

22/03/2002

ASS. REC. BY:

REF:

C03 / A617021962 / Sb22

Special Instruction:

DAR & days

SURVAYOR

Mehmet

From (Person):

Chin Lee Yung

of

ATL1

Date/Time:

16.11.2017 3:24pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GX 4227C

Insured:

SIL 332K

at Workshop m/s

Eng Soon Printing

Tel:

6760 6271

of

Blk 4 Yew Tee Ind Est 333-J

Policy No:

Claim No:

Sum Insured:

Excess:

D.O.A.

16.11.2017

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS '4P'

H.O.D. Endorsement:

Date/Time:

17.11.17 1:15pm

Person Contacted:

Mr. Too

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	GX 4227C - X
	SIL 332K - 226 / CTR 16 0208556 / Rybs n2
	After repair: 21.11.2017

DAR: 30.10.16

Signature

REF:

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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: GX 4227C Yr Regn: 2004 May 04
 Type: M.Car / M.Cycle / Bus / Car / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Unvan No: 2953
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 320006 T. Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1MG4E25Z0711235Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Order / Jammed / Leaked / Burnt orBrake: In order / Order / Jammed / Leaked / Burnt orMod: 0 / S/Rim / STD A/Rim orTyre Size: F: 195 R15R: "

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

TOYO / YOKO or Bridgestone

Front

Rear

R/Bal: 6 mmR/Bal: 6 mmL/Bal: 6 mmL/Bal: 6 mmD.O.A: 16-11-2017D.O.I: 17-11-2017 @ 5:17pmSurvey held at: Eng Soon.

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

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

Driver Interview & Site Inspection
 - \$ 300.00

RECEIVED 25 JAN 2018

Date/Time: File Pass to?

1) 25012018

Date/Time: File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee

Transportation

1) 3-RE \$

Police

Client

TOTAL

Add Fee:

☐ Site Insp \$☐ Interview \$☐ Tech. Insp \$☐ Weekend \$Report Format: PRS & Investigation.

Lump Sum / J.B.I: \$




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		Ref : CS3/AIG17021962/Sb	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 17-11-2017	
		Code : AIG	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SJL 332K	Veh. Inspected	GX 4227C
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	CHIN LEE YING	Assign Date	16/11/2017
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	16/11/2017	Inspection Date	17/11/2017
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969		
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 SJL332K AND GX4227C ON 16/11/2017**

From: Chin, Lee-Ying
To: 'assignments', 'Admin A'
Cc: Fong, Andy-SY
Sent: Thursday, 16 November, 2017 3:24:00 PM
Attachments:  FaxBCD2.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

BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
(Not for service of court documents)
GST Reg No. 201203547Z

Your Vehicle: SJL 332 K
Our Vehicle: EngSoon-GX 4227 C

Date : 16 November 2017

M/s AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#07-16 AIG Building
Singapore 079120

By Fax 6835 7416 only

Dear Sirs,

ACCIDENT INVOLVING GX 4227 C & SJL 332 K ON 16 NOVEMBER 2017

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle GX 4227 C at M/s Eng Soon Painting Services, Block 4 Yew Tee Industrial Estate 393-J Woodlands Road Singapore 677978.

Your faithfully



BONNIE KWOK
c.c. Client

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (

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

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (

): Case handler to make sure the surveyor 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

✓			
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(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

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Check By:

--	--

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/20

YAN/LORRY (Frt)

Vehicle No: 9X 4227C E 7 days

Front Portion

NAC	INC	Item	CONF	AC	Qty
1001	991886	Frt Number Plate	BT	✓	
1002	991887	Frt Number Plate Base			
1004	991300	Frt Bumper	BT	✓	
2001	991477	Frt Bumper Upper			
2002	991387	Frt Bumper Lower			
2003	991449	Frt Bumper Side Cover			
2004	991443	Frt Bumper Side			
1006	991325	Frt Bumper Bracket	BT	✓	
1008	991433	Frt Bumper Reinforcement	BT	✓	
2005	991466	Frt Bumper Signal Lamp			
1017	995100	Frt LH Bumper Fog Lamp Cover			
1018	991355	Frt RH Bumper Fog Lamp Cover	BT	✓	
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp	BT	✓	
1021	991793	Frt Grille	BT	✓	
1022	991328	Frt Grille Emblem			
2006	990247	Frt Grille Sticker			
1023	991799	Frt Grille Chrome Moulding			
2007	991891	Frt Panel			
2008	991874	Frt Lower Panel			
2009	991328	Frt Panel Emblem			
2010	990247	Frt Panel Sticker			
2011	991893	Frt Panel Garnish			
1024	991222	Frt Apron Panel			
2012	991527	Frt Corner Panel LH	BT	✓	
2013	991532	Frt Corner Panel Signal Lamp			
2014	995245	Frt Signal Lamp LH	CRK	✓	
2015	995246	Frt Signal Lamp RH	CRK	✓	
1029	995153	Frt LH Headlamp Assy	CRK	✓	
1030	991821	Frt RH Headlamp Assy	CRK	✓	
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
2016	992149	Frt Wiper Panel			
2017	995043	Frt Wiper Nozzle			
1033	992140	Frt Wiper Arm			
1034	992142	Frt Wiper Blade			
2018	992145	Frt Wiper Link			
2019	992148	Frt Wiper Motor			
1035	995045	Wiper Panel Garnish			
1036	992093	Frt Windscreen			
1037	992097	Frt Windscreen Rubber			
1038	992098	Frt Windscreen Sealant			
2020	992114	Frt Windscreen Outer Pillar			
2021	992113	Frt Windscreen Inner Pillar			
1039	991019	ERP Bracket			
1040	991020	ERP Unit			
2022	991958	Frt Side Mirror (Big)			
2023	991959	Frt Side Mirror (Small)			
2024	991962	Frt Side Mirror (Round)			
2025	995015	Frt Wing Mirror Stay			
1041	992013	Frt Support Panel			
1042	990248	Bonnet			
1043	990287	Bonnet Lock			
1044	990273	Bonnet Hinge			
1045	990305	Bonnet Rubber			
1046	990119	Air Con Condenser			
1047	990122	Air Con Fan Assy			
1048	990149	Air Con Liquid Pipe	BT	✓	
1049	995066	Air Con Receiver Drier			
1050	995074	Radiator			
1051	992738	Radiator Cowling			
1052	992742	Radiator Fan Assy			
1053	992758	Radiator Hose Top			
1054	992741	Radiator Expansion Tank			
2026	992596	Oil Cooler			
1055	994431	Power Steering Cooler Pipe			
1056	990151	Air Duct			
1057	990070	Air Cleaner Assy			
1058	990219	Battery			
1059	990223	Battery Bracket			

NAC	INC	Item	CONF	AC	Qty
1060	991011	Engine Under Cover			
1061	990946	Engine Mounting			
2027	991500	Frt Cabin Assy			
2028	991501	Frt Cabin Mounting			
2029	991502	Frt Cabin Rear Panel			
1062	991520	Frt LH Chassis Member			
1063	991520	Frt RH Chassis Member			
1064	990728	Frt Vertical Cross Member			
1065	991863	Frt Lower Cross Member			
2030	990143	Air Con Evaporator Assy			
2031	990106	Air Con Blower			
1066	990427	Brake Master Pump Assy			
1067	990403	Brake Booster Pump Assy			
2032	990431	Brake Pedal			
2033	990021	Accelerator Pedal			
2034	990627	Clutch Pedal			
1068	994483	Steering Wheel Airbag			
1069	994485	Steering Wheel Airbag Sensor			
1070	990029	Airbag Control Unit			
1071	991922	Frt RH Seat Belt Assy			
1072	995182	Frt LH Seat Belt Assy			
1073	990753	Dashboard Assy			
1074	992282	Glove Box Cover			
1075	992281	Glove Box Compartment			
1076	995070	Frt LH Fender			
1077	995072	Frt LH Fender Inner Panel			
1078	991740	Frt LH Fender Inner Shield			
1079	995179	Frt LH Mudflap			
2035	994966	Frt LH Wheel Guard			
1080	995170	Frt LH Wheel Rim			
1081	995065	Frt LH Tyre			
1082	995071	Frt RH Fender			
1083	991739	Frt RH Fender Inner Panel			
1084	991740	Frt RH Fender Inner Shield			
1085	991884	Frt RH Mudflap			
2036	994966	Frt RH Wheel Guard			
1086	992087	Frt RH Wheel Rim			
1087	995065	Frt RH Tyre			
1088	995326	Frt LH Door	BT	✓	
1089	995140	Frt LH Door Protector			
1090	995104	Frt LH Door Hinge			
1091	995142	Frt LH Door Wing Mirror			
1092	995103	Frt LH Door Glass			
1093	991595	Frt LH Door Glass Regulator			
1094	991596	Frt LH Door Glass Regulator Motor			
1095	991662	Frt LH Door Rubber			
1096	991636	Frt LH Door Outer Handle			
1097	991617	Frt LH Door Inner Trim Board			
1098	995327	Frt RH Door			
1099	991654	Frt RH Door Protector			
1100	991601	Frt RH Door Hinge			
1101	991685	Frt RH Door Wing Mirror			
1102	991584	Frt RH Door Glass			
1103	991595	Frt RH Door Glass Regulator			
1104	991596	Frt RH Door Glass Regulator Motor			
1105	991662	Frt RH Door Rubber			
1106	991636	Frt RH Door Outer Handle			
1107	991617	Frt RH Door Inner Trim Board			
2037	991644	Frt Door Frt Pillar			
2038	991657	Frt Door Rear Pillar			
2039	992072	Frt Wheel Arch Panel			
2040	992069	Frt Wheel Arch Panel Garnish			
2041	991996	Frt Step Panel	BT	✓	
2042	994498	Frt Step Panel Top Garnish	CRK	✓	
2043	994495	Frt Step Panel Inner Garnish			
1108	995053	Wiper Washer Tank			
1109	990247	Sticker			

No of Items: _____ Assessor: _____

23/1/2018

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 16/11/2017 11:48
 Date Of Accident 16/11/2017 02:30
 Exact Location Of Accident AT 123 TECK WHYE LANE CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX4227C
Insured/Policyholder
 Name Of Registered Owner CHENG FARM
 Co Reg No 30476800J
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67623478

Vehicle Particulars

Manufacturer NISSAN
 Model URVAN
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number GA189114/1
 Cover Note Number

Driver

Name of Driver EW ENG JI
 NRIC No S2116808D
 Date Of Birth 21/07/1943
 Occupation OUTDOOR
 Date Of Driving Pass 28/12/1974
 Driving Experience 42 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97566195
 Fax Number
 Contact Number
 Email Address NOEMAIL

Postcode BLK 123 TECK WHYE LANE #11-854
2368
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 0

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

AS PER 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 SJL332K
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver ANG YEOW HONG
NRIC/Passport Number 86852332
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKG6535S
Vehicle Make/Model/Colour CITROEN / WHITE

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.

Chong Yarn

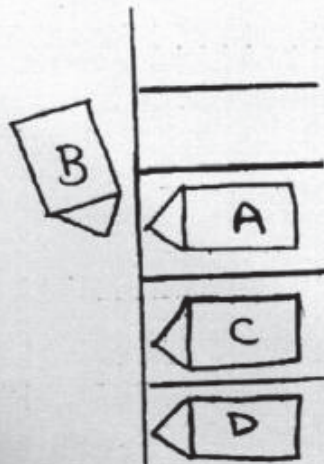
Policyholder's Signature:
Date & Time:

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

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

SKETCH PLAN

A → GX 4227 C
 B → SJL 332 K
 C → SKG 6535 S
 D → unknown car



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 16/Nov/2017, 2.30am

Accident Location: At 123 Tekk Wenge Lane Carpark (CK1)

I parked my vehicle at the mentioned location overnight. This morning, 7am, I was informed by my neighbor that my vehicle was hit by a vehicle. When I go over to the scene. I note that my vehicle shifted by a lot and veh C & D was involved. I was informed about the accident by vehicle C driver who was at scene. As the damage to veh D was minor, he left the scene before I reached. I also found a piece of paper on my windscreen stating a car plate number, name and contact number. I am still in the midst of contacting the person.

My vehicle was hit on the right and the impact caused my vehicle to shift and collided into veh C. The impact then caused veh C to collide with veh D.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

* IMPORTANT NOTE:
 You must have obtained the necessary consent from the relevant party (Other Damage Claim, etc.) before making any claim against your own policy (Other Damage Claim, etc.)

Sheng Fann
 Policyholder's Signature
 Date & Time:

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

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Business
Owner ID	6800J
Vehicle Details	
Vehicle No.	GX4227C
Vehicle to be Exported	No
Intended De-registration Date	04 Dec 2017
Vehicle Make	NISSAN
Vehicle Model	URVAN
Primary Colour	Silver
Secondary Colour	Grey
Manufacturing Year	2004
Engine No.	ZD30039457
Chassis No.	JN1MG4E25Z0711235
Maximum Power Output	-
Open Market Value	\$23,282.00
Original Registration Date	04 May 2004
First Registration Date	04 May 2004
Transfer Count	1
Actual ARF Paid	\$1,165.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	03 May 2019
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	5
PQP Paid	\$24,707.00
COE Rebate Amount	\$6,985.00
Total Rebate Amount	\$6,985.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 04 Dec 2017

AIG Policy No: 2100489527-00000 ; SJL 332K D.O.A. 16/11/17 (OD case)

Naz (LKKAuto)

Tue 21/11/2017 10:04 AM

Sent Items

To: Sim, Priscilla-LK (Priscilla-LK.Sim@aig.com) <Priscilla-LK.Sim@aig.com>;

Cc: Bryan Ang (LKKAuto) <bryanang@lkkauto.com>; SUR <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>;

Dear Priscilla,

I have received the assignment and will proceed with the investigation.

Thank you.

Best Regards,

Naz | Technical Investigator

LKK Auto Consultants

Phone: 6841-2157 | Email: Naz@lkkauto.com | Fax: 6256-4315

180 - intern
180 - site
3001 -
8

From: Bryan Ang (LKKAuto)

Sent: Monday, 20 November 2017 6:32 PM

To: Sim, Priscilla-LK (Priscilla-LK.Sim@aig.com); Naz (LKKAuto)

Subject: FW: SJL332K - Mid-night accident collided onto stationary vehicle

Dear Priscilla

Contents of your email is noted.

Dear Naz

Please proceed to meet insured driver and obtain his recorded statement as per below email request and also find out when he lost his driving licence.

Best Regards,

Bryan Ang

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: bryanang@lkkauto.com | fax: 6741-4108

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

From: Sim, Priscilla-LK [mailto:Priscilla-LK.Sim@aig.com]

Sent: Monday, 20 November 2017 3:18 PM

To: Bryan Ang (LKKAuto) <bryanang@lkkauto.com>

Subject: RE: SJL332K - Mid-night accident collided onto stationary vehicle

Hi Bryan

Kindly conduct investigation whether drink driving involved and driving licence lost date.

Priscilla Sim LK
Senior Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1755 | Fax +(65) 6835 7416
priscilla-lk.sim@aig.com | www.aig.com.sg

From: Chang, Lois-KL
Sent: Monday, November 20, 2017 2:29 PM
To: Sim, Priscilla-LK
Cc: Fong, Andy-SY; Chong, Annie-PY
Subject: SJL332K - Mid-night accident collided onto stationary vehicle

Dear Priscilla,

Kindly advise the above OD claim any investigation require before we authorize repair.

Note: we have not authorize repair.

Regards,
Lois Chang
AIG
Motor Surveyor
Claims|AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 3000|Fax +(65) 6835 7416
lois-kl.chang@aig.com | www.AIG.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 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 17/11/2017 17:38
Date Of Accident 16/11/2017 03:00 *Last servicing*
Exact Location Of Accident BLK 123 TECK WHYE CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL332K *→ Janice*
Insured/Policyholder *28/09/2017 ✓, 15535*
Name Of Registered Owner ANG YEOW HONG
NRIC No S7013836J
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-86852332
Alternative Phone No Office-86852332

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model E200
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? YES
If No, Please state action to be taken
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 2100489527-00000
Cover Note Number

Driver

Name of Driver ANG YEOW HONG
NRIC No S7013836J
Date Of Birth 27/04/1970
Occupation INDOOR
Date Of Driving Pass 10/09/1988
Driving Experience 29 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86852332
Fax Number
Contact Number OFFICE-86852332
Email Address NOEMAIL
Address BLK 12 TECK WHYE LANE #12-220

Mr EW.

97566195

- Ask him if he got talk to the

Insured (Mr Ang) personally

- Ask him if he got the hp number of the owner of the white car (SGK 65355) that was parked beside him.

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

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	YES
If Yes, Please state which Police Station	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Name	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Address	TEL NO: 1800-7629999 - FAX NO: 67636615
Police Station Contact	NO
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REPORT NO: J/20171116/2165

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	GX4227C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG6535S
Vehicle Make/Model/Colour	

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number


Email Address


Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

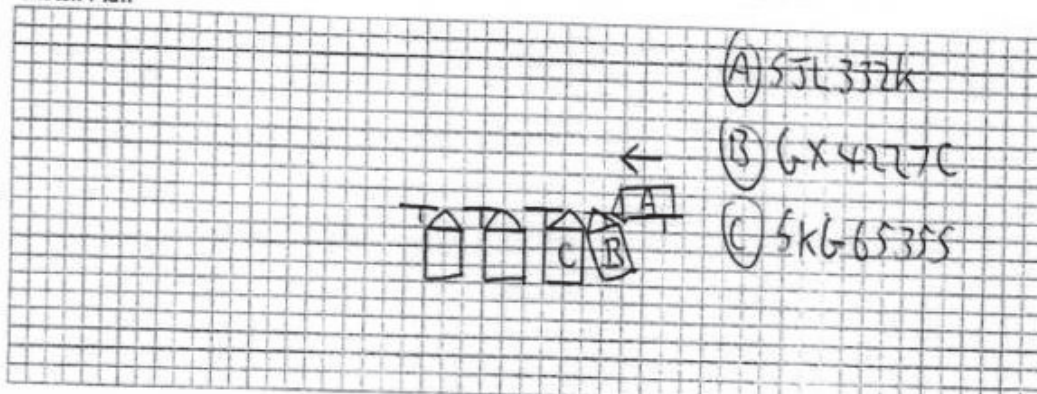
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
 - (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


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

18:15
16/11/17
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

I fall asleep and accidentally collided a stationary van park in a parking lot. The impact caused the van swing and hit onto (c) vehicle. No one was injured and the police came. All the property car owner was informed and the police say no one was injured and shall leave it to insurance handle.

Declaration

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


Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)



Policyholder's Signature
Date & Time

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



18:15
16/11/17
Witnessed by Reporting Centre
Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



J/20171116/2165

1 of 2

POLICE REPORT (NP322)

Police Station Of Origin
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. J/20171116/2165

Sgt Chun

Sgt

Chiang

- conducted
Wai - green consumer
red - intoxicated

Date/Time Report Made 16/11/2017 19:53		Vide Report No.		Station Diary No. 58	
Name Of Informant ANG YEOW HONG		Address APT BLK 12 TECK WHYE LANE #12-220 SINGAPORE 680012 <i>Yellow Key and Bechay</i>			
ID Type / ID No. NRIC NO / S7013836J		Contact No. Home/Office Mobile 86852332			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retiree		Sex Male	Age 47	Date of Birth 27/04/1970	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 15/11/2017 03:00		Location Of Incident 123 TECK WHYE LANE HDB-CHOA CHU KANG SINGAPORE 680123 Car park			

Brief details.

On the above mention date, time and location, I discovered the below mention item missing. I had made a search but to no avail. I do not know where did I lost the below mention item and I am lodging this report for replacement purpose.

Property Information

Signature Of Officer Recording The Report:

J / Sgt 2 SIAU JING YANG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case: SN 120
J / Jurong Police Divisional Investigation Branch/
Insp CHIEW YAN LIN
Contact No.: 63167654
Signature:

Authentication Stamp
Singapore Police Force

Signature Of Informant:

Date/Time:
16/11/2017 19:53

Classification Of Case:

FUPO hotline number: 68429645

Sketch Plan #4