

22/03/2002

ASS. REC. BY:

REF: CS3/AIG17022853/S627

DARK DAYS

Special Instruction:

Surveyor: Sebastian

ASSIGNMENT (Office)

From (Person): Chin Lee Ying

of AIG

Date/Time: 10:24am @ 1/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XD 8660L

Insured:

SLK 190J

at Workshop m/s

Huatong Inland Transport

Tel:

9619 6738

of No. 9 Kranji Loop 739 644

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 28/11/17

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time: 11:51am @ 1/12/17

Person Contacted: Mr. Lim

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	XD 8660L - CS/MSG17018464/KLB-D.O.A: 25/09/2017
	SLK 190J - X

REF: AIG WP

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time | Action / Instruction

1/12/2017. No GIA / Estimate.

Veh No: XD 860 L

Yr Regn: 2014 / Mar 29

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

Truck / Trailer or

Make: Scania. P400 1A - 12.7

c.c 12742

Colour Yellow & Blue.

A/C: Insured / Std / NI / NA

Sp. Reading 86591

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Y52P 4X20005339168.

Gen. Cond: Good / Fair / 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: 315/80R22.5

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Fire 29

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A.

D.O.I. 1/12/2017 @ 4:44pm

Survey held at HuaTiang

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

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

RECEIVED 25 JAN 2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 6

1) 25/01/2018

☐

Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ Site Insp (\$)

) S + RS. \$

☐ Interview (\$)

) Photos

☐ Tech. Invs (\$)

) Others

☐ Weekend (\$)

)

Report Format: PRS

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

TOTAL



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/AIG17022853/Sb	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 01-12-2017	
		Code : AIG	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLK 190J	Veh. Inspected	XD 8660L
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	CHIN LEE YING	Assign Date	01/12/2017
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	28/11/2017	Inspection Date	01/12/2017
Survey held at	HUATONG INLAND TRANSPORT SERVICE PTE LTE NO. 9 KRANJI LOOP SINGAPORE 739544		
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 SLK190J AND XD8660L ON 28/11/2017**

From: Chin, Lee-Ying
To: 'assignments', 'Admin A'
Cc: Fong, Andy-SY
Sent: Friday, 1 December, 2017 10:23:29 AM
Attachments:  171175.pdf  GBF1964G - 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

CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
翠 NOTARY PUBLIC - 公证官
玲 COMMISSIONER FOR OATHS - 宣誓官
律
師 CATHERINE C.L.LIM
館 DIRECTOR
LL.B (HONS) SINGAPORE-法律系-律師
M.B.A. (BUSINESS LAW)-商业系-碩士

20 Havelock Road #03-01
Central Square Singapore 059765
UEN No. 201310922K

Tel: (65) 6438 5500
Fax: (65) 6438 0111
www.catherinelimllc.com
Email: info@catherinelimllc.com
CATHERINE LIM LLC is a law corporation
with limited liability

Your Ref: SLK 190J
Our Ref: CL/171175/T/HT.sg

30 November 2017

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

via fax: 6415 3727 & By Hand

Poon Sook Mui
637B Punggol Drive
#08-419
Singapore 822637

CERTIFICATE OF POSTING
(Please be informed that all supporting documents
have been forwarded to your insurer.)

Dear Sir

**RE: NOTICE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO
PRE-ACTION PROTOCOL FOR NON-INJURY MOTOR ACCIDENT CLAIMS (NIMA)**

**ACCIDENT INVOLVING XD 8660L / SLK 190J ON 28.11.2017 ALONG TPE TOWARDS SLE BEFORE
SENGKANG EXIT**

We are instructed by **Huatong Inland Transport Service Pte Ltd** to notify you of a road traffic accident involving our client's vehicle No. **XD 8660L** and vehicle No. **SLK 190J** driven by you at the material time. A copy of the Singapore Accident Statement and/or Police Report is enclosed.

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

Please let us know your appointed surveyor.

Venue: No. 9 Kranji Loop
Singapore 739644

Tel: 96196738 Fax: 63652288

Contact Person: Mr Lim Teng Geok

Yours faithfully

cc: clients

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
✓			
✓			
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✓			

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

✓			
✓			
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(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

21/05/2014

MSK11757311 / SMART Automotive Services Pte Ltd - (Thailand) Pte.
ENTRY DATE & TIME: 29/11/2017 10:01

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 willful 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	29/11/2017 10:01
Date Of Accident	28/11/2017 14:25
Exact Location Of Accident	TPE TOWARDS SLE BEFORE SENGKANG EXIT
Country/State Of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD8660L
Insured/Policyholder	
Name Of Registered Owner	HUATONG INLAND TRANSPORT SERVICE PTE LTD
Co Reg No	198402013K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62622288
Vehicle Particulars	
Manufacturer	SCANIA
Model	P400LA-12.7 D 4X2 MSZ (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VCC1697830
Cover Note Number	
Driver	
Name of Driver	ONG PANG HAN
NRIC No	S16060111
Date Of Birth	29/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96466646
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

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 COLLISION - CHANGE/CROSS LANE

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

I WAS TRAVELLING STRAIGHT ALONG TPE AT THE SECOND LEFT LANE WHEN SUDDENLY I FELT AN IMPACT FROM THE RIGHT PORTION OF MY VEHICLE. THE VEHICLE SLK190J FROM MY RIGHT LANE HAD ENCROACHED INTO MY LANE AND COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE. SUBSEQUENTLY THE GREAT IMPACT FORCE MY VEHICLE TO THE LEFT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK190J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ER BOON SONG PETER

NRIC/Passport Number S18077138

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passengor (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:

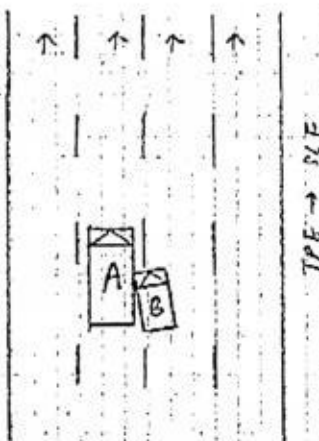
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN

A-XDP660L
B-SLK190J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE	DESCRIPTION	AMOUNT	BALANCE
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DECLARATION

I/We ~~certify~~ 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.:

Shirley

From: "Lim Teng Geok" <tenggeok.lim@huatong.com>
 Date: Thursday, 30 November, 2017 12:13 PM
 To: <info@catherinelim.com>
 Attach: img-Y30095547-0001.pdf
 Subject: New Case XD8660L

Dear Catherine,

Please inform Third Party to survey our vehicle.

-----Original Message-----

From: Kranji Main Fax [mailto:kranjilvl1@huatong.com]
 Sent: Thursday, November 30, 2017 9:56 AM
 To: Lim Teng Geok <tenggeok.lim@huatong.com>
 Subject: Scan Data from Kranjixerox

Number of Images: 4
 Attachment File Type: PDF

Device Name: Kranji Main Fax
 Device Location: 9 Kranji Loop (Lobby)

[CSQC] <<http://huatong.com/wp-content/uploads/2017/02/CSQC.png>> <<http://huatong.com/wp-content/uploads/2017/02/SQC.jpg>> [E50 Logo 2015-01] <<http://huatong.com/wp-content/uploads/2017/02/E50-Logo-2015-01.jpg>> [OHSAS 18001] <<http://huatong.com/wp-content/uploads/2017/02/OHSAS-18001.png>> [ISO 14001] <<http://huatong.com/wp-content/uploads/2017/02/ISO-14001.png>> [ISO 9001] <<http://huatong.com/wp-content/uploads/2017/02/ISO-9001.png>>

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[CSQC] <<http://huatong.com/wp-content/uploads/2017/02/CSQC.png>> <<http://huatong.com/wp-content/uploads/2017/02/SQC.jpg>> [E50 Logo 2015-01] <<http://huatong.com/wp-content/uploads/2017/02/E50-Logo-2015-01.jpg>> [OHSAS 18001] <<http://huatong.com/wp-content/uploads/2017/02/OHSAS-18001.png>> [ISO 14001] <<http://huatong.com/wp-content/uploads/2017/02/ISO-14001.png>> [ISO 9001] <<http://huatong.com/wp-content/uploads/2017/02/ISO-9001.png>>

DISCLAIMER: This e-mail and any attachments thereto are intended for the sole use of the

...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	30 Nov 2017 Edit Reg		01 Dec 2017 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	POON SOOK MUI, ID: S6806629H		
Main Claimant:	HUATONG INLAND TRANSPORT SERVICE PTE LTD, Co. Reg. No.: 198402013K		
Vehicle Reg. No.:	XD8660L	Date of Loss:	28/11/2017 14:00 - :59
Claim Type:	TP / 4173085252SG	Policy/Cover Note No.:	2100495803 (Comprehensive) Coverage: 03/01/2017 - 02/01/2018
Vehicle Reg. No. (Insured):	SLK190J	Policy No. (Claimant):	
		Excess:	
Repairer:	HUATONG INLAND TPT SERVICES PTE LTD (HQ) 9 Kranji Loop, 739544 Kranji - Tel: 96196738 / 63662288		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Mohd-Rasheed, Rashidah - 64191767] Rashidah.Mohamedrasheed@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Sebastian Yeang Wai Keen] ... [Final Rpt due 27/12/2017]		

[View All](#) [Compose Case Mail](#)

ASSOCIATED MAIL RECEIVED

- AIG_SG (18/12/2017): NO TP GIA REPORT

ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*XD8660L (4173085252SG)
[SLK190J]

TP

HUATONG INLAND TRANSPORT SERVICE PTE LTD

Nov 28 2017 2:00PM

[POON SOOK MUI]

HUATONG INLAND TPT SERVICES PTE LTD

Upload Documents Upload Photos Compose New Letter Upload Video Upload Audio		View View in Browser <input type="button" value="v"/>
Assessment Reports		1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG) Accident Statement From: OD - Reg. No: SLK190J, Claimant: POON SOOK MUI
1	18/12/17 10:42	<div style="display: flex; justify-content: space-between;"> 1 Load HTM <input type="button" value="Print"/> </div>
Photos/Images		3 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ) <div style="display: flex; justify-content: space-between;"> 1 Load JPG <input checked="" type="checkbox"/> </div>
1	25/01/18 18:47	General View
2	25/01/18 18:47	General View
3	25/01/18 18:47	General View
4	25/01/18 18:47	General View
5	25/01/18 18:47	General View
6	25/01/18 18:47	General View
7	25/01/18 18:47	General View
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20	25/01/18 18:47	General View
21	25/01/18 18:47	General View
22	25/01/18 18:47	General View
23	25/01/18 18:47	General View
24	25/01/18 18:47	General View
25	25/01/18 18:47	General View
26	25/01/18 18:47	General View
27	25/01/18 18:47	General View
28	25/01/18 18:47	General View
29	25/01/18 18:47	General View
30	25/01/18 18:47	General View

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/AIG17022853/SBE2

Date: 26/01/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No: 2100495803

Claimant Vehicle No: XD8660L

Insured Vehicle No: SLK190J

Date of Loss: 28/11/2017

Nature of Claim: TP

Claim No: 4173085252SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: XD8660L

Make & Model: SCANIA P400LA, 12.7 D 4X2 MSZ (M)

Reg. Date: 29/03/2014 (Man. Year: 2013)

Colour: Yellow/Blue

Engine Capacity: 12742 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: 6794545

Chassis No: YS2P4X20005339168

Odometer: 86591 km

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:

CONDITION OF TYRES

Front Tyre Size: 315/80 R22.5

Rear Tyre Size: 315/80 R22.5 (D)

Front Left Side: Firenza 6 mm

Rear Left Side: Firenza 6/6 mm

Front Right Side: Firenza 6 mm

Rear Right Side: Firenza 6/6 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	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 01/12/2017

Date Inspected: 01/12/2017 Inspected At:

HUATONG INLAND TPT SERVICES PTE LTD (HQ)
9 Kranji Loop
Singapore 739544

Estimated Period of Repair: 6.0 days

Adjuster: Sebastian Yeang Wai Keen

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		*FRT RH FENDER INNER SHIELD	Torn	0.00 F	*- F
2	1		*FRT RH WHEEL GUARD	Deformed	0.00 F	*- F
3	1		*FRT WHEEL ARCH PANEL RH	Cracked	0.00 F	*- F
4	1		*EXHAUST COVER	Scratched	0.00 F	*- F
5	2		*EXHAUST PROTECTOR / STEP BAR	Bent	0.00 F	*- F
6	1		*EXHAUST & FUEL TANK BRACKET	Cracked	0.00 F	*- F
7	1		*FRT RH CABIN MID COVER / GARNISH	Deformed	0.00 F	*- F
8	1		*FUEL TANK	Cut	0.00 F	*- F
F=Franchise part.						
Total Parts (S\$)					0.00	0.00

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 >