

13/3/2019

INS CASE OWNER:

Justin

CC 4/LCR17023214 1 2A3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

06/12/17

Registered in Merimen:

06/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.: SLQ 477SP

Name of Insured: LCR

Insured Tel No.: HP:

Excess Sec II :SS D.O.A: 03/12/17

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

If NO, Driver Name / Age: LEONG RIFEN, JOSEPHINE

Driver Tel No.: (V/L: YES / NO)

Claim No.: 6642475764-SG

Policy No.:

Make / Model: MAZDA 3-1.5 SEDAN EU6 (A)

Place of Accident: OPEN CARPARK OF BLK 405 JURONG WEST

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

Insured Liability: % Final ? Yes / No

SKC 1245H

INSRS:
WSP: Hua Hong
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time

11/12/17 (Zayer)

SKC 1245H - X ; SLQ 477SP - X

File review, 032 is not at fault.

Request workshop video.

TP moved out from plot / OP go straight

19-1-18

FILE RECEIVED FROM ZAYER.
REVIEWED: TP LIABLE. MOVING
OUT FROM PARKING LOT.

13-03-19

TO CANCEL-NO SURVEY

INPUT IN MERIMEN ACTIVITY
LOG. TO CANCEL.

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:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

SS

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

SS

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

(\$

x

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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 04/12/2017 15:12
Date Of Accident 03/12/2017 12:15
Exact Location Of Accident BLK 407 JURONG WEST ST 42 OPEN SPACE CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1245H
Insured/Policyholder
Name Of Registered Owner TAY CHEN HOCK
NRIC No S1550729B
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-82008386
Alternative Phone No OFFICE-82008386

Vehicle Particulars

Manufacturer BMW
Model 118I 2.0 AT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number BVPPSB0544201600
Cover Note Number N.A

Driver

Name of Driver TAY KAI YUEN
NRIC No S9215427J
Date Of Birth 18/04/1992
Occupation INDOOR
Date Of Driving Pass 12/09/2014
Driving Experience 3 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94561048
Fax Number
Contact Number
Email Address YATSEMAJ@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION
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) 2

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 reversing into carpark lot at Blk 407 Jurong West St 42 open space carpark when car SLQ4775P made a right turn and suddenly accelerated and its front left side collided onto my car front right side. Damages to my car were on the front right portion. No injuries were involved.

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 SLQ4775P
Vehicle Make/Model/Colour MAZDA / MAZDA3
Details Of Properties NIL
Name of Driver JOCELYN
NRIC/Passport Number
Contact Number 90608043
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

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 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 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)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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 the 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, invoice), 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.
 - (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 based outside of Singapore, for one or more of the above Purposes.

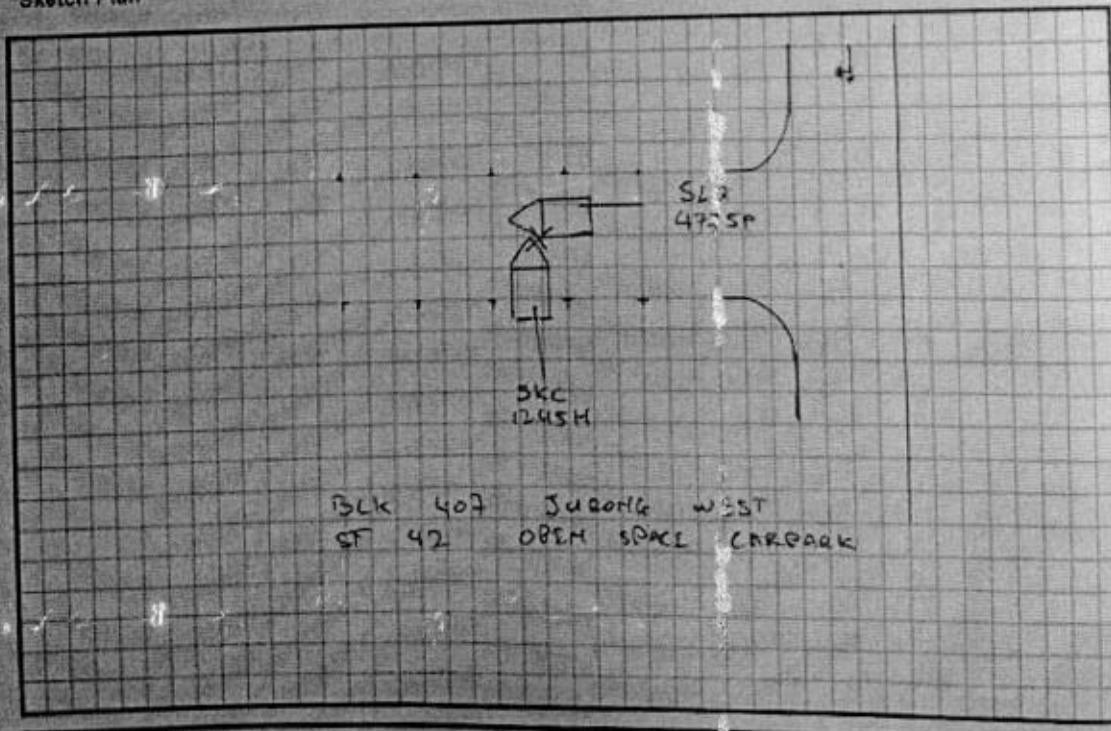
VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabla

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was reversing into carpark lot at Blk 407 Jurong West St 42 open space carpark when car SLQ4775P made a right turn and suddenly accelerated and its front left side collided onto my car front right side. Damages to my car were on the front right portion. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 December 2017 at 11:21 AM

Date/Time:

4 December 2017 at 11:21 AM

**HUA HONG PRIVATE LIMITED**

250 Sungei Kadut Street 1 Singapore 729332
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: claims@huahong.com.sg

05 December 2017

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 Chartis Building
Singapore 079120

Attn: Motor Claims Dept
Fax: 6415 3727

Dear Sir/M'dm

ACCIDENT INVOLVING SKC 1245 H & SLQ 4775 P ON 03/12/17 AT BLK 407 JURONG WEST ST 42 OPEN SPACE CARPARK AT ABOUT 1215 HOURS (THIRD PARTY CLAIM)

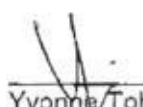
I refer to the matter above.

Please advise on the liability of the above-mentioned accident. A copy of the GIA report as attached for your perusal (total 5 pages including this letter).

Should you need any clarification, please contact Mrs Tan @ 6661 9695 or email to claims@huahong.com.sg.

Thank you.

Yours sincerely


Yvonne Toh
Motor Claims Dept
Tel: 6661 9688
Fax: 6661 9699



- Pre repair inspection request - SKC1245H VS SLQ4775P (OI) DOA: 03/12/2017

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: Wednesday, 6 December, 2017 10:12:59 AM
Attachments:  SLQ4775P - PRLTIF

Hi,

Please refer to the enclosed request from **HUA HONG PRIVATE LIMITED**.

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 Calvin Ang as Single Joint Expert as requested.

****kindly advise liability status ****

10.25 am @ 6/12/17
vehicle Not In
person @ Mrs. Tan

Thank you.

Regards,

Yoke Shi @ Ashley

AIG

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

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

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

From: Yvonne Toh [<mailto:yvonne@huahong.com.sg>]

Sent: Wednesday, December 06, 2017 9:51 AM

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

Subject: RE: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLQ4775P AND SKC 1245 H ON 03/12/2017

Dear Ashley

We choose Calvin Ang - LKK Auto Consultants Pte Ltd.

Kindly advise on liability first before survey.

Thank you.

Regards

Yvonne Toh

Claims Department



HUA HONG PRIVATE LIMITED

25D SUNGEI KADUT STREET 1 SINGAPORE 729332

T. 6661 9688 | F. 6661 9699

E. yvonne@huahong.com.sg | W. www.huahong.com.sg

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

Sent: Wednesday, 6 December 2017 8:44 AM

To: claims@huahong.com.sg

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

Subject: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLQ4775P AND SKC1245H ON 03/12/2017

Without Prejudice

Your Reference : SKC1245H
Our Reference : SLQ4775P

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 Han Xin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Henry Ng	LKK Auto Consultants Pte Ltd
Mohammed Rasul	LKK Auto Consultants Pte Ltd
Steven Foong	LKK Auto Consultants Pte Ltd
Wei Jie	LKK Auto Consultants Pte Ltd
Ma Chin Fook	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

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

Thank you.

Regards,

Yoke Shi @ Ashley
AIG

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

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

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

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HUA HONG PRIVATE LIMITED

250 Sungei Kadut Street 1 Singapore 729332
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: claims@huahong.com.sg

05 December 2017

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 Chartis Building
Singapore 079120

Attn: Motor Claims Dept
Fax: 6415 3727

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Please advise on the liability of the above-mentioned accident. A copy of the GIA report as attached for your perusal (total 5 pages including this letter).

Should you need any clarification, please contact Mrs Tan @ 6661 9695 or email to claims@huahong.com.sg.

Thank you.

Yours sincerely


Yvonne Toh
Motor Claims Dept
Tel: 6661 9688
Fax: 6661 9699



Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	S8308693I
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

PROVISIONAL DRIVING LICENCE

You (S8308693I) are not a valid Provisional Driving Licence Holder.

The above information is accurate as at 11/12/2017 12:01 AM.