

INS. CASE OWNER:

CC 6 / AIG170 23794 /

pa3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

DOI:

Date / Time :

14/12/17

Registered in Merimen:

14/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

STJ 6669H

Name of Insured :

Desmond Seah Chin Kiat

Insured Tel No. :

HP:

94894389

Excess Sec II :SS

D.O.A :

12/12/17

Is driver the owner?

( YES / NO )

Nature of Accident :

Claim No. :

Policy No. :

2100438733-02

Make / Model :

BMW 520

Place of Accident :

Bukit Timah Road

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SKV 4702K



INSRS:

WSP:

Tel :

Liability :

RMKS:

Cham's

Customcraft



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

18/12

CH1

23/1/18

SKV 4702K - NBA/1NCC6016838/Y ; DOA: 06/09/16  
STJ 6669H - XNO Survey done. TP claimant changed wisp to  
move. Aik in house will handle.

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)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
LOD	<input type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:		Confirm by:	
<b>FINALIZATION</b>		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$	( days)	Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>		Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :		
Repair Cost:	S\$					
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 )				
Legal Cost	S\$					
Total:	S\$	Global Sum S\$:				
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				



# 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 : CC6/AIG17023794/pa3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 14-12-2017		
		Code : AIG		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJT 6669H	Veh. Inspected	SKV 4702K	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	14/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	12/12/2017	Inspection Date		
Survey held at	CHARN'S CUSTOMCRAFT BLK 1010 BUKIT MERAH LANE 3 #01-105 SINGAPORE 159724			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

## 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	13/12/2017 13:14
Date Of Accident	12/12/2017 14:45
Exact Location Of Accident	ALONG NEWTON FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4702K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORD CAMERON
NRIC No	G6343098L
Email Address	CSEFORD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92979957
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10020415R00
Cover Note Number	

### Driver

Name of Driver	MOK KIEN FATT
NRIC No	S1745325D
Date Of Birth	17/04/1966
Occupation	INDOOR
Date Of Driving Pass	10/09/1992
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97575741
Fax Number	
Contact Number	
Email Address	MARCUS@MARCUSMOK.COM

**SKETCH PLAN**

**IMPORTANT NOTICE**

VEHICLE NO: SLV 4702K  
ACCIDENT DATE: 12/12/17


1. Please report correctly the details of the accident to speed up the claims process.
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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.

**NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

Policyholder's Signature  
Date & Time:

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

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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### ACCIDENT STATEMENT

Date Of Report	12/12/2017 16:48
Date Of Accident	12/12/2017 14:45
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6669H
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### Insured/Policyholder

Name Of Registered Owner	DESMOND SEAH CHIN KIAT
NRIC No	S7324294J
Email Address	DESMODSEAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94894389
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100438733-02
Cover Note Number	

### Driver

Name of Driver	DESMOND SEAH CHIN KIAT
NRIC No	S7324294J
Date Of Birth	06/07/1973
Occupation	INDOOR
Date Of Driving Pass	31/05/1994
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94894389
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	DESMODSEAH@GMAIL.COM
Address	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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I understand, acknowledge, agree and consent that:

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(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

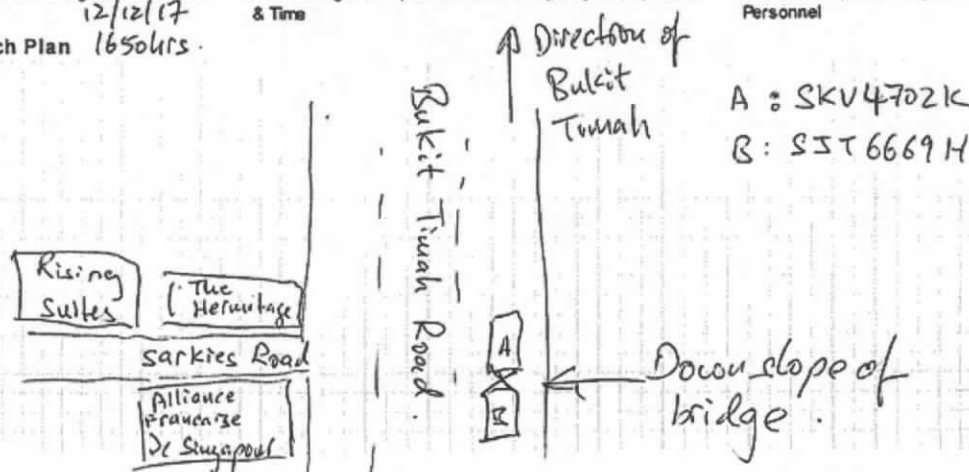
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
12/12/17

Sketch Plan 1650hrs.

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

Witnessed by Reporting Centre Personnel





# POLICY SCHEDULE

## AUTOPLUS PRIVATE VEHICLE

Policy No. : 2100438733-02

Period of Insurance : 05 Dec 2017 to 04 Dec 2018

Issued Date : 01 Dec 2017

### ABOUT THE POLICYHOLDER

Name of Policyholder : Desmond Seah Chin Kiat  
Address : 310B ANCHORVALE ROAD  
#13-21  
SINGAPORE 542310  
Occupation/Nature of Business : Executives

### ABOUT THE VEHICLE

Registration No. : SJT6669H Engine Capacity/Tonnage : 1.997 00 CC  
Chassis No. : WBAXG12040DX51413 Engine No : A9210318N20B20B  
Seating Capacity : 4 First Year of Registration : 2012 Body Type : Sedan  
Make/Model : BMW 520i 2.0 (Sedan)  
Hire Purchase Company/Employer's Loan : United Overseas Bank Limited

### ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No  
Driver Restriction : NA Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive :

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission  
This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition

You have to pay an additional sum of \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorized Driver (named or unnamed) is under the age of 21 and/or has less than 2 years' driving experience

Age Condition : All Age Condition

#### Limitation as to use :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

#### Other Key Policy Benefits :

Act of God, Debris (first 5 years from original registration) + AIG Authorized Workshops, Waiver of Excess, PA to Authorized Driver / Unnamed Passenger - \$10,000, P= Insured - \$50,000, Key Replacement Cover - \$500, Sinking, Pits and Civil Commotions, Loss of Use 1500cc - 1600cc Optional, In-Car Camera Excess Waiver, NCD Protection

### EXCESS

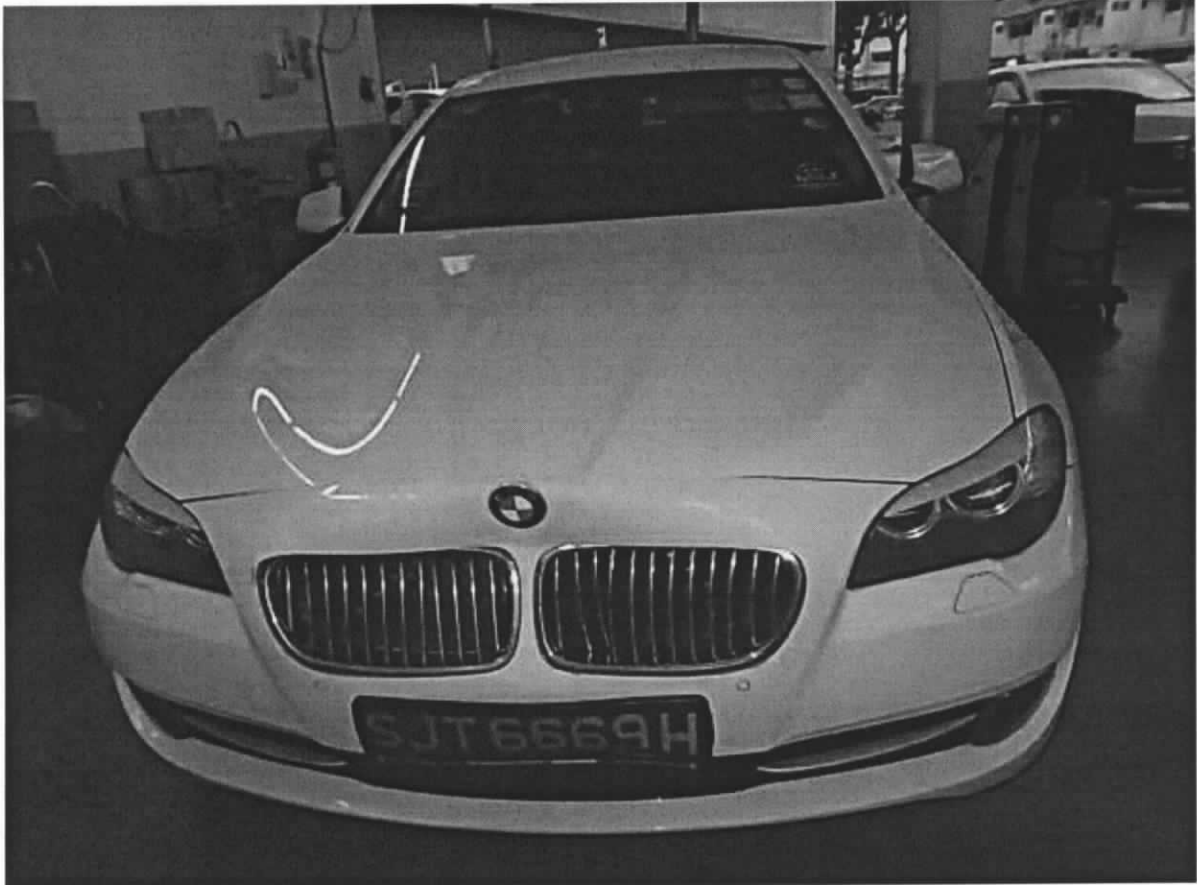
Section 1  
Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0  
Section 2  
Property Damage - \$0  
Windscreen : \$100  
Named Driver  
Desmond Seah Chin Kiat - \$500 (Own Damage), Boon Ming Goh - \$500 (Own Damage)

### PREMIUM

Premium : \$ 1,025.32  
GST (7%) : \$ 71.77  
Total : \$ 1,097.09  
Your Premium includes the following discount(s):  
AIG On the Go App - 11.00%, No Claim Discount - 50%



Accident Photo





Accident Photo



Accident Photo



Accident Photo



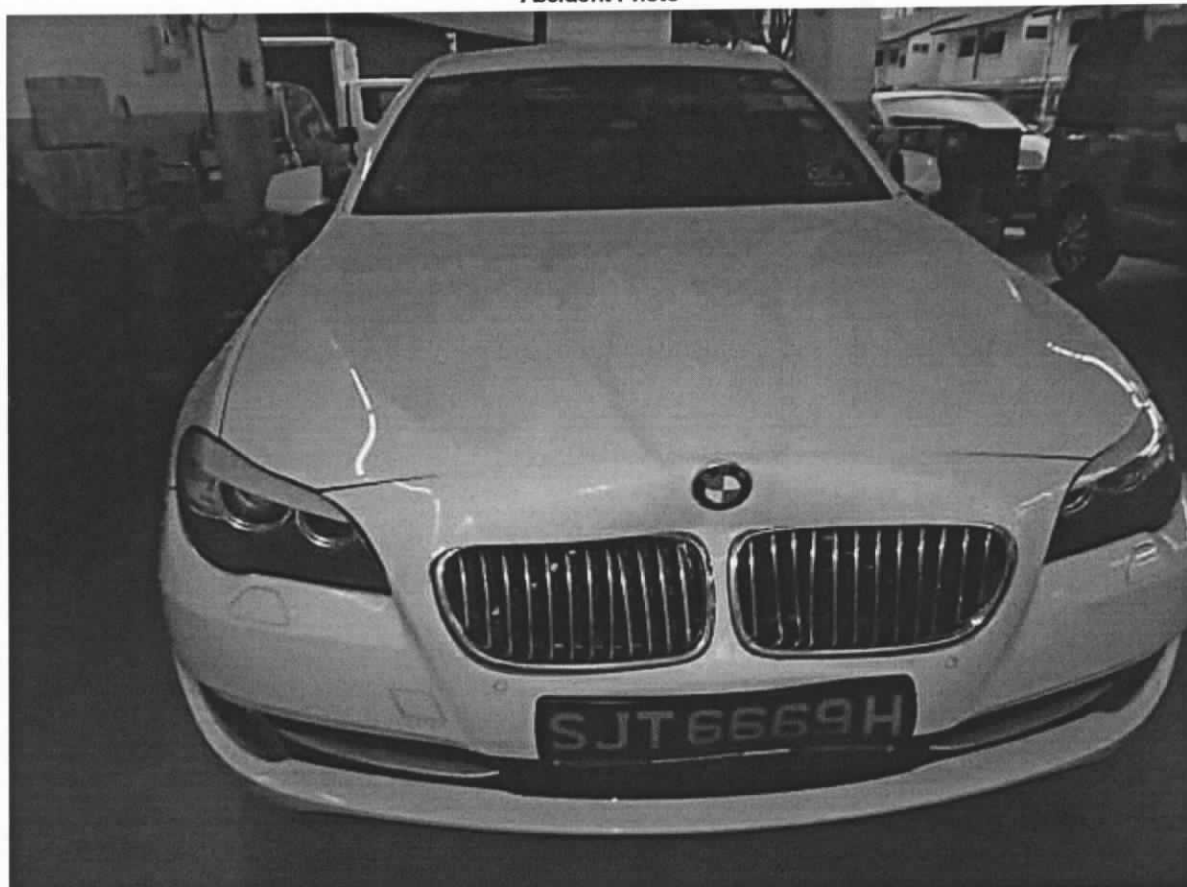
Accident Photo



Accident Photo



Accident Photo



## Status of Driving Licence

### QUALIFIED DRIVING LICENCE

<b>Qualified Driving Licence No. :</b>	S7324294J
<b>Status of Qualified Driving Licence :</b>	Valid
<b>Class of Qualified Driving Licence :</b>	3
<b>Expiry Date :</b>	Valid for life unless revoked, suspended or disqualified.

### PROVISIONAL DRIVING LICENCE

<b>Provisional Driving Licence No. :</b>	S7324294J
<b>Status of Provisional Driving Licence :</b>	No Licence
<b>Class of Provisional Driving Licence :</b>	
<b>Expiry Date :</b>	-

The above information is accurate as at 18/12/2017 12:01 AM.