

INS. CASE OWNER:

CC6 / AIG17023202 / pa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

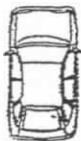
Date / Time :

06/12/17

Registered in Merimen:

06/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 1519P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 30/11/17

Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age :

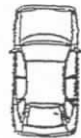
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

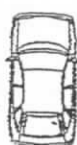
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

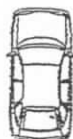
SGV 900D



INSRS: WSP: Lim Tan (Sun Ming) Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	
Repair Cost: S\$	( days) Reduction: %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: S\$	If NO or B 28, Ass. Lia :	
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:
<b>Total:</b> S\$	<b>Global Sum S\$:</b>	3) Survey fee:
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	
Payee 1: S\$	Name 1:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

12/12/17 TP claimant changed wesp. no survey done  
23/01/18 To cancel case.

SGV 900D - X  
SJY 1519P - CC3/AIG14013122/TLV3u2 DOA: 09/07/14

## 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	01/12/2017 08:52
Date Of Accident	30/11/2017 14:15
Exact Location Of Accident	BLK 316 JURONG EAST STREET 31 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV900D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH CHEW BOON MATT
NRIC No	S7230103Z
Email Address	MATT.TOH4@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96990009
Alternative Phone No	OFFICE-96990009

### Vehicle Particulars

Manufacturer	BMW
Model	116I-1.6 (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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP306094
Cover Note Number	

### Driver

Name of Driver	TOH CHEW BOON MATT
NRIC No	S7230103Z
Date Of Birth	22/08/1972
Occupation	INDOOR
Date Of Driving Pass	17/07/1993
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96990009
Fax Number	
Contact Number	OFFICE-96990009
EEmail Address	MATT.TOH4@GMAIL.COM

Address	483 YIO CHU KANG #03-15
Postcode	787057
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT. (REPORT NO. T/20171130/2108) ON 30/11/2017 AT ABOUT 1400HRS, I PARKED MY VEHICLE, SGV900D AT BLK 316 JURONG EAST ST 31. I HAD SECURED MY VEHICLE AND EVERYTHING WAS INTACT. AT ABOUT 1430HRS, WHEN I CAME BACK TO RETRIEVE MY VEHICLE, I DISCOVERED THAT THERE WERE DAMAGES ON THE FRONT RIGHT PORTION OF MY VEHICLE. I WISH TO STATE THERE WERE NO FOREIGN OBJECTS NEAR MY VEHICLE. I DO HAVE AN IN-BUILT CAMERA IN MY VEHICLE AND WHEN I GOT HOME, I MANAGED TO RETRIEVE THE FOOTAGE. THE FOOTAGE SHOWED AT 1413HRS, THERE WAS A VEHICLE, SJY1519P THAT HAD REVERSED AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE. THE DRIVER OF THE SAID VEHICLE THEN DROVE OFF WITHOUT LEAVING ANY CONTACT DETAILS BEHIND. THE FRONT RIGHT BUMPER AND RIGHT HEADLIGHT WERE DAMAGED AND THE FRONT RIGHT WHEEL OF THE VEHICLE IS MISALIGNED. I HAVE ALREADY REPORTED THE MATTER TO MY INSURANCE COMPANY WHO ADVISED ME TO LODGE A POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1519P
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

01 DEC 2017

9.15am

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: **ANG WEI GUANG**  
**S8410708E**

Sketch Plan #2

SKETCH PLAN

O. O. A 30. 11. 2017 , 14 : 15 Hrs



A - SGV 900 D

B - SJY 1519 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per attached police report

Report No. T/20171130/2108

DECLARATION

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

Policyholder's Signature

Date & Time:  
10 DEC 2017  
9.15pm

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

Reporting Centre Personnel's Signature  
Name: ANG WEI GUANG  
NRIC/FIN No.: S8410708E



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C.  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20171130/2108

1 of 3

Report No. T/20171130/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2017 16:56	Vide Report No.	Station Diary No.: 81
--	-----------------	--------------------------

**Informant's Particulars**

Name of Informant: TOH CHEW BOON MATT		Address: 483 YIO CHU KANG ROAD #03-15 SINGAPORE 787057	
ID Type / ID No. NRIC NO / S7230103Z		Contact No. Home/Office	Mobile: 96990009
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 22/08/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: IT CONSULTANT		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: 30/11/2017 14:15	Type of Location: Car Park
Location: Along Road 1 JURONG EAST STREET 31 Blk 316 Jurong East Street 31 car park			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV900D	Car	BMW	116i AT ABS D/AIRBAG 2WD HID 5DR	Silver	Seriously Damaged	0
SJY1513P	Car	MERCEDES BENZ	C 200 CGI	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance To	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 578757  
Tel No: 1800-5529999



T/20171130/2108

2 of 3

Report No: T/20171130/2108

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SGV900D	HL ASSURANCE PTE. LTD	MP308094	01/09/2017	31/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TOH CHEW BOON MATT		ID No.	S7230103Z
Related Vehicle	SGV900D (Car)		Contact No.	96990009
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.**

On 30/11/2017 at about 1400hrs, I parked my vehicle, SGV900D at Bk 316 Jurong East St 31. I had secured my vehicle and everything was intact.

At about 1430hrs, when I came back to retrieve my vehicle, I discovered that there were damages on the front right portion of my vehicle. I wish to state there were no foreign objects near my vehicle. I do have an in-built camera in my vehicle and when I got home, I managed to retrieve the footage. The footage showed that at 1413hrs, there was a vehicle, SJY1519P that had reversed and collided onto the front right portion of my vehicle. The driver of the said vehicle then drove off without leaving any contact details behind.

The front right bumper and right headlight were damaged and the front right wheel of the vehicle is misaligned. I have already reported the matter to my insurance company who advised me to lodge a Police report.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T201711302108

3 of 3



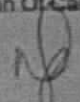
Report No: T201711302108

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 NUR SAHIDAH BINTE IBRAHIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2017 16:58
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No: 65476079	Classification Of Case: 
Authentication Stamp NP158	

- Pre repair inspection request - SGV900D VS SJY1519P (OI) DOA: 30/11/2017

From: Chan, Yoke Shi  
To: assignments, Admin A  
Cc: Tan, Lily (AIG), Fong, Andy-SY, Kaur, Baljit, Chin, Lee-Ying, Abu Kassim, Noor Mariesa, Md Ishak, Mohd Imran, Lim, Sheng Yang  
Sent: Tuesday, 5 December, 2017 4:19:38 PM  
Attachments: ESTIMATE.PDF, GIA.PDF

Hi,

Please refer to the enclosed request from **Lim Tan Motor**.

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.

5.32pm @ 5/12/17  
vehicle Not In  
person @ Richard

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](mailto:yokeshi.chan@aig.com) | [www.aig.com](http://www.aig.com)

**From:** richard [mailto:richard@ltm.sg]  
**Sent:** Tuesday, December 05, 2017 4:14 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; mandy@ltm.sg  
**Subject:** RE: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SJY1519P AND SGV900D ON 30/11/2017  
**Importance:** High

WITHOUT PREJUDICE

Our ref : LTP112017/145 (SGV 900 D)

Your ref : SJY1519P

Good Afternoon Ashley,

Thank you for your email.

We choose **Kenneth Kong** from **LKK Auto Consultants Pte Ltd** to conduct the survey.

Hope the above clarifies.

Thank you and regards,

*Richard Ang*

Claims Executive  
Lim Tan Motor Pte Ltd

[www.LTM.sg](http://www.LTM.sg)

+65 6452 0893 (Office)  
+65 6458 9127 (Facsimile)  
+65 8484 5418 (Mobile)

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[www.facebook.com/LTM.Performance.Singapore](http://www.facebook.com/LTM.Performance.Singapore)



LIM TAN MOTOR PTE LTD 林陈摩哆私人有限公司

COMPANY REGISTRATION NO: 199307277D GST REGISTRATION NO: M2-0119086-0

MAIN OFFICE / WORKSHOP

BLK 176 SIN MING DRIVE  
SIN MING AUTOCARE #03-09/10/06  
SINGAPORE 575721

TEL: +65 6452 0893 FAX: +65 6458 9127

EMAIL: [SALES@LTM.SG](mailto:SALES@LTM.SG)

Operating Hours: Mon – Fri 9am – 6 pm

24hrs Helpline: +65 64520893

BRANCH

BLK 9 SECTOR C #01-38/40/42  
SIN MING INDUSTRIAL ESTATE  
SINGAPORE 575644

TEL: +65 6452 2135 FAX: +65 6452 2159

Sat 9am – 5pm

[WWW.LTM.SG](http://WWW.LTM.SG)



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From: Chan, Yoke Shi [<mailto:yokeshi.chan@aig.com>]

Sent: Tuesday, 5 December 2017 11:18 AM

To: [richard@ltm.sg](mailto:richard@ltm.sg)

Cc: Tan, Lily (AIG) <[Lily.Tan@aig.com](mailto:Lily.Tan@aig.com)>; Fong, Andy-SY <[Andy-SY.Fong@aig.com](mailto:Andy-SY.Fong@aig.com)>; Kaur, Baljit <[Baljit.Kaur@aig.com](mailto:Baljit.Kaur@aig.com)>; Chin, Lee-Ying <[Lee-Ying.Chin@aig.com](mailto:Lee-Ying.Chin@aig.com)>; Abu Kassim, Noor Mariesa <[NoorMariesa.AbuKassim@aig.com](mailto:NoorMariesa.AbuKassim@aig.com)>; Md Ishak, Mohd Imran <[Imran.Ishak@aig.com](mailto:Imran.Ishak@aig.com)>; Lim, Sheng Yang <[ShengYang.Lim@aig.com](mailto:ShengYang.Lim@aig.com)>

Subject: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SJY1519P AND SGV900D ON 30/11/2017

Without Prejudice

Your Reference : SGV900D  
Our Reference : SJY1519P

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](mailto:yokeshi.chan@aig.com) | [www.aig.com](http://www.aig.com)

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