

DAR & days

ASS. REC. BY:

REF: CS3/AIG17024690/Wd302

Special instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Chin Lee Ying of AIG Date/Time: 10:00am @ 29/12/17

Estimated Cost: Bill to:

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

To inspect Vehicle No: GV1318D Insured: SFU 2233A

at Workshop n/s: Revol Carz Garage Tel: 6746 6281

of 10, AMK Ind. Prk 2A #02-18

Policy No: Claim No: 5329666951SG

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 27/12/17

CA / REV / REP. / REV 24 HRS 'wp' 10/01/18 H.O.D. Endorsement:

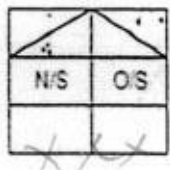
Date/Time: 10:29am @ 29/12/17 Person Contacted: May Vehicle-IN/OUT

Date/Time	Action/Instruction (X) Estimate
	GV1318D-NA/FCT13019148/mo D.O.A: 12/10/2013
	SFU 2233A - x
	dismantle photo - 15/01/18
	After repair - 23/01/18

Smart **PRS**
Wilson

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV _____
 To inspect Vehicle No **GV 1318 D**
 at Workshop mis **Reval Camz**
 of **Blk 13, Amk Ind Park 2A**
 Insured **#02-18**
 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 _____
 JDAC Accident Rpt: _____ Consistent? Yes or No _____
 GIA / PR Seen _____ Consistent? Yes or No _____
 Est. Repairs: **5** days Res: Yes or No _____
 Lum Sum: _____ % 3 Val: Yes or No _____
 CA / REV / REP. / 24 HRS _____
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____



Veh No **GV 1318 D** Yr Regn _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make **Toyota Hiace** CC **2982**
 Colour **Silver** AC Insured / Std / NI / NA _____
 Sp. Reading **33623** T. Radio Insured / Std / NI / NA _____
 Eng No _____
 C/No **KDH 201 - 502546F**
 Gen. Cond **Good** / Fair / Poor / Burnt _____
 Steering: **Inorder** / Jammed / Leaked / Burnt or _____
 Brake: **Inorder** / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / **STD A/Rim** or _____
 Tyre Size F: **195/80 R 15**
 R: **195/80 R 15**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Bridgestone (F) (LR)**
 Front _____ Rear _____
 R/Bal **4** mm R/Bal **4** mm
 L/Bal **4** mm L/Bal **4** mm
 D.O.A. _____ D.O.I. **8/12/18**
 Survey held at: **As Above**
 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 Action / Instruction
11/4/18 **Submit DAR report.**

RECEIVED 11 APR 2018

Date/Time File Pass to: : Preli. Report
 : Final Report
 Days Of Repair: **5**
 Resurvey No. of Trip: **2**
 Add Fee: Site Insp / \$
 Interview / \$
 Tech Insp / \$
 Weekend / \$
 Report Format: **DAR**
 Lump Sum / I.B.I: (\$ _____)
 Survey Fee **180**
 Transporter _____
 Photos **20**
 TOTAL **200**

- FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SFU2233A AND GV1318D (REVOL) ON 27/12/2017

From: Chin, Lee-Ying
To: 'assignments', Admin A
Cc: Fong, Andy-SY
Sent: Friday, 29 December, 2017 10:00:04 AM
Attachments:  [Revol Carz - Pre-Repair Notice \(AIG\)\(GV1318D\).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:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.Revol (GV1318D)
Your Ref: SFU2233A

29 December 2017

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16 AIG Building
Singapore 079120

BY FAX: 6835 7416 ONLY

Attn: Motor Claims Department

URGENT

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR

CLAIMANT: ANERGY SOLUTIONS PTE LTD
TRAFFIC ACCIDENT ON 27 DECEMBER 2017 AT 17:30 HRS ALONG PIE TOWARDS
CHANGI AIRPORT BEFORE CTE/SLE EXIT INVOLVING VEHICLES NO. GV1318D &
SFU2233A

We are instructed by Anergy Solutions Pte Ltd to notify you of a road accident on 27 December 2017 at about 17:30 hrs along PIE towards Changi Airport before CTE/SLE Exit involving our clients' vehicle registration number GV1318D and vehicle registration number SFU2233A driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our clients' vehicle has been damaged. Before our clients proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our clients shall proceed to repair the vehicle without further reference to you.

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

Venue: Revol Carz Garage Pte Ltd
Address: 10, Ang Mo Kio Industrial Park 2A
#02-18 AMK Autopoint
Singapore (568047)
Contact: May (6746 6281) / Gavin (9740 6855)

Please liaise with the above workshop directly.

Yours faithfully

Amerjeet Singh

Email: corene@crossborderllc.com /
huiting@crossborderllc.com

encs

**PLEASE LET US KNOW THE DATE
OF THE PRE-REPAIR INSPECTION**

.....

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

BRANCH OFFICE
1 JALAN BERSEH
#03-12 NEW WORLD CENTRE
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

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	28/12/2017 10:14
Date Of Accident	27/12/2017 17:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT B4 CTE/SLE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV1318D
Insured/Policyholder	
Name Of Registered Owner	ANERGY SOLUTIONS PTE LTD
Co Reg No	200806077K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62993286

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-001381
Cover Note Number	13/03/2017 - 12/03/2018

Driver

Name of Driver	TAN WUI MENG IAN (CHEN WEIMING)
NRIC No	S7715145A
Date Of Birth	06/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1995
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188912
Fax Number	
Contact Number	
Email Address	IANTWM@GMAIL.COM

Address BLK 326B ANCHORVALE ROAD #11-262
 Postcode 542326
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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 2
 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) 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 STATEMENT

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 SFU2233A
 Vehicle Make/Model/Colour MAZDA 6 GREY
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN LIK CHING
 NRIC/Passport Number S1625512B
 Contact Number 96315778
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GUT110
INSURER : EA
DATE & TIME: 27/12/17 @ 1730

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 Authorized 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 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/information 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 use 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 of 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, regulations, law enforcement and government agencies as lawfully required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time: 28/12/17

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

Reporting Centre Personnel's Signature
Name: [Signature]
NIC/FIN No. 28/12

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/12/2017 at around 1738hrs. I am driving Vehicle A (GV1318D) travelling straight along PIE towards Chong Airport before 5:30/5:35 EXIT when suddenly Vehicle B (SFU 2233A) knocked into my rear.

Vehicle No: GV 1318D (EQ)

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 28/12/17

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

Reporting Centre Personnel's Signature
Name:
Unit/Flt No:

Claim Own Policy Claim Third Party Reporting Only
 Claim Damage at other workshop ()

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 insured to 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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/12/2017 10:14
Date Of Accident	27/12/2017 17:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT B4 CTE/SLE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV1318D
Insured/Policyholder	
Name Of Registered Owner	ANERGY SOLUTIONS PTE LTD
Co Reg No	200806077K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62993286

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-001381
Cover Note Number	13/03/2017 - 12/03/2018

Driver

Name of Driver	TAN WUI MENG IAN (CHEN WEIMING)
NRIC No	S7715145A
Date Of Birth	06/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1995
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188912
Fax Number	
Contact Number	
Email Address	IANTWM@GMAIL.COM

Address BLK 326B ANCHORVALE ROAD #11-262
 Postcode 542326
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO HEAD
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident? 2
 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 persons 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 STATEMENT

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 SFU2233A
 Vehicle Make/Model/Colour MAZDA 6 GREY
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAMMOK CHING
 NRIC/Passport Number S1620912B
 Contact Number 96315778
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF ACCIDENT

On 27/11/2017 at 1:28hrs, I am driving Vehicle A GY1311D towards Change Rthrup before CR/PLC EXIT when saw Vehicle B SFU 2237A entering my lane.

Vehicle NW 2 (155)

Note: Please note that you are submitting this declaration under your own cover. The 30 days Time Frame for submitting a claim may vary. Please check with your insurer for more details.

DECLARATION

(I/We declare the following to be true and correct)

Policyholder's Signature: _____
Date & Time: 28/11/17

Name: _____

(Policyholder)

Gain Third Party
Shop (BY RAY)

(Signature)

Condition (000)
 (01)Bent (02)Dented (03)Distorted (04)Cracked (05)Cut (06)Scratched
 (07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary
 (12)Missing (13)Tam (14)Unconfirmed (15)Not Working

VAN / LORRY (Rear)

ACTION/AC
 (1)Replace (✓) (2)Repair (✓) (3)Check (✓)
 (4)Not Confirmed (NC)

Aug 2005

Vehicle No: **GV 1314** →

Rear Portion

NAC	INC	Item	CON	AC	Qty
1137	993626	Rear Number Plate			
1138	993627	Rear Number Plate Base			
2044	993628	Rear Number Plate Bracket			
1140	993632	Rear Number Plate Lamp			
1141	992958	Rear Bumper		DD/CUT ✓	
1142	993108	Rear Bumper Upper			
1143	993017	Rear Bumper Lower			
1144	993054	Rear Bumper Side			
1147	992976	Rear Bumper Bracket (Ctn)		NEC ✓	
1148	993068	Rear Bumper Side Retainer			
1149	993045	Rear Bumper Reinforcement			
2045	993081	Rear Bumper Step Panel			
2046	993079	Rear Bumper Step Garnish			
2047	993186	Rear Crash Bar			
1158	994023	Reverse Sensor		SC ✓	
1159	993327	Rear End Panel			
1163	993851	Rear LH Taillamp		SRV ✓	
1164	993853	Rear LH Taillamp Garnish			
1165	993859	Rear LH Taillamp Panel			
1166	995116	Rear RH Taillamp			
1167	993853	Rear RH Taillamp Garnish			
1168	993859	Rear RH Taillamp Panel			
1169	993554	Rear Apron Panel			
1289	995156	Rear LH Door			
1350	993201	Rear RH Door			
2048	991328	Rear Door Emblem			
2049	993274	Rear Door Outer Handle			
2050	993228	Rear Door Garnish			
2051	993294	Rear Door Rubber			
1291	995194	Rear LH Door Hinge			
1352	995307	Rear RH Door Hinge			
1301	993261	Rear LH Door Lock			
1362	993261	Rear RH Door Lock			
2052	993232	Rear Door Glass			
2053	993955	Rear Door Glass Sealant			
1248	994729	Third Brake Light			
1181	994543	Tailgate		DD ✓	
2054	993700	Rear Rubber Stopper			
2055	993701	Rear Rubber Stopper Bracket			
1182	991328	Tailgate Emblem		NEC ✓	
1183	994643	Tailgate Outer Handle			
1185	994545	Tailgate Garnish			
1193	994602	Tailgate Glass			
1194	994606	Tailgate Glass Rubber			
1195	994604	Tailgate Glass Moulding		NEC ✓	
1196	994607	Tailgate Glass Sealant		NEC ✓	
2056	994597	Tailgate Extension Mirror			
1197	994629	Tailgate Lock		JM ✓	
1198	994651	Tailgate Rubber		NEC ✓	
1199	994611	Tailgate Hinge			
1200	994594	Tailgate Damper			
1201	994613	Tailgate Inner Board			
2057	993992	Rear Wiper Arm			
2058	993995	Rear Wiper Blade			
2059	993997	Rear Wiper Motor			
2060	993484	Rear Floor Panel			
1204	995065	Spare Tyre			
2061	993785	Spare Tyre Bracket			
1212	993364	Rear Exhaust Pipe			
1214	993361	Rear Exhaust Mounting			
1216	995223	Rear LH Chassis Member			
1217	993165	Rear RH Chassis Member			

NAC	INC	Item	CON	AC	Qty
2062	993748	Rear Sidegate			
2063	994225	Rear Sidegate Lock			
2064	993749	Rear Sidegate Hinge			
2065	994226	Sidegate Lower Panel			
2066	994227	Sidegate Railing			
2067	994208	Side Cover Hook			
2068	991965	Side Step Panel			
2069	994496	Side Step Panel Stopper			
2070	992857	Rear Body Panel			
2071	992866	Rear Body Panel Inner			
2072	995329	Sliding Door LH			
2073	995328	Sliding Door RH			
2074	994295	Sliding Door Handle			
2075	994300	Sliding Door Lock			
2076	994313	Sliding Door Rubber			
2077	994291	Sliding Door Bottom Roller			
2078	994317	Sliding Door Top Roller			
2079	994306	Sliding Door Rail			
2080	994315	Sliding Door Stepboard			
2081	994316	Sliding Door Stepboard Garnish			
1224	993621	Rear LH Mudflap			
1225	993933	Rear LH Wheel Rim			
1226	994025	Rear LH Rim Cover			
1227	995065	Rear LH Tyre			
1234	993622	Rear RH Mudflap			
1235	993934	Rear RH Wheel Rim			
1236	994025	Rear RH Rim Cover			
1237	995065	Rear RH Tyre			
1252	992179	Fuel Tank			
1253	992184	Fuel Tank Bracket			
1336	990247	Sticker			
		Rear LH Fender B.			
		Rear End Panel		DD ✓	
		- Panel			

No of Items: _____ Assessor: _____

5 Days Repairs

...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	04 Apr 2018 Edit Reg		29 Dec 2017 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	Tan Lik Ching , Co. Reg. No.: -		
Main Claimant:	ANERGY SOLUTIONS PTE LTD		
Vehicle Reg. No.:	GV1318D	Date of Loss:	27/12/2017 00:00 - :59 [9 Months and 14 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 5329666951SG	Policy/Cover Note No.:	(Comprehensive)
Vehicle Reg. No. (Insured):	SFU2233A	Policy No. (Claimant):	
		Excess:	
Repairer:	Revol Carz Garage Pte Ltd (HQ) Block 10, Ang Mo Kio Ind Park 2A, #02-18, AMK Auto Point, 568047 Ang Mo Kio - Tel:		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Tan, Bennie-WZ - 6419 1718] Bennie-WZ.Tan@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Final Rpt due 12/04/2018]		
Claimant's Solicitor:	CROSSBORDERS LLC - Tel: 64381323		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

- AIG_SG (04/04/2018): NO TP GIA REPORT















































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Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***GV1318D (5329666951SG)
[SFU2233A]
TP
ANERGY SOLUTIONS PTE LTD
Dec 27 2017 12:00AM
[Tan Lik Ching]
Revol Carz Garage Pte Ltd**

Upload Documents		Upload Photos		Compose New Letter		Upload Video		Upload Audio		View <input type="button" value="View in Browser"/>	
Photos/Images										3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	10/04/18 16:37	Odometer Reading							Load JPG <input checked="" type="checkbox"/>		
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3	10/04/18 16:37	General View							Load JPG <input checked="" type="checkbox"/>		
4	10/04/18 16:37	Chassis Number							Load JPG <input checked="" type="checkbox"/>		
5	10/04/18 16:37	General View							Load JPG <input checked="" type="checkbox"/>		
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Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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97	10/04/18 16:40	Photo After Spray	Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	04/04/18 14:35	OI GIA REPORT	Load PDF	

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/AIG17024690/WD3E2
Date: 13/04/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No:
Claimant Vehicle No : GV1318D **Insured Vehicle No :** SFU2233A
Date of Loss: 27/12/2017 Nature of Claim: TP Claim No: 5329666951SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GV1318D**
Make & Model: TOYOTA HIACE, 3.0 D DX (M) Engine No: 1KD2679318
Reg. Date: 13/03/2017 (Man. Year: 2016) Chassis No: KDH2015025468
Colour: Silver Odometer: 33623 km
Engine Capacity: 2982 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: 195/80 R15 Rear Tyre Size: 195/80 R15
Front Left Side: Bridgestone 4 mm Rear Left Side: Bridgestone 4 mm
Front Right Side: Bridgestone 4 mm Rear Right Side: Bridgestone 4 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: 29/12/2017
Date Inspected: 08/01/2018 Inspected At: Revol Carz Garage Pte Ltd (HQ)
Block 10, Ang Mo Kio Ind Park 2A, #02-18,
AMK Auto Point
Singapore 568047
Estimated Period of Repair: 5.0 days

Adjuster: Teo Cheng Ming Wilson

Manager: Nivitha Govindasamy

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	Dented / Cut	0.00 F	*- F	
2	1		*REAR BUMPER BRACKET (CTR)	Necessary	0.00 F	*- F	
3	1		*REVERSE SENSOR	Shorted	0.00 F	*- F	
4	1		*REAR LH TAILLAMP	Scratched	0.00 F	*- F	
5	1		*TAILGATE	Dented	0.00 F	*- F	
6	1		*TAILGATE EMBLEM	Necessary	0.00 F	*- F	
7	1		*TAILGATE GLASS MOULDING	Necessary	0.00 F	*- F	
8	1		*TAILGATE GLASS SEALANT	Necessary	0.00 F	*- F	
9	1		*TAILGATE LOCK	Jammed	0.00 F	*- F	
10	1		*TAILGATE RUBBER	Necessary	0.00 F	*- F	
11	1		*REAR LH FENDER	Repair	0.00 F	*- F	
12	1		*REAR END PANEL	Dented	0.00 F	*- F	
					Total Parts (\$\$)	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 >