

22/03/2002

ASS. REC. BY:

REF: CS3 / ALG / 8001129 / Tiber

Special Instruction:

DAR & days

Surveyor: Taufik.

ASSIGNMENT (Office)

From (Person): Chin Lee Yng

of ALG

Date/Time: 18012018 1054am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLB 8080J

Insured:

SL 1047D

at Workshop m/s

8 Pargagon

Tel:

9794 6477

of

71 Woodlands Ave 10 # 01-10

Policy No:

2100501927

Claim No:

0274467279SG

Sum Insured:

Excess:

Make of Veh:

D.O.A

11.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

18012018 3pm

Person Contacted:

Edward

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLB 8080J - NA / INCI SD00035 / 13

Df: 29.12.2017

SL 1047D - X

Dismantle: 19/1/2018

Tanpoh

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / CD RES / EVA / INV / MV
To: Inspect Vehicle No: _____
at Workshop No: _____
of: _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
Client's Record: _____
Make of car: _____

NS	OS

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Ball on Market Value: _____
DAD Accident Report: _____ Consistent? : Yes or No
GPA PR Seen: _____ Consistent? : Yes or No
Est Repairs: _____ days Pass: Yes or No
Lth Sum: _____ % G Val: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle IN / OUT

SLR 8080J
Type: Motor / Motorcycle / Bus / Van / Lorry / Taxi / Prime Mover
Truck / Trailer: _____
Make: Toyota C-HR Hybrid
Colour: white
Reg No: 15342
Eng No: _____
Chassis: NMTK73BX30K024055
Gen Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S Rim / STD A/Rim or
Tyre Size: F: 225/50R18
R: 175
BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / P / R / SUMI
TOYO / YOKO or
Front: R/Ba: 6 L/Ba: 6
D.O.A: 18/1/18 @ 4pm
Survey notes: 8 pages
Des of Damages: Front Rear OS NS U/C Roofed or
The U/C / Chassis frame Body Structure effected due to collision

RECEIVED 03 MAY 2018

Date Time Re Pass: ☐ Preli. Report
☐ Final Report

Days Of Repair: 3
Resurvey No. of Trip: 1

Add Fee: ☐ Grease ☐
☐ Wash ☐
☐ Boil ☐
☐ Ag ☐

Report Format: DAR.
Lth Sum: 1.0

Surveys Fee	180
Transport	20
	200

**- FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED
VEHICLE SLL1047D AND SLQ8080J ON 11/12/2017**

From: Chin, Lee-Ying
To: 'assignments', Admin A
Cc: Fong, Andy-SY, Fan, Winnie-LW
Sent: Thursday, 18 January, 2018 10:54:11 AM
Attachments:  20180112162750327.pdf

Hi LKK,

Appreciate if you could arrange survey by today.

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

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CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S

Our Ref : SLQ 8080J(AY)

Your Ref :

12 January 2018

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

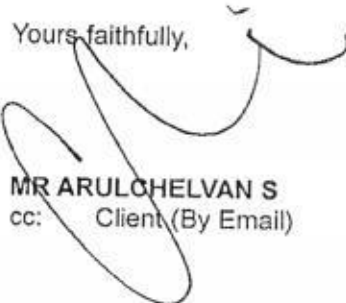
BY FACSIMILE ONLY
(Fax: 6835 7416)

Dear Sir,

RE: PROPERTY DAMAGE CLAIM
CLAIMANT : NG WEI PENG ALVIN
ACCIDENT INVOLVING SLQ 8080J & SLL 1047D ALONG YISHUN AVE 7
AGILENT TECHNOLOGIES COMPOUND ON 11 DECEMBER 2017

1. We act for NG WEI PENG ALVIN, the owner of motor vehicle no. SLQ 8080J, which was involved in the aforesaid accident.
2. We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. SLL 1047D for damages, costs and disbursements as a result of your insured driver's negligence.
3. Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor vehicle at M/s 8 Paragon Pte Ltd at 71 Woodlands Ave 10 #01 - 10 Woodlands Industrial Xchange Singapore 737743 and kindly arrange with Mr Edward at 9794 6477.
4. If we do not hear from you within the next **two (2) working days**, we shall advise our client to proceed with their own inspection and repairs.
5. Please reply either by fax at 6733 8183 or by email to alywin@chiaarul.com.

Yours faithfully,


MR ARULOHELVAN S
cc: Client (By Email)

151 CHIN SWEE ROAD • #03-09
MANHATTAN HOUSE • SINGAPORE 169876
TEL : (65) 6733 4647 • FAX : (65) 6733 8183 (not for Service of Court documents)
EMAIL : info@chiaarul.com

Enquire Vehicle & Owner Information (Vehicle No. SLL1047D As At 11 Dec 2017 / 08:15:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: 8PARAGON

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S7933099Z
Owner Name: ONG TZEI JIET
Registered Address Type: HDB / HUDC
Registered Block/House No.: 747B
Registered Street Name: BEDOK RESERVOIR CRESCENT
Registered Unit No.: # 04 - 23
Registered Building Name: -
Registered Postal Code: 472747

Current Vehicle Details

Vehicle No.: SLL1047D
Make Description/Model: MAZDA / MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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	11/12/2017 14:17
Date Of Accident	11/12/2017 08:15
Exact Location Of Accident	YISHUN AVE 7 AGILENT TECHNOLOGIES COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8080J
Insured/Policyholder	
Name Of Registered Owner	NG WEI PENG ALVIN
NRIC No	S8035331F
Email Address	VIN1111@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98570264
Alternative Phone No	OTHERS-98570264

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	PTE 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092066295
Cover Note Number	21/06/2017 - 20/6/2018

Driver

Name of Driver	TAN PEILING(CHEN PEILING)
NRIC No	S8039994D
Date Of Birth	23/12/1980
Occupation	INDOOR
Date Of Driving Pass	04/01/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86866245
Fax Number	
Contact Number	
Email Address	PEILING2311@GMAIL.COM

Address	81 TAMPINE AVE 1 #09-17 WATERVIEW
Postcode	528685
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
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)	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 ATTACH. * THIRD PARTY CLAIM BY 8 PARAGON PTE LTD *

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	SLL1047D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of 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	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SLA 8080 J
INSURER : NTUC
DATE & TIME: 11/12/17 @ 8:15am

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.

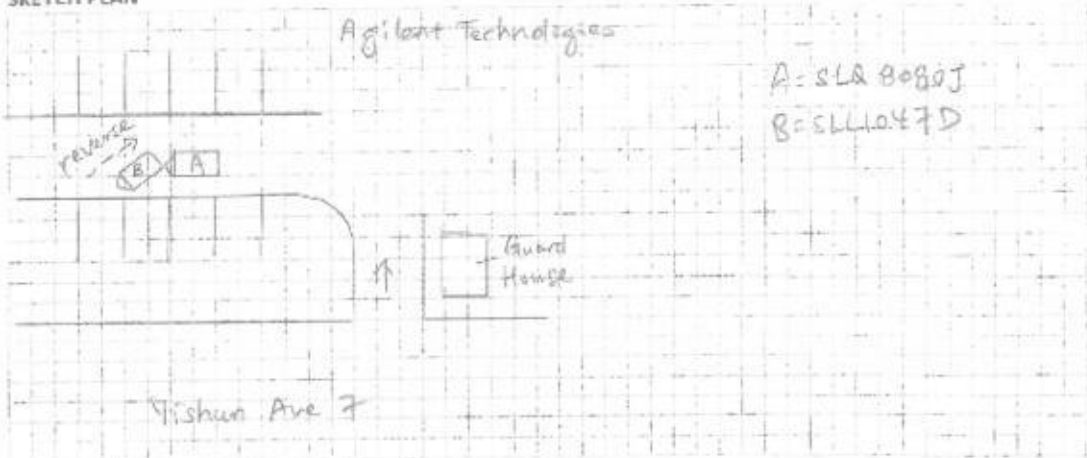
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: CYS
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was behind car B when he start to reverse, I immediately horn to alert the said driver and stop my car. But he continue reverse and collided onto the front of my car.

Note : Please note that your insurer may have 14days 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:

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

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

() Claim Own Policy () Claim Third Party () Reporting Only
(x) Claim CB/TP at other workshop (by 8 Paragon Pte Ltd)

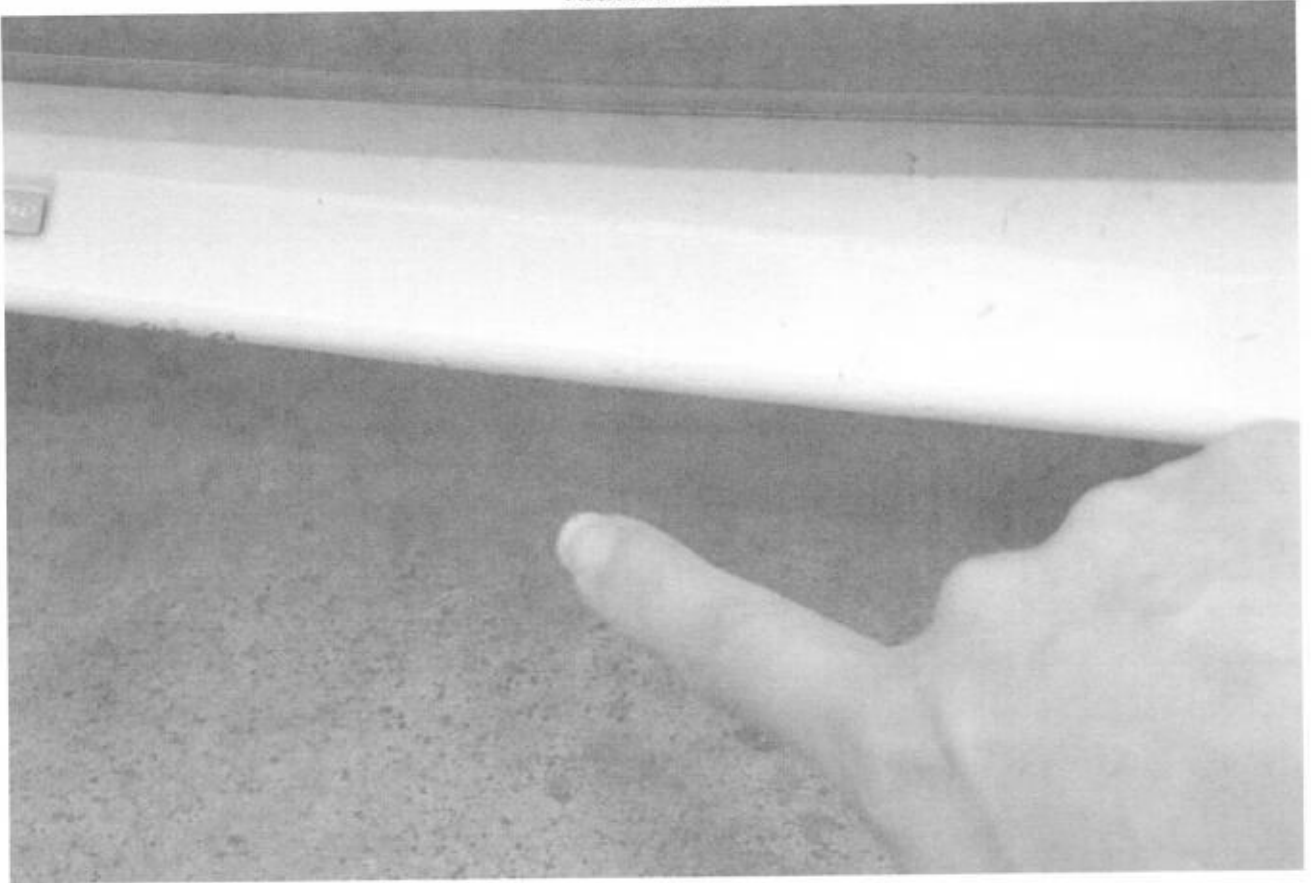
Accident Photo



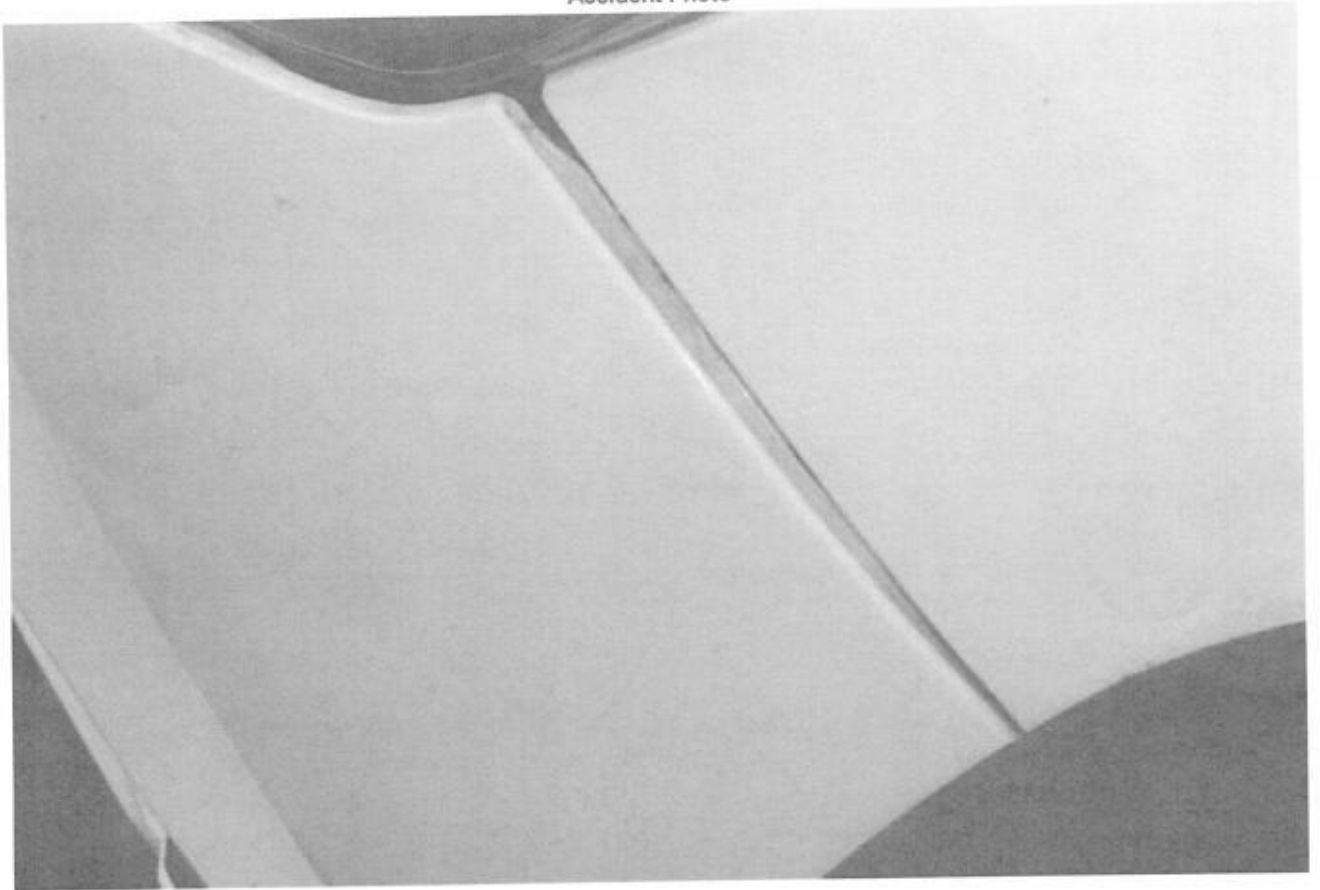
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Ref: CS3/AIG 18001129/T1 b

Veh. SLR 8080 J

DOI - 18-1.18

1. Front bumper - cracked
2. set front bumper clips - nec
3. Number plate mounting - broken
4. Front bumper lower spoiler - damaged
5. Front bumper grille - broken
6. Front bumper sponge - broken
7. Workmanship = 3 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	14 Dec 2017 Edit Reg		18 Jan 2018 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:	ONG TZEH JIET, ID: S7933099Z		
Main Claimant:	NG WEI PENG ALVIN, ID: S8035331F		
Vehicle Reg. No.:	SLQ8080J	Date of Loss:	11/12/2017 08:00 - :59 [5 Months and 20 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 0274467279SG	Policy/Cover Note No.:	2100501927 (Comprehensive)
Vehicle Reg. No. (Insured):	SLL1047D	Policy No. (Claimant):	
		Excess:	
Repairer:	8 Paragon Pte Ltd (HQ) 71 WOODLANDS AVE 10 #01-10 WOODLANDS INDUSTRIAL XCHANGE, 737743 Woodlands - Tel:		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Wui, Shawn-KJ] Shawnkaijye.Wui@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 05/04/2018]		
Claimant's Solicitor:	CHIA S ARUL & LLC - Tel: 67334647		

ASSOCIATED MAIL RECEIVED

[View All](#) [Compose Case Mail](#)

- AIG_SG (27/03/2018): NO 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

*SLQ8080J (0274467279SG)
[SLL1047D]
TP
NG WEI PENG ALVIN
Dec 11 2017 8:00AM
[ONG TZEH JIET]
8 Paragon Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View			View in Browser					
Assessment Reports															1 per page			<input checked="" type="checkbox"/>					
No	Finalized On		AIG Asia Pacific Insurance Pte. Ltd. (SG)												Thumbnail			Print					
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																		3 per page			<input checked="" type="checkbox"/>		
No	Relabel/Reorder		LKK Auto Consultants Pte Ltd (HQ)												Thumbnail			Print					
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3	30/04/18 12:20		General View															Load JPG			<input checked="" type="checkbox"/>		
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26	30/04/18 12:22		Photographs of Damaged Parts															Load JPG			<input checked="" type="checkbox"/>		
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33	30/04/18 12:22		Photographs of Damaged Parts															Load JPG			<input checked="" type="checkbox"/>		

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
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36	30/04/18 12:22	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></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/AIG18001129/T1BE2

Date: 07/05/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100501927
Claimant Vehicle No : SLQ8080J **Insured Vehicle No :** SLL1047D
 Date of Loss: 11/12/2017 Nature of Claim: TP Claim No: 0274467279SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SLQ8080J** Engine No: 2ZRV450754
 Make & Model: TOYOTA C-HR HYBRID, 1.8 S CVT (A) Chassis No: NMTKZ3BX30R024055
 Reg. Date: 21/06/2017 (Man. Year: 2017) Odometer: 15342 km
 Colour: White
 Engine Capacity: 1798 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: 225/50 R18 Rear Tyre Size: 225/50 R18
 Front Left Side: Yokohama 6 mm Rear Left Side: Yokohama 6 mm
 Front Right Side: Yokohama 6 mm Rear Right Side: Yokohama 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: 18/01/2018
 Date Inspected: 18/01/2018 Inspected At: 8 Paragon Pte Ltd (HQ)
 71 WOODLANDS AVE 10 #01-10
 WOODLANDS INDUSTRIAL XCHANGE
 Singapore 737743

Estimated Period of Repair: 3.0 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		*FRONT BUMPER	Cracked	0.00 F	*- F
2	1		*SET FRONT BUMPER CLIPS	Necessary	0.00 F	*- F
3	1		*NUMBER PLATE MOUNTING	Broken	0.00 F	*- F
4	1		*FRONT BUMPER LOWER SPOILER	Damaged	0.00 F	*- F
5	1		*FRONT BUMPER GRILLE	Broken	0.00 F	*- F
6	1		*FRONT BUMPER SPONGE	Broken	0.00 F	*- F

F=Franchise part.

Total Parts (S\$)	0.00	0.00
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Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	WORKMANSHIP	New	0.00	0.00
Gross Labour Cost (\$\$)			0.00	0.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >