TYRES

|                                 |                                |  |  |
|---------------------------------|--------------------------------|--|--|
| Front Tyre Size: 195/65 R15     | Rear Tyre Size: 195/65 R15     |  |  |
| Front Left Side: Yokohama 5 mm  | Rear Left Side: Yokohama 5 mm  |  |  |
| Front Right Side: Yokohama 5 mm | Rear Right Side: Yokohama 5 mm |  |  |

*The above values represent the remaining tyre treads depth*

| COST OF CLAIMS           | Repairer's  | Adjuster's  | Difference  | Diff % |
|--------------------------|-------------|-------------|-------------|--------|
| Parts                    | 0.00        | 0.00        | 0.00        |        |
| Miscellaneous Items      | 0.00        | 0.00        | 0.00        |        |
| Labour                   | 0.00        | 0.00        | 0.00        |        |
| Paintwork Labour         | 0.00        | 0.00        | 0.00        |        |
| Towing                   | 0.00        | 0.00        | 0.00        |        |
| <b>Nett Amount (S\$)</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> |        |

#### INSPECTION

|                                |               |   |
|--------------------------------|---------------|---|
| Date of Assignment: 11/09/2017 |               |   |
| Date Inspected: 11/09/2017     | Inspected At: | Precise Auto Service (HQ)<br>No 1 Kaki Bukit Ave 6, #02-34/36<br>Singapore 417883 |

Estimated Period of Repair: 5.0 days

**Adjuster:** Teo Cheng Ming Wilson

**Manager:** CATHERINE CHONG KAI LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

## REPAIR DETAILS

### Recommended Parts

| No. | Qty | Part No. | Particulars                 | Condition        | Repairer's               | Amount      |             |
|-----|-----|----------|-----------------------------|------------------|--------------------------|-------------|-------------|
| 1   | 1   |          | *REAR BUMPER                | Dented / Cracked | 0.00 F                   | *- F        |             |
| 2   | 1   |          | *REAR BUMPER CLIPS          | Necessary        | 0.00 F                   | *- F        |             |
| 3   | 1   |          | *REAR BUMPER BRACKET (LH)   | Dented           | 0.00 F                   | *- F        |             |
| 4   | 1   |          | *REAR BUMPER SIDE RETAINER  | Necessary        | 0.00 F                   | *- F        |             |
| 5   | 1   |          | *REAR BUMPER SPONGE         | Cracked          | 0.00 F                   | *- F        |             |
| 6   | 1   |          | *REAR BUMPER REFLECTOR (LH) | Cracked          | 0.00 F                   | *- F        |             |
| 7   | 1   |          | *REVERSE SENSOR             | Shorted          | 0.00 F                   | *- F        |             |
| 8   | 1   |          | *REAR END PANEL             | Repair           | 0.00 F                   | *- F        |             |
| 9   | 1   |          | *REAR END PANEL TOP GARNISH | Warped / Dented  | 0.00 F                   | *- F        |             |
| 10  | 1   |          | *REAR LH TAILLAMP           | Cracked          | 0.00 F                   | *- F        |             |
| 11  | 1   |          | *REAR RH TAILLAMP           | Cracked          | 0.00 F                   | *- F        |             |
| 12  | 1   |          | *BOOTLID                    | Repair           | 0.00 F                   | *- F        |             |
| 13  | 1   |          | *BOOTLID MOULDING           | Distorted        | 0.00 F                   | *- F        |             |
|     |     |          |                             |                  | <b>Total Parts (S\$)</b> | <b>0.00</b> | <b>0.00</b> |

F=Franchise part.

|   |
|---|
| Report was unsubmitted during this print-out. |
|---|

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >