

31/03/2017

DAR & days.

ASS. REC. BY:

REF:

C93 / A1617024481 / T1bck

Special Instruction:

SUMMARY:

mermen.

Taufik

ASSIGNMENT (Office)

From (Person):

Chin Lee Ying

of

AIG

Date/Time: 22/12/17 @ 12.02 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJE 9896C

Insured:

SJR 6535X

at Workshop m/s

Wu Hoe Auto Service

Tel:

6868 0019

of

19 Kim Chuan Terrace

Policy No:

2100148321

Claim No:

471400856886

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/12/2017

CA / REV / REP. / REV 24 HRS

wp?

H.O.D. Endorsement:

Date/Time:

9.23am @ 26/12/17

Person Contacted:

Mr. Kiat

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJE 9896C - CNI / VAL09011834 / Kg

SJR 6535X - X

After repair: 27/12/2017

**- FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED
VEHICLE SJR6535X AND SJE9896C ON 20/12/2017**

From: Chin, Lee-Ying
To: assignments, Admin A
Cc: Fong, Andy-SY
Sent: Friday, 22 December, 2017 12:02:04 PM
Attachments:  Fax3482.tif  3633_001.pdf  3599_001.pdf

Hi LKK,

Kindly assist to survey.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947 | Fax +(65) 6835 7416
Lee-Ying.Chin@aig.com | www.aig.com.sg

IMPORTANT NOTICE:

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VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks
(Incorporated with limited liability)

Company Registration No. 200721148H

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI D/O MUNIANDY
SEGA PARAM
TIWARY ANURADHA
ONG BOCK KEE
DIANE ANG KIM NOI
RAVENDRA KRISHNASAMY
TAY HAO RAN
JANICE HAN JIA LIN
TAN YINGXIAN SELWYN

Head Office

133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch:

490 Toa Payoh Lorong 6
#03-11 HDB Hub
Singapore 310490

HEAD OFFICE:

TEL : 65342811 (Hunting)
FAX : 65356802 (General)

E-MAIL: annatan@visionlawllc.com

BRANCH

TEL : 63580703
FAX : 63580448(conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to HEAD OFFICE for this matter

OUR REF: AKN-atv-INS-W30-SJE9896C-2017 - [please reply to: annatan@visionlawllc.com](mailto:annatan@visionlawllc.com)
YOUR REF: SJR6535X

22 December 2017

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Building
78 Shenton Way #08-16
Singapore 079120
Attn: Motor Claims Department

BY FAX 6835-7416 & EMAIL
ShengYang.Lim@aig.com

Dear Sirs

NAME OF CLAIMANT: GD CARZ
VEHICLE NUMBER: SJE 9896 C
YOUR INSURED VEHICLE NUMBER: SJR 6535 X
ACCIDENT ALONG CHAI CHEE STREET AND BEDOK NORTH ROAD

We refer to your email dated 22 December 2017 wherein there is no agreement to the appointment of Single Joint Expert for this matter.

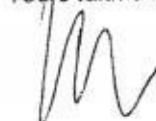
Please be informed that the said vehicle can be inspected at :

WEE HOE AUTO SERVICE
19 KIM CHUAN TERRACE
SINGAPORE 537041
TEL: 6858-0019 (KIAT)

Contact Person:

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully



(Head Office)

cc. **SJE 9896 C - By fax 6858-0195 only**

FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor :
(Name & Signature) :

Date & Time of Inspection :

CONFIDENTIALITY
THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

MVA31716708 / VAC - Kaki Bukit
ENTRY DATE & TIME: 21/12/2017 14:52
SUBMITTED BY: SITI FAHLON

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 21/12/2017 14:52
Date Of Accident 20/12/2017 21:00
Exact Location Of Accident CHAI CHEE STREET & BEDOK NORTH ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE9896C
Insured/Policyholder
Name Of Registered Owner GD CARZ
Co Reg No 53122597J
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-90000000
Vehicle Particulars
Manufacturer MITSUBISHI
Model LANCER 1.5 MIVEC GLS 4A/T
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 HIRE
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 5083196477-01
Cover Note Number
Driver
Name of Driver MUHAMMAD FIRDAUS BIN AHMAD A*TAILLAH
NRIC No S9342502B
Date Of Birth 10/11/1993
Occupation OUTDOOR
Date Of Driving Pass 27/12/2013
Driving Experience 3 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82226362
Fax Number
Contact Number
Email Address NOEMAIL

Address 210 TURF CLUB ROAD B16 TURF CITY
 Postcode 287995
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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 TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? 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
 Passenger 1 NAME: NA
 GENDER: FEMALE

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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. MY VEHICLE WAS STATIONERY AT THAT TIME, WAITING FOR ONCOMING TRAFFIC TO BE CLEAR. WHILE IN THE MIDST OF WAITING, THAT IS WHEN VEHICLE B UNABLE TO STOP ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR PORTION. ATTENDED BY SITI

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 SJR6535X
 Vehicle Make/Model/Colour TOYOTA COROLLA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

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

21 DEC 2017

16AC LYN BUKIT (VAC)

22 KAKI BLKIT AVE 4

Reporting Centre, Singapore

Name: Tel: 67416697

NRIC/FIN No.: Fax: 67492305

E-mail: weeb@singnet.com.sg

Ref: C93/AIG 17024481/T1b

Veh: SJE 9896C

DOI: 26/12/2017

1. Rear bumper - cracked
2. Rear bumper clip - nec
3. Rear bumper reflector d/s - scratched
4. Rear Tow hook cap - distorted
5. Rear bumper reinforcement - ~~unconfirmed~~ *check
6. Paintwork 1 panel
7. Workmanship - 2 days

...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Dec 2017 Edit Reg		22 Dec 2017 00:00 Edit Adj Rpt	\$50.00 Edit Estimates	\$50.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
[Created by adjuster]									
CLAIM SUBFOLDER DETAILS									
Insured: Lim Chee Siong (Lin Zhixiong) , ID: S7507411E									
Main Claimant: -									
Vehicle Reg. No.: SJE9896C		Date of Loss: 20/12/2017 00:00 - :59							
Claim Type: TP / 4714008568SG		Policy/Cover Note No.: 2100148321 (Comprehensive)							
Vehicle Reg. No. (Insured): SJR6535X		Policy No. (Claimant):							
		Excess:							
Repairer: Wee Hoe Auto Service (HQ) 19 Kim Chuan Terrace, Singapore 537041, 537041 Kaki Bukit - Tel: 68580019									
Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Loh, Chee-Heng] Chee-Heng.Loh@aig.com									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 15/03/2018]									
				View All Compose Case Mail					
ASSOCIATED MAIL RECEIVED									
<ul style="list-style-type: none"> AIG_SG (13/03/2018): Request To Upload TP GIA Report 									
ALL ASSOCIATED TASKS									
View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SJE9896C (4714008568SG)**
[SJR6535X]

TP

-

Dec 20 2017 12:00AM
[Lim Chee Siong (Lin Zhixiong)]
Wee Hoe Auto Service

Upload Documents Upload Photos Compose New Letter Upload Video Upload Audio			View View in Browser	
			1 per page <input type="checkbox"/>	
Assessment Reports				
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		
1	13/03/18 15:52	Accident Statement From: OD - Reg. No: SJR6535X, Claimant: LIM CHEE SIONG		
			3 per page <input type="checkbox"/>	
Photos/Images				
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		
1	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
2	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
3	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
4	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
5	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
6	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
7	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
8	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
9	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
10	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
11	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
12	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
13	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
14	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
15	06/04/18 09:48	Odometer Reading		<input checked="" type="checkbox"/>
16	06/04/18 09:48	Chassis Number		<input checked="" type="checkbox"/>
17	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
18	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
19	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
20	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
21	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
22	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
23	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
24	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
25	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
26	06/04/18 09:48	General View		<input checked="" type="checkbox"/>
27	06/04/18 09:49	Reinspection Photo		<input checked="" type="checkbox"/>
28	06/04/18 09:49	Reinspection Photo		<input checked="" type="checkbox"/>
29	06/04/18 09:49	Reinspection Photo		<input checked="" type="checkbox"/>
30	06/04/18 09:49	Reinspection Photo		<input checked="" type="checkbox"/>
31	06/04/18 09:49	Reinspection Photo		<input checked="" type="checkbox"/>
32	06/04/18 09:49	Reinspection Photo		<input checked="" type="checkbox"/>
33	06/04/18 09:49	Reinspection Photo		<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
34	06/04/18 09:49	AIG Asia Pacific Insurance Pte. Ltd. (SG) Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
35	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
36	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
37	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
38	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
39	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
40	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
41	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
42	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
43	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
44	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
45	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
46	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
47	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
48	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
49	06/04/18 09:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

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/AIG17024481/T1BE2
 Date: 07/05/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100148321
 Claimant Vehicle No: SJE9896C Insured Vehicle No: SJR6535X
 Date of Loss: 20/12/2017 Nature of Claim: TP Claim No: 4714008568SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJE9896C Engine No: HIDDEN
 Make & Model: MITSUBISHI LANCER, 1.5 (A) Chassis No: CY2ASRMHR
 Reg. Date: (Man. Year:) Odometer: 205905 km
 Colour: Silver
 Engine Capacity: 0 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): 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: 225/45 R17 Rear Tyre Size: 225/45 R17
 Front Left Side: Continental 6 mm Rear Left Side: Continental 6 mm
 Front Right Side: Continental 6 mm Rear Right Side: Continental 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 22/12/2017
 Date Inspected: 26/12/2017 Inspected At: Wee Hoe Auto Service (HQ)
 19 Kim Chuan Terrace,
 Singapore 537041

Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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		*REAR BUMPER	Cracked	0.00 F	*- F
2	1		*REAR BUMPER CLIP	Necessary	0.00 F	*- F
3	1		*REAR BUMPER REFLECTOR O/S	Scratched	0.00 F	*- F
4	1		*REAR TOW HOOK CAP	Distorted	0.00 F	*- F
5	1		*REAR BUMPER REINFORCEMENT	* Check	0.00 F	*- F
F=Franchise part.						
Total Parts (S\$)					0.00	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >