

REF: CS/ALH18001074/69b32

Special Instruction:

49: ~~27~~ 2730.00

ASSIGNMENT (Office)

From (Person): Norsiah of ALH Date/Time: 15-01-2018

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

*Third Parties:*

Claimant:

Surveyor: Precision Appraisal

Workshop: Power Fook

OD(TP Re-inspection) / Evaluation

To Inspect Vehicle No: YN 6216K Insured: SL 3570X

at Workshop m/s Power Fork Tel: 6260 6760

of 7 Soon Lee St #01-19

Policy No: \_\_\_\_\_ Claim No: 499108250386

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 28-10-2017

(Client's Record) 19.01.2018 (Friday) @ 10.30am

H.O.D. Endorsement/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 11/11 Confirmed with            Final Fig           ,            days (Red S            /            %; Original 3 days)

Date/Time: 12/2/18 Submit Final Fig 1000, 2 days (Red \$ 1 %; Original days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 27 FEB 2010

**Para(3) : Nett Value**

Market Value : \_\_\_\_\_

Salvage Value :

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

*Fee Charged:*

Basic &amp; Add

Transport

## Photos

Others

Total

Date: \_\_\_\_\_

200

1) Date/Time 27/2/18 File Pass to My first

2) Date/Time File Return to

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

4) Date/Time File Return to

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time File Return to

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Remark: The veh had commenced its repair at the time of inspection.

|     |  |     |  |
|-----|--|-----|--|
| N/S |  | O/S |  |
|-----|--|-----|--|

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: YN6216K Yr Regn: 09 Sep 2014  
Type: M/Car / M/Cycle / Bus / Van / Lozy / Taxi / Prime Mover /  
Truck / Trailer or  
Make: ISUZU NNR85u H4A 2999  
Colour: white A/C: Insured / Std / NI / NA  
Sp. Reading: 179504 T/Radio: Insured / Std / NI / NA  
Eng/No:  
C/No: JANNR 85 HE 71000 21  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Ind / Jammed / Leaked / Burnt or  
Brake: Ind / Jammed / Leaked / Burnt or  
Mod: N / S/Rim / STD A/Rim or  
Tyre Size: F: 195 / 85 R16 (BS)  
R: 195 R15 (chengshan)  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front Rear  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. D.O.I. 19-01-18  
Survey held at w/s 10:30 AM  
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 |
|-------------|----------------------|
|-------------|----------------------|

Date/Time: File Pass to?

128/2 typist

Date/Time File Return to?

2

Report Format :

Lump Sum / I.B.I. (\$)

: Prel. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ Site Insp. (\$

☐ Interview (\$

Tech. Invs (\$

Weekend US

Survey Fee:

Transportation

Energy

1000

27/2/2018

# Survey Department Check List (Case Handler)

Reference No.: 08/1801074/596  
Policy Type: OD / TP / TP RES / TL / EVA

YN 6 216K

Case Handler

Typist

**Admin** ( Cath ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

## (1) Office Assign Form

|   | Y-Date | N-Date | Y-Date | N-Date |
|---|--------|--------|--------|--------|
| C Reference No.                         | ✓      |        |        |        |
| C Customer Code                         | ✓      |        |        |        |
| N Assign From                           | ✓      |        |        |        |
| C Assign Date                           | ✓      |        |        |        |
| C Veh No (Inspected)                    | ✓      |        |        |        |
| C Veh No (Insured)                      | ✓      |        |        |        |
| C D.O.A                                 | ✓      |        |        |        |
| C Policy No                             | ✓      |        |        |        |
| C Claim No                              | ✓      |        |        |        |
| C Insurance Authorisation (CA /REV/REP) |        |        |        |        |
| C Report Type                           | ✓      |        |        |        |
| C Weekend Charges                       |        |        |        |        |
| N Survey held at/Repairer               | ✓      |        |        |        |
| C Excess                                |        |        |        |        |

**Surveyor** ( Gino Riano ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

|                          |   |  |  |  |
|--------------------------|---|--|--|--|
| C Vehicle No             | ✓ |  |  |  |
| C Regn Month/Year        | ✓ |  |  |  |
| N Vehicle Type           | ✓ |  |  |  |
| N Make & Model           | ✓ |  |  |  |
| C Engine Capacity. (C.C) | ✓ |  |  |  |
| N Colour                 | ✓ |  |  |  |
| C Odometer. (Sp.Reading) | ✓ |  |  |  |
| C Chassis No             | ✓ |  |  |  |
| N General Condition      | ✓ |  |  |  |
| N Steering               | ✓ |  |  |  |
| N Brake                  | ✓ |  |  |  |
| N Modification (Modi)    | ✓ |  |  |  |
| C Tyre Size              | ✓ |  |  |  |
| N Tyre Make              | ✓ |  |  |  |
| C Tyre Balance           | ✓ |  |  |  |
| C Date of Inspection     | ✓ |  |  |  |
| N Survey held            | ✓ |  |  |  |
| N Des.of Damages         | ✓ |  |  |  |

## (2) System - (Views/Merimen)

|  |   |  |  |  |
|--|---|--|--|--|
| C Damaged Vehicle Photographs Uploaded | ✓ |  |  |  |
|--|---|--|--|--|

## (3) Workshop Estimate/Assignment Form

|   |   |  |  |  |
|---|---|--|--|--|
| N ALL Parts condition                           | ✓ |  |  |  |
| C Market Value for OD cases                     |   |  |  |  |
| C Estimate Repair Cost for PRI (RSI, TMI, MSIG) |   |  |  |  |
| C Days of repair                                | ✓ |  |  |  |
| C Finalised Amount                              |   |  |  |  |
| C Re-inspection Cases to Finalize within 5 Days |   |  |  |  |

## (4) System - (Views/Merimen)

|                           |  |  |  |  |
|---------------------------|--|--|--|--|
| C Resurvey photo Uploaded |  |  |  |  |
|---------------------------|--|--|--|--|

Check By: [Signature] 27/7/18  
Case Handler Date



# 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 : CS/AIG18001074/qb

78 SHENTON WAY #08-16  
CHARTIS BUILDING  
SINGAPORE 079120

Date : 17-01-2018



Code : AIG

## 1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

|              |              |                |            |
|--------------|--------------|----------------|------------|
| Insured Veh. | SLL 3570X    | Veh. Inspected | YN 6216K   |
| Policy No.   |              | Coverage (\$)  | 0.00       |
| Claim No.    | 4991082503SG | Excess (\$)    | 0.00       |
| Assign From  | NORSIAH      | Assign Date    | 15/01/2018 |

## 2. Vehicle Particulars & Condition

|              |        |              |
|--------------|--------|--------------|
| Make & Model | c.c    | 0            |
| Engine No.   | HIDDEN | Year of Reg. |
| Chassis No.  |        | Colour       |
| Odometer     | -      | Steering     |
| Brakes       |        | Modification |
| General      |        |              |

## 3. Conditions of Tyres

|                | Size | Make | Balance |
|----------------|------|------|---------|
| R/H Front Tyre |      |      | mm      |
| L/H Front Tyre |      |      | mm      |
| R/H Rear Tyre  |      |      | mm      |
| L/H Rear Tyre  |      |      | mm      |

## 4. Description of Damages

|  |
|--|
|  |
|--|

## 5. General Information

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 28/10/2017   | Inspection Date | 19/01/2018 |
| Survey held at | POWER FOOK VEHICLE SERVICE<br>7 SOON LEE STREET<br>#01-19 ISPACE<br>SINGAPORE 627608 |                 |            |

## 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

**Catherine Chong (LKK Auto)**

---

**From:** Md Noor, Norsiah <Norsiah.MdNoor@aig.com>  
**Sent:** Monday, 15 January, 2018 3:38 PM  
**To:** assignments@lkkauto.com  
**Subject:** FW: Reinspection Your ref: 4991082503SG (005) Our Ref: CS/1187/17/PF  
  
**Importance:** High

Dear Team,

Please assist to conduct physical re-inspection of vehicle no. YN 6216K for the following:-

Date: 19 January 2018 (Friday)  
Time: 10.30 a.m.  
Venue: Power Fook Vehicle Service, 7 Soon Lee Street #01-19 Ispace, Singapore 627608  
Contact person: May  
Tel/hp: 6250 6760 / 8303 4569

Please acknowledge

Thank you

Norsiah Md Noor  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419-1606 | Fax +(65) 6835-7417  
[Norsiah.MdNoor@aig.com](mailto:Norsiah.MdNoor@aig.com) | [www.aig.com.sg](http://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 AIG for any loss or damage arising in any way from its use.

**From:** Christine Sekhon [mailto:[chris@libertylaw.com.sg](mailto:chris@libertylaw.com.sg)]  
**Sent:** Thursday, January 11, 2018 6:30 PM  
**To:** Md Noor, Norsiah  
**Subject:** Your ref: 4991082503SG (005) Our Ref: CS/1187/17/PF

Dear Norsiah,  
We refer to your email dated 9 January 2018.

As requested, the re-inspection of our client's vehicle no. YN 6216K has been scheduled as follows: -

Date: 19 January 2018 (Friday)  
Time: 10.30 a.m.  
Venue: Power Fook Vehicle Service, 7 Soon Lee Street #01-19 Ispace, Singapore 627608  
Contact person: May

Tel/hp: 6250 6760 / 8303 4569

Kindly confirm the above appointment, as soon as possible.

Thanks & regards,  
Christine (9792 0543)

**LIBERTY LAW PRACTICE LLP**

10 Hoe Chiang Road, #13-03A Keppel Towers, Singapore 089315

Tel : (65) 6223 6787 | Fax : (65) 6223 7262

web: [www.libertylaw.com.sg](http://www.libertylaw.com.sg)

Privileged and/or confidential information may be contained in this email or its attachments. If you are not the intended recipient, you must not disclose, copy or distribute the contents therein or take any action in reliance of such contents. Communication of any information in this email or its attachments to an unauthorized person is prohibited

---

Please consider the environment before printing this e-mail!

On Tue, Jan 9, 2018 at 9:07 AM, Md Noor, Norsiah <[Norsiah.MdNoor@aig.com](mailto:Norsiah.MdNoor@aig.com)> wrote:

WITHOUT PREJUDICE

Dear Chris,

We refer to the above.

We wish to conduct physical re-inspection on your client's vehicle.

Please advise date, time and location one week in advance.

Thank you

Norsiah Md Noor

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419-1606 | Fax +(65) 6835-7417



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 AIG

for any loss or damage arising in any way from its use.

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.



Virus-free. [www.avast.com](http://www.avast.com)

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.

## 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             | 28/10/2017 15:03           |
| Date Of Accident           | 28/10/2017 10:15           |
| Exact Location Of Accident | ISPACE OUTSIDE UNIT #02-45 |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                                       |
|-----------------------------|---------------------------------------|
| Vehicle Registration Number | YN6216K                               |
| <b>Insured/Policyholder</b> |                                       |
| Name Of Registered Owner    | 8 POINT MARINE & ENGINEERING SERVICES |
| Co Reg No                   | 53121660L                             |
| Email Address               | NOEMAIL                               |
| Mobile Phone No             |                                       |
| Alternative Phone No        | OFFICE-98806801                       |

### Vehicle Particulars

|  |            |
|--|------------|
| Manufacturer   | ISUZU      |
| Model  | NNR85UH4A  |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |

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 | ERGO INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMCV17S017446            |
| Cover Note Number         |                          |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | BALAKRISHNAN SIVAKUMARAN |
| NRIC No              | S6963865A                |
| Date Of Birth        | 07/07/1969               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 30/09/1996               |
| Driving Experience   | 21 YEARS AND 0 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-82861136     |
| Fax Number           |                          |
| Contact Number       |                          |
| EMail Address        | JET_SIVANES@YAHOO.CO.IN  |



Address

Postcode

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 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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

My VEH was parked stationary when suddenly VEH b collided against my VEH. Due to the impact, my VEH move forward and hit against vehicle INFRONT. Minor damages to my VEH and no injury 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 SJU3728K

Vehicle Make/Model/Colour TOYOTA/HARRIER PREMIUM

Details Of Properties

Name of Driver UNKNOWN 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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL3570X

Vehicle Make/Model/Colour

MAZDA/MAZDA3

Details Of Properties

Name of Driver

YEO CHEE KWANG

NRIC/Passport Number

S8500765C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**Details of Witness**

Name

Phone Number

Email Address

**SKETCH PLAN****IMPORTANT NOTICE**

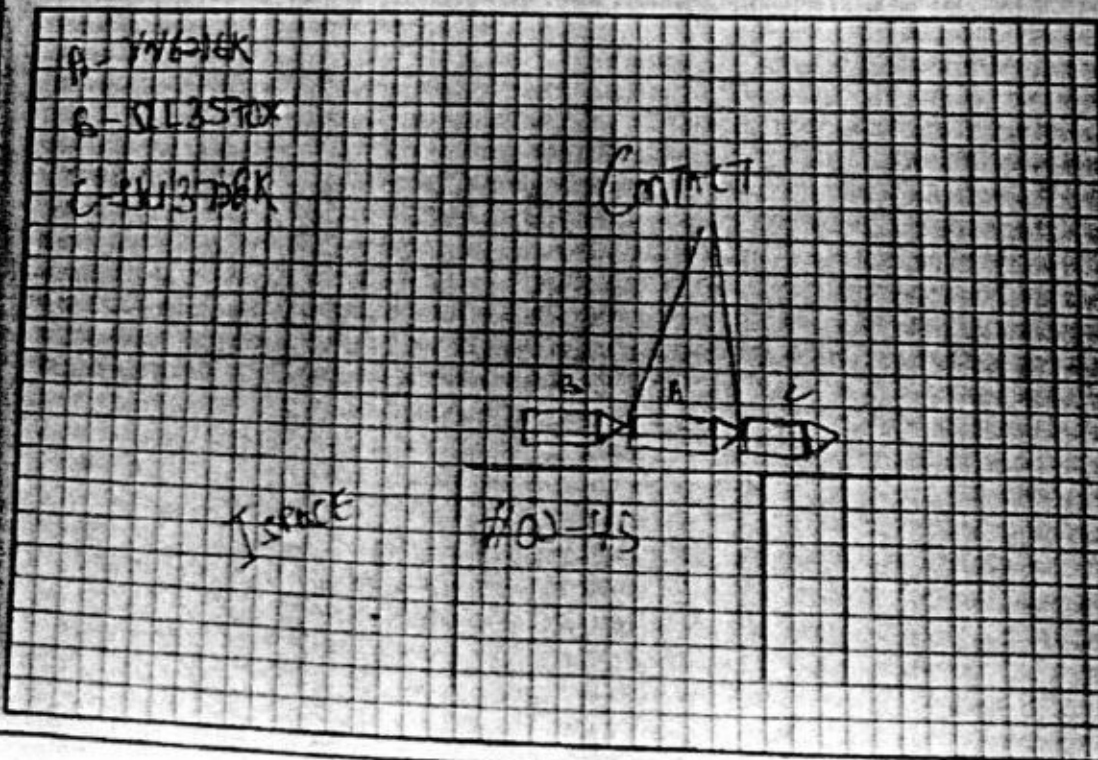
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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 their copies of the 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):  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 insurers) 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 purposes 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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.

VERIFIED BY ALJAX MAARS  
REPORTING OFFICER  
MOHAMED SHARIL  
BIN SATAR

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)

My VEH was parked stationary when suddenly VEH b collided against my VEH. Due to the impact, my VEH move forward and hit against vehicle INFRONT. Minor damages to my VEH and no injury involved,

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SHARIL BIN SATAR



MARS OFFICER

Reported Date/Time: 28 October 2017

Job Complete Date/Time

28 October 2017 2:38 pm

Date/Time

28 October 2017 2:37 pm

## 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             | 28/10/2017 14:07     |
| Date Of Accident           | 28/10/2017 10:30     |
| Exact Location Of Accident | 7 SOON LEE ST #02-23 |
| Country/State of Loss      | SINGAPORE            |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLL3570X                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | YEO CHEE KWANG            |
| Email Address               | YCK5334@GMAIL.COM         |
| Mobile Phone No             | (LOCAL) +65-98505334      |
| Alternative Phone No        | OFFICE-NOPHONE            |
| <b>Vehicle Particulars</b>  |                           |
| Manufacturer                | MAZDA                     |
| Model                       | 3-1.5 SEDAN L SP.6EAT (A) |
| Vehicle Category            | PRIVATE CAR               |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 2100503147 - 00000                   |
| Cover Note Number         |                                      |

### Driver

|                |                                 |
|----------------|---------------------------------|
| Name of Driver | YEO CHEE KWANG                  |
| NRIC No        | S8500765C                       |
| Address        | BLK 117B JALAN TENTERAM #24-523 |

### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |

### 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 |
| Number of Passengers (Including Driver)            | 1   |

### Circumstances of Accident

### 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 SJU3728K  
Vehicle Make/Model/Colour  
Name of Driver  
Insurance Company Name

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YN6216K  
Vehicle Make/Model/Colour  
Name of Driver  
Insurance Company Name



**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.

*Chen Kuo*  
28/01/17  
Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SH3570X → YN6216K → SJU3704K

# 02.23

LICENSE PLATE NO:

ACCIDENT DATE: 28/10/17 CONTACT NUMBER: 98505334  
ACCIDENT TIME: 10:30am EMAIL: Yek 5334 @ gmail.com  
LOCATION: 7 Saan Lee St #02-23 S(627608)

My car went forward and Hit the back of YN6216K and YN6216K  
move forward also I Hit the back of SSU3728K. I pulled the hand brake  
I gear was in D I accidentally step on the accelerator I the car move  
forward at the time of the accident.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

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

check number 281217 114chms

Policyholder's Signature  
Date & Time:

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

Trans Eurokars Pte Ltd

5 Ubi Close  
Singapore 408615  
Tel: 6174 3003 / 6749 4333

Reporting Officer's Signature  
Name:  
NRIC/FIN No.:



HOTLINE TEL: (65) 6419 3000  
FAX: (65) 6415-3733

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MAX

TRANS EUROKARS AUTO PROTECTOR

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Trans Eurokars Pte Ltd)

CERTIFICATE NO. 2100503147-00000

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SLL3570X

2) NAME OF INSURED

Yeo Chee Kwang

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

22 Feb 2017

4) DATE OF EXPIRY OF INSURANCE

21 Feb 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

SUBJECT TO AGE CONDITION :All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE \*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. Trans Eurokars Pte Ltd - No. 5 Ubi Close (Tel: 63958899)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Edhoz - 30 Bukit Batok Crest (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 1 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Maya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN HONG LEONG FINANCE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 2 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

503599-190  
ARF (AP) PTE LTD - MAZDA  
7 MAXWELL ROAD #01-100 ANNEX B MND  
COMPLEX SINGAPORE 069111

AUTHORISED REPRESENTATIVE

ORIGINAL

SECRET

Accident Photo



6  
Page No. : \_\_\_\_\_  
Unable to disclose  
NRIC / driving licence

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

