

ASS REC BY:

REF: CS3 / ALG17022256 / R1b

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

Mention

From (Person): Chin Lee Ying

of

ALG

Date/Time: 22-11-2017 10:27am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJD 9763H

Insured:

GX 4593X

at Workshop m/s

Jeng Hwee

Tel:

9766 5675

of

Blk 1078 Yishun

Ind Park A 401350

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A 21.11.17

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time:

22-11-2017 12:11pm

Person Contacted:

Mr. Kueh

Vehicle: IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJD 9763H - X

GX 4593X - CS / ANA 16017329 / High 392

D.O.A: 11/11/16

19/3/18

Mention closed case. Cancel case. Close 11/11/17.

Form

REF:

4713F

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SJD 9763H

at Workshop m/s Seng Hwee

of 1019, Yohun Ind PKA # 01-350

Insured: ALH / PRS

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 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: SJD 9763H Yr Regn: _____

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

Make: MITSUBISHI LANCER C.C. _____

Colour: Grey A/C Insured / Std / NI / NA

Sp. Reading: 233284 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYSTCS3A8U006793

Gen. Cond: Good / Fail / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 21/11/17 D.O.I. 22/11/17 @ 4:44pm

Survey held at Seng Hwee

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

RECEIVED 06 APR 2018

Date/Time, File Pass in?

☐ : Prel. Report

1) 06042018

☐ : 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 (\$ _____)

) \$+RS \$ _____

) Photos _____

) Others _____

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____

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

	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 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



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/AIG17022256/R1b	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 22-11-2017	
		Code : AIG	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SKX 4593Y	Veh. Inspected	SJD 9763H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	CHIN LEE YING	Assign Date	22/11/2017
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	21/11/2017	Inspection Date	22/11/2017
Survey held at	SENG HWEE MOTOR BLK 1018, #01-350 YISHUN INDUSTRIAL PARK A SINGAPORE 768760		
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 SKX4593Y AND SJD9763H ON 21/11/2017**

From: Chin, Lee-Ying
To: 'assignments'; 'Admin A'
Cc: Fong, Andy-SY
Sent: Wednesday, 22 November, 2017 10:27:19 AM
Attachments:  1st PRS.PDF  2nd PRS.PDF

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 | www.aig.com.sg

Your ref : SKX 4593Y
Our client's vehicle : ref: SJD 9763H ; SW/sy/ch
Date : 21 November 2017

AIG Asia Pacific Insurance Pte. Ltd.

By Email Only

Dear Sirs,

DATE OF ACCIDENT: 21 NOVEMBER 2017
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to the above matter.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which we will commence repairs thereafter without any further notice or reference to you. Please also let us know if you required a Post-Repair Survey/Inspection for our client's consideration. Please be informed that the said vehicle can be surveyed / inspected at:

Workshop Address: Seng Hwee Motor
Block 1018 Yishun Industrial Park A
#01-350
Singapore 768760
Contact person/Tel/Hp/Fax: Mr. Kueh / 6755 5205 / 9786 5675 / 6753 4407

Kindly acknowledge upon inspection in the acknowledgement box below.

Yours sincerely,



Your ref : SKX 4593Y
Our client's vehicle ; ref: SJD 9763H ; SW/sy/ch
Date : 21 November 2017

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as
follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (party by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

Your Insured's vehicle : SKX 4593Y
Our client's vehicle : ref SJD 9763H ; SW/sy/ch
Date : 21 November 2017

AIG Asia Pacific Insurance Pte. Ltd.

By Email Only

Dear Sirs,

DATE OF ACCIDENT: 21 NOVEMBER 2017
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SJD 9763H, to notify you of a road traffic accident on 21 November 2017 at about 8.25a.m. along Tampines Expressway between Kallang-Paya Lebar Expressway exit and Pasir Ris Drive 12 exit, involving our client's vehicle bearing registration number SJD 9763H and vehicle bearing registration number SKX 4593Y which was insured by you at the material time. A copy of our client's Singapore Accident Statement will send to you in due course.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you 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 shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours sincerely,



Date of Accident : 21-11-2017
Accident Time : 0825
Accident Place : TPE between HIE exit and Pasir Ris Drive exit

Vehicle Reg. No. (A) : SJD 9763 H

Vehicle Make \ Model : Mit Lancer 1.6 (A)

Insurance company : ER60/m 28-11-16 to 10-04-2018

Policy No : DMPL165 017528

Name & IC no. OWNER : TEO HWEE S8530028-H

Name & IC- no. DRIVER : Chang Weichang S8534713F

DATE OF BIRTH : 17-11-1985

Relationship bet. owner & Driver (Spouse) \ Father \ Mother \ son \ daughter
Others :

DRIVER'S Address : 32 Minerva View Singapore 80612

Contact No. DRIVER : 98306643

Occupation : INDOOR \ OUTDOOR

Fax no \ Email Address : changweichang@loftmail.com

Weather & Road Surface : CLEAR | RAINING | WET | DRY

Reporting type : Reporting Only \ Claim Other Party \ Claim Own Ins.
T/P Claim

Other Party Driver's Particulars

(B)
Vehicle Reg. No. : SKX 4593T

Vehicle Make \ Model : Toyota Alfis

Name DRIVER : Chua Poon Eng

IC no. DRIVER : 50191047D

DRIVER'S contact & add : 83811005
APT 816 | Changi
Village Road #03-1054
Singapore 100001

Vehicle Reg. No. : _____

Vehicle Make \ Model : _____

Name DRIVER : _____

IC no. DRIVER : _____

DRIVER'S contact & add : _____

成 輝 摩 呀
SENG HWEE MOTOR
Blk 1018 Yishun Industrial Park A
#01-350 Singapore 768700
Tel: 6758 5205 Fax: 6753 4407
Email: senghwemotor@gmail.com

SKETCH PLAN

IMPORTANT NOTICE

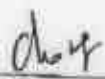
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

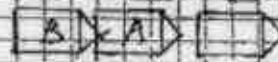
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/11/2017

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

SKETCH PLAN

TPE towards PIZ



A. SJR 9763 H

B. SKX 4593 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car Accident @ 21 Nov 2017, 0825HR

I, (Chong Weichang, S8534713F) was travelling along TPE towards PIZ from home. When I was between KPE exit and Parim Riv Drive 12 exit, the car in front slowed down to a stop. My car also slowed down to a stop.

Suddenly, from my rear view mirror, I saw the car behind approaching too fast. The car behind was unable to slow down in time and crashed into my car. It was a Zynka Alfz (SKX4593Y).

DECLARATION

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

Chong 21/11/2017

Policyholder's Signature
Date & Time:

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

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

