

INS. CASE OWNER:

Kesava!

CC 4 / AIG170 2223, 1

haz

LKK:

IDAC:

ASSIGNMENT

Surveyor:

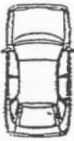
DOI:

Date / Time:

21/11/17
21/11/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 2888S
 Name of Insured : MUI CHEE YEONG ANDREW
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 18/11/17
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 076185784756
 Policy No. : 2100337255
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SLH 3190E



INSRS:
 WSP: Esteen performance
 Tel : _____
 Liability : 65060 212
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
23/11/17 (VIC)	SLH 3190E - CS3/FCI16023543/P452 DOA:07/12/14 SLH 2888S - C16/AIG12008252/US934 DOA:19/04/12 * OI NR - SEND FIRST LETTER TO OI.	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: 4/11/18 7 511 HANA After call ltr to OI:
24/11/17	- NO OI GIA REPORT IN YET.	Documentation Check List: Handler Typist
4/11/18 12:35pm -	called and spoke to OI, 81619092 Mr Keith aware of the accident and have already report to reporting centre.	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/> Release Voucher: <input type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/> Towing Invoice: <input type="checkbox"/> <input type="checkbox"/> LTA / GIA : <input type="checkbox"/> <input type="checkbox"/> Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/> LOD: <input type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>
29/11/18 1426hrs	: still no gi report in yet.	
27/08/18	- OI GIA REPORT IN. - OI REPORTED NO CONTACT BETWEEN VEHICLES. EMAIL TO TP TO GET EVIDENCE.	
22/11/18 @ 10:25 hrs	- SPOKE TO TP (CARMAN). NO REPAIRS DONE. SHE WILL WITHDRAWAL CLAIM. EMAIL TO TP/AG TO CANCEL & CLOSE OFF CASE. - NO SETTLEMENT.	
22-11-18	TO CANCEL FILE. NO SURVEY	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$S _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____	
Repair Cost: \$S _____		
Loss of Rental (LOR): \$S _____ (_____ days)		
Loss of Use (LOU): \$S _____ (\$ x _____ days)		
Loss of Income (LOI): \$S _____ (\$ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$S _____		
Medical: \$S _____		
Disbursement: \$S _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost \$S _____	2) Report Format: _____	
Total: \$S _____ Global Sum \$S: _____	3) Survey fee: _____	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$S _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____		

CANCELLED
 NO SURVEY / WITHDRAWAL

REF: 1702

1702232/Ahaz

ASSIGNMENT

From: _____ Date: 23-11-2017

Estimated Cost: _____

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

To inspect Vehicle No: SKB 2000X

at Workshop m/s Premium

of 55 Ubi Rd 1

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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKB2000X

Yr Regn: 2012 July.

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

Truck / Trailer or

Make: Audi A4

cc 1984.

Colour: White

A/C Insured / Std / NI / NA

Sp. Reading: 73511

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU2228K4DA071898.

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/30R20

R: 245/30R20

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

TOYO / ☒ OKD or

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 23/11/17

Survey held at Premium.

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

TPAIG.

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

Add Fee: ☐ Site Insp \$☐ Interview \$☐ Tech Invs \$☐ Weekend \$

) \$ - RE \$

Photos

Other

TOTAL

Report Format: _____

Lump Sum / I.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 : CC3/AIG17022232/Aha3

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 21-11-2017



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLF 8849S	Veh. Inspected	SKB 2000X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	21/11/2017

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	19/11/2017	Inspection Date	23/11/2017
Survey held at	PREMIUM AUTOMOBILES PTE LTD 55 UBI ROAD 1 . SINGAPORE 408699		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Email: Nora.khai@premiumauto.com.sg / claims@premiumauto.com.sg

Telefax

Estimate	:	Accident Repairs
Workshop	:	Ubi Road 1
Contact No	:	6366 2323
Fax No	:	6841 1183
Reference	:	PA/TP/1152/2017/GW
Date	:	20-Nov-17

Vehicle NOT IN workshop. Kindly arrange for survey.

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building

Singapore 079120

Attn: Mr. Adrian Ling - Motor Claims Dept

Tel: 6841 0055 - Fax: 6256 4315

Owner's Name	:	Mr. Tan Lian See
Address	:	389 Kew Crescent

Singapore 466284

Telephone	:	94579549
Type of Claim	:	Third party claim
Policy No.	:	5095791937
Vehicle No	:	SKB 2000 X
Model Code	:	Audi A4 2.0 TFSI qu
Model / Year	:	Jul-12
Engine No	:	CDN 277395
Chassis No	:	WAUZZZ8K4DA071898
Mileage	:	
Date In	:	-
Liability	:	-
Excess Cost	:	-
Estimated By	:	Johnny Boo / Allan Wu
Accident Date	:	19-Nov-17
Place of Accident	:	Slip RD of Queensway onto Alexandra road

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183

Telefax

Estimated Labour Charges for Accident Vehicle SKB 2000 X

S/n	Nature of Jobs		Estimated Charges	Surveyor's Recommendation
1	To remove and transfer rear parking aid. Check function and renew according to damages.	S/N	280.00	✓
2	To remove and transfer rear lids convenience lock system and wire harness for tail lights.	S/N	280.00	X
3	To dismantle and renew rear bumper and rear lid. Align to position. Re-organise rear crash management components. Reinstall all parts removed.		1,500.00	500
4	To respray rear bumper and rear lid		1,700.00	1100
5	To carry out diagnostic check	S/N	192.00	✓
TOTAL LABOUR CHARGES		:	<u><u>3,952.00</u></u>	

Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Telefax

Material List for Accident Vehicle Regn No. SKB 2000 X

S/N	Parts Description	Damaged Parts & Prices	
		S/Nett	Remark
1	REAR BUMPER <i>Defend</i>	\$ 2,168.00	✓
2	REAR BUMPER SPOILER <i>Defend</i>	\$ 666.00	✓
3	SPOILER TRIM <i>new</i>	\$ 210.00	+
4	REAR BUMPER SENSOR ?	TBC	?
5	REAR BUMPER CARRIER ?	\$ 541.00	?
6	REAR LID <i>Ryis</i>	\$ 2,351.00	+
7	PACKING ADHESIVE <i>new</i>	\$ 14.00	✓
8	"AUDI" EMBLEM <i>3 new</i>	\$ 105.00	✓
9	"QUATTRO" EMBLEM	\$ 81.00	✓
10	"A4" EMBLEM <i>new</i>	\$ 81.00	+
11	REAR NO. PLATE <i>new</i>	S/N \$ 25.00	✓
12	SUNRIES ?	\$ 300.00	?
TOTAL SPARE PARTS		:	\$ 6,542.00
TOTAL LABOUR CHARGES			\$ 3,952.00
GRAND TOTAL			\$ 10,494.00

All charges are not inclusive of GST.

Legend : Remarks (OK) = Approved, Remarks (X) = Not approved
Spare parts are Special Nett.

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183

Telefax

Name : Adrian Ly
Surveyed Date : 23/11/17.
Authorised Date :
Excess Cost :
Liability :
Remarks : Not Authorized, 04 Days

Please Note : This estimate is based on visual inspection of the affected vehicle.
Should we require further labour charges and spare parts in the
progress of repair, we shall inform you accordingly.
For inspection of vehicle, please refer to Ms Norah Khai at
Tel:6768 9828 for appointment.

Yours faithfully,
Premium Automobiles Pte Ltd

Johnny Boo
Body Repair Manager

Allan Wu
Claims Consultant

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	20/11/2017 13:12
Date Of Accident	18/11/2017 16:50
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3190E
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90777736

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	CHAN BOON HENG,VINCENT
NRIC No	S9234792C
Date Of Birth	01/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2011
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84818984
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 206A PUNGGOL PLACE #03-2022
Postcode	821206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRED
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

REFER AS ATTACHED.

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	SGH2888S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUI KA-HO KEITH
NRIC/Passport Number	S9202039H
Contact Number	81619092
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

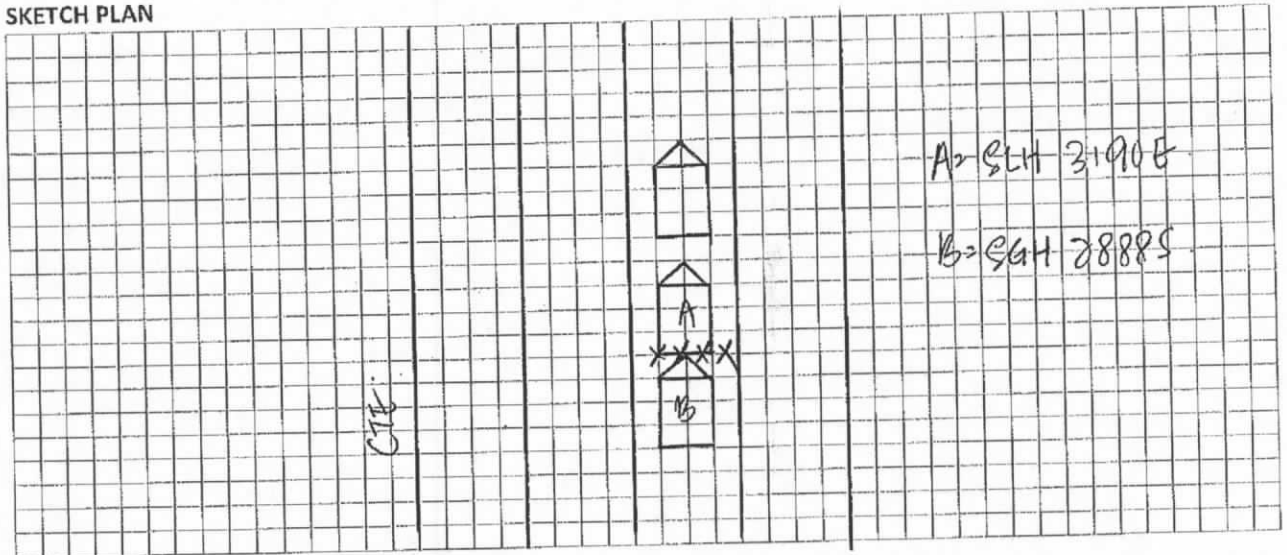
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE on 18/11/2017 @ 16:49. The front vehicle jam brake then I follow suit, all of sudden the vehicle B hit my vehicle from behind.

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

- Pre repair inspection request - SLH3190E VS SGH2888S (OI) DOA: 18/11/2017

From: Chan, Yoke Shi
To: assignments@lkkauto.com, admin-a@lkkauto.com
Cc: Tan, Lily (AIG), Fong, Andy-SY, Kaur, Baljit, Chin, Lee-Ying, Abu Kassim, Noor Mariesa, Md Ishak, Mohd Imran, Lim, Sheng Yang, Loo, Kar Yong, Fan, Winnie-LW
Sent: Monday, 20 November, 2017 2:32:57 PM
Attachments:  SCAN0126.pdf

Hi,

Please refer to the enclosed request from **Esteem Performance Pte Ltd**.

Kindly carry out Policy coverage verification first before conducting the pre-repair inspection within 48 hours

If you have any queries/concerns, please let us know.

Kindly assist to assign Kenneth Kong as Single Joint Expert as requested.

Thank you.

Regards,

Yoke Shi @ Ashley

AIG

Claim Adjuster II, Singapore FNOL, Claims Operations – Auto
Shared Services – Malaysia | Global Business Services

AIG Shared Services (M) Sdn Bhd (887191-D)
Menara Worldwide, Level 12, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia
Tel +6 03 2719 6000 | Ext 1012102

yokeshi.chan@aig.com | www.aig.com

20.11.2017 @ 4:04pm
6753 2112 Carmen ven not in

From: Carmen Lim [mailto:carmen@esteemperf.com.sg]

Sent: Monday, November 20, 2017 2:25 PM

To: Chan, Yoke Shi

Cc: Tan, Lily (AIG); Fong, Andy-SY; Kaur, Baljit; Chin, Lee-Ying; Abu Kassim, Noor Mariesa; Md Ishak, Mohd Imran; Lim, Sheng Yang; Loo, Kar Yong; Fan, Winnie-LW

Subject: Re: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SGH2888S AND SLH3190E ON 18/11/2017

Dear Yoke Shi,

We are prefer LKK - Keneth to survey the car.

Kindly arrange ASAP.

Thank you & regards,
Carmen

On Mon, Nov 20, 2017 at 2:18 PM, Chan, Yoke Shi <yokeshi.chan@aig.com> wrote:
Without Prejudice

Your Reference : SLH3190E

Our Reference : SGH2888S

Dear Sir/Madam,

We refer to your Notice of Accident of even date.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Name of Surveyor	Company Name
------------------	--------------

Lim Kok Chong	AIG Asia Pacific Insurance Pte Ltd
Kumar Uthaya	AIG Asia Pacific Insurance Pte Ltd
Ken Wong	AIG Asia Pacific Insurance Pte Ltd
Lawrence Ng Chun Kee	Priority Services
Jeffrey Ong Leng Kiat	Priority Services
Jimmy Lee	Priority Services
EC Looi	Automobile Inspection Services Pte Ltd
Ricky Teng	RT Appraisal Pte Ltd
Elson Teng	RT Appraisal Pte Ltd
Michael Cheong	RT Appraisal Pte Ltd
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon HanXin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Henry Ng	LKK Auto Consultants Pte Ltd
Mohammed Rasul	LKK Auto Consultants Pte Ltd
Steven Foong	LKK Auto Consultants Pte Ltd
Wei Jie	LKK Auto Consultants Pte Ltd
Ma Chin Fook	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

Regards,

Yoke Shi @ Ashley

AIG

Claim Adjuster II, Singapore FNOL, Claims Operations – Auto
Shared Services – Malaysia | Global Business Services

AIG Shared Services (M) Sdn Bhd (887191-D)

Menara Worldwide, Level 12, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia
Tel +6 03 2719 6000 | Ext 1012102

yokeshi.chan@aig.com | www.aig.com

--

Thank you & regards,

Carmen Lim

Esteem Performance Pte Ltd

Tel : 64841221

Fax : 64847829



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG17022231/ha3

23th November 2017

Mui Chee Yeong Andrew

1 Sunshine Terrace

#13-01

Singapore 535689

Dear Sirs,

**ACCIDENT INVOLVING SGH 2888S AND SLH 3190E ON 18/11/2017 ALONG/
AT CTE**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Vic Alpeh Sanghilan

Claims

Tel : 6841 2096

Fax: 6741 4108

Email : vicalpeh@lkkauto.com

c.c. *Claims Manager*
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)