22/03/2010

REC. BY: | REF: CS3/LCR170212041/Sb | Special Instruction:

Surveyor: sebastian
Mohmen.

ASSIGNMENT (Office)

From (Person): Chin Lee Ying of LCR Date/Time: 07.11.2017 1.14pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJH 7360D Insured: SLC 7137L

at Workshop m/s: Hendon Automotive Tel: 9459 2885

of: 280 Woodlands Ind Park E5 # 01-19

Policy No: Claim No:

Sum Insured: Excess:

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

CA / REV / REP. / REV 24 HRS (WP)

Date/Time: 07/11/2017 2.15pm Person Contacted: Lynn Vehicle: IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (X) Estimate
	SJH 7360D - CS3/INA 160217931/3852 DOR: 7/11/16
	SLC 7137L - ✓
9/3/18	Mohmen closed case. Cancel case. Close 1/11/17.

Survey

REF: AU1

7379F

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SJH 7360D Yr Regn: 21/8/2008

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

Make: Fiat Grande Punto cc 1368

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 136569 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZFA 199000 1361105

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	6/11/2017	D.O.I.	7/11/2017 @ 3.55pm

Survey held at Hendon

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) $ + PS $

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

Survey Department Check List (Case Handler)

Reference No. :
Policy Type: OD / TP / TP RES / TL / EVA

Admin ( ): Case handler to make sure all information created by the assignment team are ACCURATE

		Case Handler		Typist	
(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From	✓			
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor ( ): Case handler to make sure the surveryor completed all required information.

(1) Assignment Form					
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			
(2) System - (Views/Merimen)					
C	Damaged Vehicle Photographs Uploaded	✓			
(3) Workshop Estimate/Assignment Form					
N	ALL Parts condition				
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair				
C	Finalised Amount				
C	Re-inspection Cases to Finalize within 5 Days				
(4) System - (Views/Merimen)					
C	Resurvey photo Uploaded				

Check By: _____ _____
Case Handler Date

*C: Critical *N: Non-Critical

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #08-16
CHARTIS BUILDINGSINGAPORE 079120

Ref : CS3/LCR17021241/Sb

Date : 07-11-2017

Code : LCR

1. Policy Particulars :- (THIRD PARTY CLAIM)

	Insured Veh.	SLC 2737L	Veh. Inspected	SJH 7360D
	Policy No.		Coverage ($)	0.00
	Claim No.		Excess ($)	0.00
	Assign From	CHIN LEE YING	Assign Date	07/11/2017

2. Vehicle Particulars & Condition

	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

4. Description of Damages

5. General Information

	Accident Date	06/11/2017	Inspection Date	07/11/2017
	Survey held at	HENDON AUTOMOTIVE 280 WOODLANDS IND PARK E5 #01-11 SINGAPORE 757322		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

- FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLC2737L AND SJH7360D ON 6/11/2017

From: Chin, Lee-Ying
To: 'assignments', 'Admin A'
Cc: Fong, Andy-SY
Sent: Tuesday, 7 November, 2017 1:14:19 PM
Attachments: SLC2737L-PRI.TIF

Hi LKK,

Kindly assist to survey.

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 |www.aig.com.sg

HENDON AUTOMOTIVE PTE LTD

280 Woodlands Industrial Park E5 #01-19, Harvest@Woodlands S(757322)
TEL : 94592885 FAX : 63345178

Date : Pre repair Inspection

M/s AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#08-16
Singapore 079120

By Fax 6415 3727 Only

Dear Sir,

ACCIDENT INVOLVING SJH 7360 D AND SLC 3737 L ON 6/11/17 @ 12:[illegible]

We refer to the above matter.

We are the appointed repair workshop of vehicle no. SJH 7360 D .

We understand that you are the insurer of vehicle no. SLC 3737L .

The owner of vehicle no SJH 7360 D Has authorised us to carry out the repairs to his vehicle which was damaged by your insured's vehicle. The owner intends to make a claim against you insured and/or insured's authorised driver for the accident which is caused wholly and/or contributed by your insured and/or your insured's authorised driver's negligence.

We hereby give you notice of the accident and an opportunity to inspect the damages to the vehicle prior to the commencement of the repairs.

Kindly take note that we hereby give you 7 days' notice to conduct a post repair inspection of vehicle no. SJH 7360 D at my premises.

HENDON AUTOMOTIVE PTE LTD

Your faithfully

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 witholding 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	06/11/2017 18:03
Date Of Accident	06/11/2017 00:35
Exact Location Of Accident	CTE TOWARDS CITY BEFORE YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH7360D
Insured/Policyholder	
Name Of Registered Owner	TANG HUI SIM (CHEN HUIXIN)
NRIC No	S7507576F
Email Address	HUISIM.TANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96258600
Alternative Phone No	OFFICE-96288600
Vehicle Particulars	
Manufacturer	FIAT
Model	GRANDE PUNTO 1.4 5DR A DYNAMIC
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-003983
Cover Note Number	
Driver	
Name of Driver	SHIRLEY TEO MOI KIA
NRIC No	S0361993A
Date Of Birth	15/03/1943
Occupation	INDOOR
Date Of Driving Pass	26/01/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97505662
Fax Number	
Contact Number	
EMail Address	HUISIM.TANG@YAHOO.COM.SG

Address	12 JALAN KETUMBIT
Postcode	808865
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MOTHER-IN-LAW
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	RAINING
Road Surface	WET

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)	2

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 THE ATTACHMENT

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	SLC2737L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TEO TIAN HAI
NRIC/Passport Number	S1467862Z
Contact Number	97350562
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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 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 as stated
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, the [illegible] and the General Insurance Association of Singapore (GIA) [illegible] collect, use, disclose and/or process my personal data [illegible] set out in this [illegible] and any other personal information provided by me or possessed by the insurer (collectively the "**Personal Information**") and disclose and/or share such Personal Information [illegible] who have insured vehicle(s) involved in this accident [illegible] shall be collectively referred to as the "**Insurers**"), the [illegible], the Monetary Authority of Singapore and any relevant government agency/authority, including the police, for the purpose(s) of:

(i) processing, handling and/or dealing with the claims, including the [illegible];

(ii) investigating the accident and/or the claims;

(iii) carrying out and/or dealing with [illegible];

(iv) [illegible] and/or

(v) complying with applicable law [illegible] processing, handling and/or dealing with my claims

(collectively the "**Purposes**")

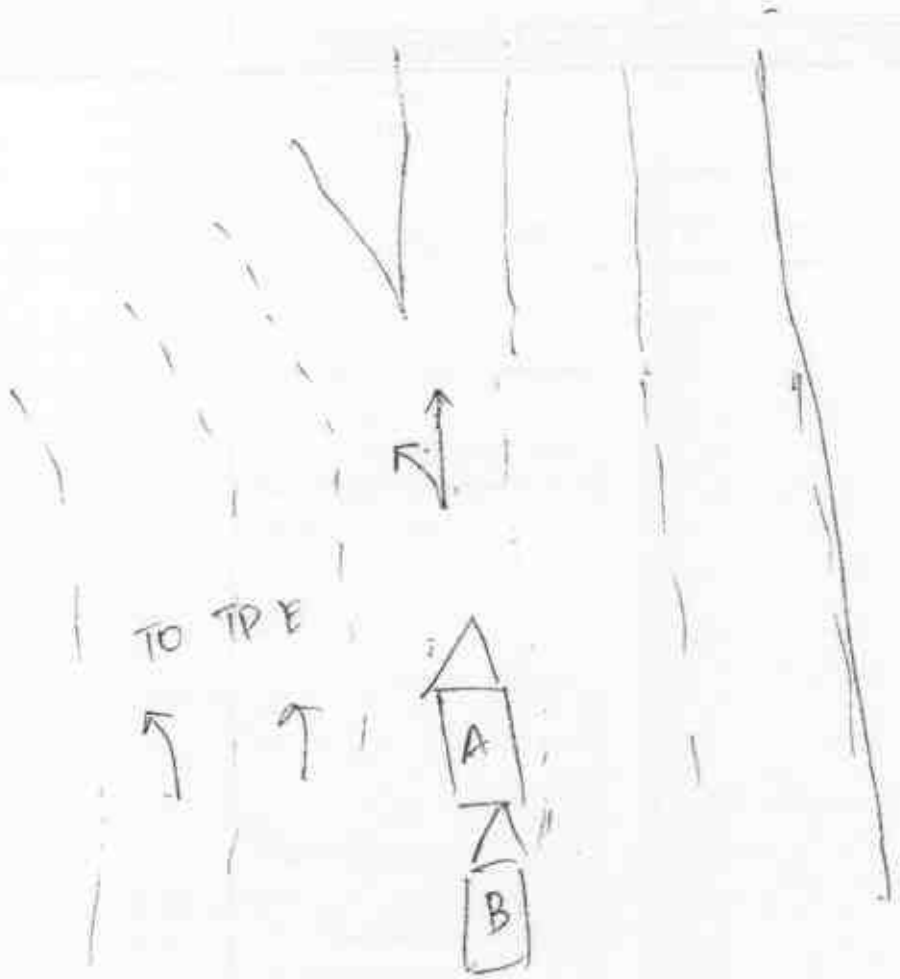
(b) [illegible] who have insured vehicle(s) involved in this accident and the Insurers [illegible] use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may [illegible] any of the Insurers and/or GIA [illegible] including [illegible] outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

SEE ATTACHED SKETCH



A. SJH 7360D
B: SLC 7737L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident

I WAS DRIVING ALONG CTE TOWARDS CITY NEAR THE YIO CHU KANG EXIT. I WAS TRAVELLING SLOWLY DUE TO THE RAIN. WHILE I WAS STILL MOVING, I SUDDENLY HEARD A LOUD BANG & FELT AN IMPACT TO THE BACK OF MY CAR. DUE TO THE IMPACT, MY CAR WAS PUSHED FORWARD. WHEN I CAME OUT OF MY CAR, I REALISED THAT CAR SLC2737L HAD HIT THE BACK OF MY CAR.

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

Witnessed by Reporting Centre Personnel