

12/01/2017

ASS. REC. BY

REF

CS3 / A1617014721 / Cdb1

Sur/Vict

Full name

ASSIGNMENT (Office)

From (Person):

Pauline Tham

At

Date/Time: 01-12-2017

Estimated Cost

Bill to:

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

To Inspect Vehicle No:

SKS 2P

Insured:

SKL 135B

at Workshop in/s

CL Garage

Tel:

8484 2626

of

25 Kaki Bukit Road 4 # 03-67

Policy No:

Claim No:

115172918984

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

13/07/2017

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

after 2pm @ 01-08-2017

H.O.D. Endorsement

Date/Time:

31/07/2017 11:54am

Person Contacted

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SKS 2P - x
	SKL 135B - x
	Dismantle Part: 02/08/2017
	After repair: 03/08/2017

13/12 3:45pm - Call repairer, told to liaise with his lawyer.

13/2

Submit LE & H, Hoof without finalise (Red roof, H12)

Days of repair: 4 days.

RECEIVED 14 DEC 2017

Service: **PRS** **RICHARD**

REF: **ALH**

DAR

Minimum

ASSIGNMENT

From: **01082017**

Estimated Cost:

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

To inspect Vehicle No: **SKS 2P**

at Workshop m/s: **CL Garage**

of **25 Kaki Bukit Road 4 # 03-67**

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.**

Bal. or Market Value:

IDAC Accident Report: Consistent? : **Yes or No**

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

Est. Repairs: **3** 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: **SKS 2P**

Yr Regn: **24/01/2009**

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

Truck / Trailer or

Make: **FERRARI F599** **GO 5999**

Colour: **RED** A/C Insured / Std / NI / NA

Sp. Reading: **27731** T/Radio: Insured / Std / NI / NA

Eng.No:

C/No: **2FFF060C000163530**

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

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Mod: **Nil / S/Rim** / STD A/Rim or

Tyre Size: **F: 245/40/19 PIR**

R: 315/55/20 MIC

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

TOYO / YOKO or

Front

Rear

R/Bal: **6** mm R/Bal: **6** mm

L/Bal: **6** mm L/Bal: **6** mm

D.O.A: **18/7 11:50** D.O.I: **1/8 3:15pm**

Survey held at: **CL GARAGE / SW**

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: File Pass to?

13082017

Date/Time: File Return to?

2:

Report Format: **PRS**

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

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech Insp (\$)

☐ Weekend (\$)

Survey Fee

Transportation

180

20

200

TOTAL

180

20

200

Survey Department Check List (Case Handler)

Reference No. : CS3/HG1701771/Cb-1
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Catherine): 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 (Simon): 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:

Catherine 14/07/17
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014




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/AIG17014721/qb-1	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 01-12-2017	
		Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKL 135B	Veh. Inspected	SKS 2P
Policy No.		Coverage (\$)	0.00
Claim No.	1151729189SG	Excess (\$)	0.00
Assign From	PAULINE THAM	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	18/07/2017	Inspection Date	01/12/2017
Survey held at	CL GARAGE 25 KAKI BUKIT ROAD 4 #03-67 SYNERGY @ KB SINGAPORE 417800		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Catherine Chong (LKK Auto)

From: Tham, Pauline <Pauline.Tham@aig.com>
Sent: Friday, 1 December, 2017 5:28 PM
To: Catherine Chong (LKK Auto)
Cc: Mohamedrasheed, Rashidah
Subject: CLAIM : 1151729189SG - PAPER SURVEY
Attachments: 1151729189SG - survey report.pdf; SKL135B - OI REPORT.pdf; SKS2P - TP REPORT.pdf

Dear Catherine,

Please conduct paper survey.

PRI done by LKK.

Thanks.

Pauline Tham

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1678| Fax +(65) 68357416

pauline.tham@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	19/07/2017 17:29
Date Of Accident	18/07/2017 11:50
Exact Location Of Accident	566 BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2P
Insured/Policyholder	
Name Of Registered Owner	CHAN HENG LIM ALVIN
NRIC No	S7134457F
Email Address	CHANALVIN22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96902002
Alternative Phone No	OTHERS-96902002

Vehicle Particulars

Manufacturer	FERRARI
Model	F599
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V00717/VPS/R01
Cover Note Number	

Driver

Name of Driver	CHAN HENG LIM ALVIN
NRIC No	S7134457F
Date Of Birth	30/09/1971
Occupation	INDOOR
Date Of Driving Pass	15/03/1990
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96902002
Fax Number	
Contact Number	OTHERS-96902002
Email Address	CHANALVIN22@GMAIL.COM

Address	244 DUNEARN ROAD
Postcode	299535
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	-
	-
	-
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?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SKL135B
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	TAN YEOW WAH
Phone Number	90879245
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 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.
 (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.

19/7/2017

Policyholder's Signature / Date & Time
17:00 PM

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

MY CAR SK22P WAS STATIONARY PARKED SINCE 11AM IN FRONT OF 564A BALESTIER. I WAS ALERTED BY MY NEIGHBOUR DONA STALLI FROM 566A THAT MY CAR WAS HIT BY ANOTHER VEHICLE SKL125A, A GREEN COLOUR RANGE ROVER EVOQUE WHEN THE LADY DRIVER WAS GETTING OUT OF THE PARKING LOT. AS SHE WAS IN THE PROCESS OF GETTING OUT, HER LEFT REAR PART OF HER CAR CAME INTO CONTACT OF MY CAR LEAVING SCRATCHED MARKS & SLIGHT MISALIGNMENT OF MY BUMPER.

SHE DIDN'T GET OUT OF HER VEHICLE TO INSPECT ANY DAMAGES CAUSED & JUST DROVE OFF. I WAS LUCKY THAT MY NEIGHBOUR MR TAN YONG WAM WITNESSED THE INCIDENT & PASSED ME THE OTHER PARTY'S VEHICLE NUMBER & IDENTIFY THE DRIVER WAS A FEMALE DRIVER. HE DIDN'T MANAGE TO GET ANY OTHER DETAILS AS THE LADY DROVE OFF VERY QUICKLY.

Declaration

We declare the foregoing particulars are true in every respect.


 19/7/2017
 Policyholder's Signature / Date & Time 17:10 PM

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


 Witnessed by Reporting Centre Personnel

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170719/7016

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20170719/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2017 22:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAN HENG LIM ALVIN			Address: 244 DUNEARN ROAD SINGAPORE 299535		
ID Type / ID No.: NRIC NO / S7134457F			Contact No.: Home/Office: Mobile: 96902002		
Nationality: SINGAPORE CITIZEN			Email: chanalvin22@gmail.com		
Sex: Male	Age: 45	Date of Birth: 30/09/1971	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/07/2017 12:45	Type of Location: Car Park
Location: BALESTIER ROAD Accident happened in the private carpark of the whole row of shops from 568A to 562 Balestier Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL135B	Car	RANGE ROVER	Evoque	Green		0
SKS2P	Car	FERRARI	599	Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170719/7016

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20170719/7016

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHAN HENG LIM ALVIN	ID No.	S7134457F
Related Vehicle	SKS2P (Car)	Contact No.	96902002
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I parked my vehicle SKS2P at my office parking lot & around 11am & went straight up to my office.

When I came back down at around 6pm after work, one of my downstairs neighbour, Mr Tan Yeow Wah, I/C No: S1660748G, MOBILE number: 90879245 informed me that a lady driving a green colour Range Rover Evoque with car plate registration number SKL135B hit the front right hand corner of my vehicle while she was driving out of the parking lot right beside my. Mr Tan is willing to testify against the lady driver for me.

As such, my vehicle's bumper paintwork was damaged & the bumper was pushed inwards.

According to Mr Tan, that lady did not stop & get out of her vehicle to check for any vehicle contact & just drove quickly out of the car park.

Hence, I have no means to contact her as all I have is an eye witness & her vehicle number.

I have lodged my report with IDAC but was advised by the person-in-charge there that I also need to lodge a police report as this is considered a hit-and-run case. Report case number is 18072017.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170719/7016

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20170719/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
TAN LEE HWANG DAWN
Contact No.: 65476215

Authentication Stamp
NP188

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
19/07/2017 22:00

Classification Of Case:

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	05/08/2017 11:31
Date Of Accident	18/07/2017 11:35
Exact Location Of Accident	566 BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL135B
Insured/Policyholder	
Name Of Registered Owner	SOH BEE LIAN
NRIC No	S1241704G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96727178
Alternative Phone No	OFFICE-96727178

Vehicle Particulars

Manufacturer	LAND ROVER
Model	EVOQUE-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	TO PURCHASE TOILET ACCESSORIES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100473973
Cover Note Number	

Driver

Name of Driver	SOH BEE LIAN
NRIC No	S1241704G
Date Of Birth	04/11/1957
Occupation	INDOOR
Date Of Driving Pass	02/10/1978
Driving Experience	38 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96727178
Fax Number	
Contact Number	OFFICE-96727178
Email Address	NOEMAIL

Address

Postcode

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 -

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? NO

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 TO SKETCH

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Accident Sketch Plan Pg. 1

Policy IC, here not ins policy

Reporting Only

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident: Date: 18/07/17 Time: 11:35 a.m.
Exact Location of Accident: 566 Balestier Road.

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SKL135B

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.): SOH BEE LIAN
Personal Identification - NRIC (Singaporean/PR): S12417041G
- FIN/Passport Number:
- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model: Manufacturer: Buick Model: Excelle
Type of Vehicle*
☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ Motorcycle ☒ Others: SUV
Exact Purpose for which vehicle was being used at time of accident: To purchase toilet accessories
Are you claiming under your own insurance policy for repair to your vehicle?
☐ Yes ☒ No (If No, Pls select: ☐ Third Party ☒ Reporting)
Vehicle Category*
☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company*: AIU
Type of Policy: ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
Fleet Policy: ☐ Yes ☒ No
Policy Number: 2100473973
Motor CI:

DRIVER

☒ Same as Insured above
Name of Driver:
Personal Identification - NRIC (Singaporean/PR):
- FIN/Passport Number:
Date of Birth: 04 dd/ 11 mm/ 1957 yy
Driving Date Pass: 02 dd/ 10 mm/ 1978 yy
Year of Driving Experience: 39 Year(s) Month(s)
Occupation: Director ☒ Indoor ☐ Outdoor
Gender: ☐ Male ☒ Female
Contact Number / Mobile Phone / Fax No: 96727187

Page 1

Accident Sketch Plan Pg. 2

Address of Driver		Postcode ()	
Email Address			
Was driver an employee of the Insured's Company?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured		<u>Owner</u>	
Vehicle Registration Number of Driver's Own		<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)			
Weather Conditions		<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, <u>Collided into parked vehicle</u>	
Road Surface		<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was there any video captured by Car Camera?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)		<u>1 pax</u>	
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?		<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact		Tel No. Fax No.	
Was notice of intended Prosecution given?		<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number		<u>SKS 2 P</u>	
Vehicle Make/ Model/ Colour		<u>Ferrari / Red.</u>	
Details of Properties			
Name of Driver			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles.)			

Accident Sketch Plan Pg. 3

Describe Circumstance of the Accident

On 18/7/2017 at about 10.45 am, I went to Home & Bathrooms at Batestrie Rd to check out prices for all the Faucets & Toiled Accessories.

After checking out all the prices, I left at 10.35 a.m for my lunch appointment at 12 noon in Orchard Road.

I left the car park not even knowing that ~~I have~~ my car had contacted his car.

I was shock to receives this lawyer letter yesterday 2/8/2017 when I open my letter box at 8.30 p.m.

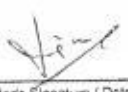
So early this morning I call my Insurance company and explain to them what happens. They advise me to report the incident.

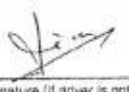
IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

SK52P

BR ✓

DIS ✓

ART ✓

[Signature]
11/9/2017

Claim Documents

*SKS2P (1151729189SG)
[SKL135B]

TP
CHAN HENG LIM ALVIN
Jul 18 2017 11:35AM
[SOM BEE LIAN]
CL GARAGE

Upload Documents		Upload Photos	Compose New Letter	Upload Video	Upload Audio	Use Viewer	View
Photos/Images							
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				3 per page	Thumbnail Print
1	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
2	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
3	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
4	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
5	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
6	07/09/17 15:43	Odometer Reading					Load JPG <input checked="" type="checkbox"/>
7	07/09/17 15:43	Chassis Number					Load JPG <input checked="" type="checkbox"/>
8	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
9	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
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20	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
21	07/09/17 15:43	General View					Load JPG <input checked="" type="checkbox"/>
22	07/09/17 15:43	Photographs of Damaged Parts					Load JPG <input checked="" type="checkbox"/>
23	07/09/17 15:43	Photographs of Damaged Parts					Load JPG <input checked="" type="checkbox"/>
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38	07/09/17 15:43	Photographs of Damaged Parts	1	Load JPG	✓
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53	07/09/17 15:43	Photographs of Damaged Parts	1	Load JPG	✓
54	07/09/17 15:43	Photographs of Damaged Parts	1	Load JPG	✓
55	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
56	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
57	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
58	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
59	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
60	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
61	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
62	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
63	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
64	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
65	07/09/17 15:46	Photo After Spray	1	Load JPG	✓
66	07/09/17 15:46	Photo After Spray	1	Load JPG	✓

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/AIG17014721/JBE2

Date: 19/09/2017

REFERENCE

Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	2100473973
Claimant Vehicle No:	SKS2P	Insured Vehicle No:	SKL135B
Date of Loss:	18/07/2017	Nature of Claim:	TP
		Claim No:	1151729189SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKS2P	Engine No:	F140C139768
Make & Model:	FERRARI 599, 6.0 F1 (M)	Chassis No:	ZFFFD60C000163530
Reg. Date:	24/01/2009 (Man. Year: 2008)	Odometer:	27731 km
Colour:	Red		
Engine Capacity:	5999 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

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:	245/40 R19	Rear Tyre Size:	315/55 R20
Front Left Side:	Pirelli 6 mm	Rear Left Side:	Michelin 6 mm
Front Right Side:	Pirelli 6 mm	Rear Right Side:	Michelin 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 (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 31/07/2017

Date Inspected: 01/08/2017 Inspected At:

CL GARAGE (HQ)
 SYNERGY @KB (opposite AUTOBAY
 @KAKI BUKIT), 25 KAKI BUKIT ROAD
 4, #03-67/68
 Singapore 417800

Estimated Period of Repair: 3.0 days

Adjuster: Richard Harjanto

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 BUMPER	Broken	0.00 F	*.F
2	1		*FRONT BUMPER REINFORCEMENT	Distorted	0.00 F	*.F
3	1		*FRT BUMPER SENSOR	* Check	0.00 F	*.F
4	1		*FRT GRILLE	* Check	0.00 F	*.F
5	1		*AIR DUCT	Cut	0.00 F	*.F
					Total Parts (S\$)	0.00 0.00

F=Franchise part

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 >

CL GARAGE

BLK 25 KAKI BUKIT ROAD 4 #03-67/68 SYNERGY@KAKI BUKIT, SINGAPORE 417800

Date : 8-Aug-17

FINAL REPAIR COST OF SKS 2 P

Accident Date : 18-Jul-17

Name : Chan Heng Lim Alvin

Address : C/o: Blk 25 Kaki Bukit Road 4 #03-67/68
Synergy @ Kaki Bukit, Singapore 417800

Lump Sum Repair Costs

\$ 19,400.00

Singapore Dollars: Nineteen Thousand And Four Hundred Only.

PHOTOCOPY

CL APPRAISER PTE LTD

47A Edgefield Plains #13-16 Singapore 828714
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Chan Heng Lim Alvin
C/o: CL Garage
Blk 25 Kaki Bukit Road 4 #03-67/68
Synergy @ Kaki Bukit, Singapore 417800

Invoice No: CL/17550
Ref No: CLG/08/1701/TP
Date: 08 August 2017

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SKS 2 P
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL S\$1,341.00

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

CL APPRAISER PTE LTD

47A Edgefield Plains #13-16 Singapore 828714

Hp: 90688689 Email: clappraiser@yahoo.com

Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Chan Heng Lim Alvin

C/o: CL Garage

Blk 25 Kaki Bukit Road 4 #03-67/68

Synergy @ Kaki Bukit, Singapore 417800

Date : 08 August 2017

Our ref : CLG/08/1701/TP

Accident Date : 18 July 2017

Inspection Date : 01 August 2017

Repairer Name : CL Garage

Blk 25 Kaki Bukit Road 4 #03-67/68

Synergy @ Kaki Bukit, Singapore 417800

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SKS 2 P

Make / Model : Ferrari 599F1

Chassis No : ZFFFD60C000163530

Engine No : F140C139768

Year / Capacity : 2009 / 5999 cc

Colour : Red

Mileage : 27731

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Pirelli	245/40 R19	5 mm	Sport
Front Offside	Pirelli	245/40 R19	5 mm	Sport
Rear Nearside	Pirelli	245/40 R19	5 mm	Sport
Rear Offside	Pirelli	245/40 R19	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the n/s front portion.
(Details refer to the photographs attached)

Enclosed number of photographs: **26** copies

REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 19,400.00** on a contractual basis.

Under normal circumstances, the repair period would be about 7 (**Seven**) working days.

CCL APPRAISER PTE LTD

Vehicle Registration No: SKS 2 P

Our Ref No: CLG/08/1701/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

SPARE PARTS - LIST ITEMS

1	Front o/s headlamp	Intact	\$ 11,700.00	
1	Front bumper	Damage	\$ 23,295.60	\$ 23,295.60 13,000
1	Front o/s fender	Repair	\$ 10,566.00	
1	Front o/s fender inner shield	Damage	\$ 1,548.00	\$ 1,548.00
			\$ 47,109.60	\$ 24,843.60
		Less 10%	\$ 4,710.96	\$ 2,484.36
	Total Cost - List Items		\$ 42,398.64	\$ 22,359.24

13,093.20

4 days

Total cost of parts

\$ 42,398.64 \$ 22,359.24

LCL APPRAISER PTE LTD

Vehicle Registration No: SKS 2 P

Our Ref No: CLG/08/1701/TP

S/No	Description	Repairer's Estimate	Revised Amount
Total cost of parts c/f		\$ 42,398.64	\$ 22,359.24

LABOUR

1	To check wiring , lighting and resetting headlamps focussing.	\$ 80.00	\$ 50.00
2	To apply undercoating on repaired and replaced panel.	\$ 90.00	\$ 30.00 X
3	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,200.00	\$ 1,000.00 600
4	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 800.00 500

GRAND TOTAL

\$ 44,768.64	\$ 24,239.24
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1150

C L APPRAISER PTE LTD

Vehicle Registration No: SKS 2 P

Our Ref No: CLG/08/1701/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 19,400.00**


By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser




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/AIG17014721/Cqbe2-1		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 20-12-2017		
Code : AIG				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKL 135B	Veh. Inspected	SKS 2P	
Policy No.		Coverage (\$)	0.00	
Claim No.	1151729189SG	Excess (\$)	0.00	
Assign From	PAULINE THAM	Assign Date	01/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	FERRARI F599	c.c	5999	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	ZFFF060C000163530	Colour	RED	
Odometer	27731	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/40 R19	PIRELLI	6 mm	
L/H Front Tyre	245/40 R19	PIRELLI	6 mm	
R/H Rear Tyre	315/55 R20	MICHELIN	6 mm	
L/H Rear Tyre	315/55 R20	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/07/2017	Inspection Date	01/08/2017	
Survey held at	CL GARAGE 25 KAKI BUKIT ROAD 4 #03-67 SYNERGY @ KB SINGAPORE 417800			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 2P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT O/S HEADLAMP	INTACT	11,700.00	-
1	FRONT BUMPER	DAMAGED	23,295.60	13,000.00
1	FRONT O/S FENDER	TO REPAIR SEE LABOUR	10,566.00	-
1	FRONT O/S FENDER INNER SHIELD	DAMAGED	1,548.00	1,548.00
	LESS 10% DISCOUNT		-4,710.96	-1,454.80
			42,398.64	13,093.20
	<u>LABOUR</u>			
	TO CHECK WIRING, LIGHTING AND RESETTING HEADLAMPS FOCUSING.		80.00	50.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.	NOT NECESSARY	90.00	-
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF FRONT O/S FENDER.		1,200.00	600.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	500.00
			2,370.00	1,150.00
	GRAND TOTAL		44,768.64	14,243.20
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			11,400.00

Report Ref No. CS3/AIG17014721/Cqbe2-1

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.