

## ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

%

Final ? Yes / No

SDL 3513 G



INSRS:

WSP:

Tel:

Liability:

RMKS:

change to



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

2/1/18  
unsub

SDL 3513 G - X ; SLG 5753 Z - X

22/1/18

Email letter to OI

22/2/18

Email workshop liability clear

21/18

To cancel case. NO survey done.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Name 1:

S\$

Name 2:

S\$

Name 3:

S\$

Name 4:

S\$

Name 5:




# 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 : CC4/LCR18002629/wa3		
78 SHENTON WAY #08-16 CHARTIS BUILDINGS SINGAPORE 079120		Date : 08-02-2018		
		Code : LCR		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLG 5753Z	Veh. Inspected	SDL 3513G	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	08/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	22/10/2017	Inspection Date		
Survey held at	CHENG HOE MOTOR PL BLK 1019 YISHUN IND. PARK A #01-374/382 SINGAPORE 768761			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	23/10/2017 10:32
Date Of Accident	22/10/2017 15:50
Exact Location Of Accident	JUNCTION OF HOUGANG AVE 3/ AIRPORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL3513G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW SEE HIOK
NRIC No	S0206208I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90099947
Alternative Phone No	OTHERS-90099947

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXM
Exact Purpose for which vehicle was being used at time of accident	TUITION 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	5087382693
Cover Note Number	12/01/2017 -31/01/2018

### Driver

Name of Driver	ONG APRIL EVE SEMERA
NRIC No	S8977204D
Date Of Birth	07/04/1989
Occupation	INDOOR
Date Of Driving Pass	22/10/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90099947
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 414 PASIR RIS DR 6 #09-201
Postcode	510414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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)	2

#### 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

TRAFFIC LIGHT HAD JUST TURNED GREEN. BEFORE I COULD MOVE FORWARD, I FELT AN IMPACT ON THE REAR. I THEN REALIZED THAT M/CAR(B) HAD COLLIDED ONTO THE REAR OF MY VEHICLE. NO ONE WAS INJURED. THE DRIVER APOLOGIZED AND OFFERED ME \$50/- FOR COMPENSATION WHICH I REFUSED.

#### 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	SLG5753Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TEO
NRIC/Passport Number	
Contact Number	91076474
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.: SOL 35136  
INSURER : NINC  
DATE & TIME: 22/10/17  
350pm

**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.

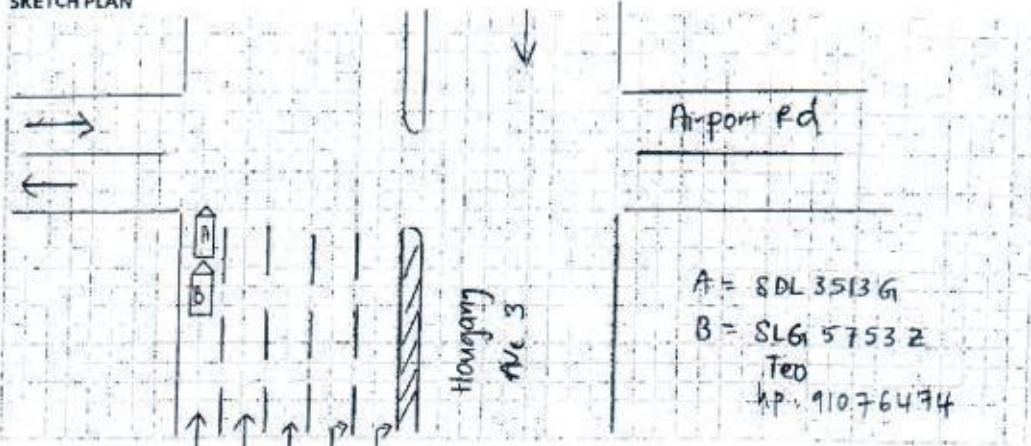
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Heen  
NRIC/FIN No.: 4

# Sketch Plan #2

## SKETCH PLAN



A = SDL 3513 G  
B = SLG 5753 Z  
Ted  
hp. 91076474

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light had just turned green. Before I could move forward, I felt an impact on the rear. I then realized that m/car (B) had collided onto the rear of my vehicle. No one was injured. The driver apologized and offered me \$50/- for compensation which I refused.

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:

23/10/17

Reporting Centre Personnel's Signature  
Name: Efeela  
NRIC/FIN No.: 43

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only  
☐ Claim OD/TP at other workshop ( )



**Catherine Chong (LKK Auto)**

---

**From:** Abu Kassim, Noor Mariesa <NoorMariesa.AbuKassim@aig.com>  
**Sent:** Thursday, 8 February, 2018 1:50 PM  
**To:** 'assignments@lkkauto.com'; 'admin-a@lkkauto.com'  
**Cc:** Tan, Lily (AIG); Fong, Andy-SY; Kaur, Baljit; Chin, Lee-Ying; Lim, Sheng Yang; Md Ishak, Mohd Imran; Chan, Yoke Shi; Supramaniam, Darshene  
**Subject:** AIGENCRYPT - Pre repair inspection request - SDL3513G VS SLG5753Z (OI) DOA 22/10/2017  
**Attachments:** Re: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLG57... (74.6 KB); 3513.pdf

Hi,

Please refer to the enclosed request from **Cheng Hoe Motor Pte Ltd**

Claim no : 07004342945G003  
Case Owner : Mavis Chew

08/02/2018 @ 4:13pm  
Wei Ling veh not in

If you have any queries/concerns, please let us know.  
*Kindly assist to assign Kenneth Kong as Single Joint Expert as requested.*

Thank you.

Best Regards,

Mariesa Abu Kassim (Mariesa)  
AIG  
Claim Adjuster II, Singapore FNOL, Claims Operations – Auto  
Shared Services – Malaysia | Global Business Services  
AIG Shared Services (M) Sdn Bhd (887191-D)  
Menara Worldwide, Level 12, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia  
Tel +6 03 2719 6000 | Ext 1012202 | Fax +6 03 2685 5898

[NoorMariesa.AbuKassim@aig.com](mailto:NoorMariesa.AbuKassim@aig.com) | [www.aig.com](http://www.aig.com)

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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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	25/10/2017 09:08
Date Of Accident	22/10/2017 15:40
Exact Location Of Accident	JUNCTION OF HOUGANG AVE 3 & AIRPORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5753Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31584255

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

### Driver

Name of Driver	TEOW KAY HORNG, JAMES
NRIC No	S7809738H
Date Of Birth	28/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2001
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address  
Postcode

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  
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) 3

#### 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 ATTACHMENT

#### 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 SDL3513G  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number 90099947  
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

#### IMPORTANT NOTICE

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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)

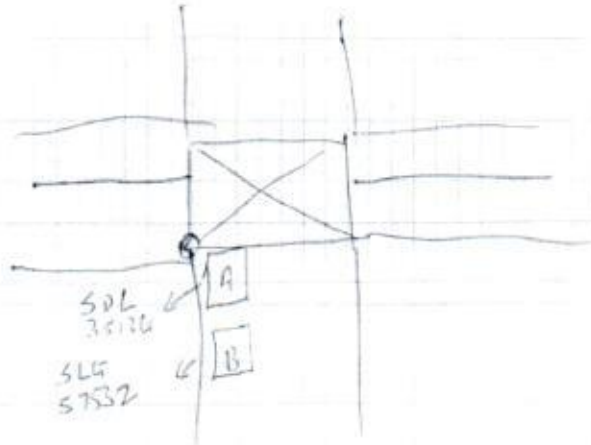
Date & Time: 24/10/2024



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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

24<sup>th</sup> Oct 2017, Car A happened to be a private instructor car with student, it was red light, upon changing to green light, both car move, but in a split second, car A stall n I was not able to e-brake resulting a kiss on his bumper, there no damage/dented in my car B but car A insisted that his car boot ~~panel~~ cannot close due to bracket damaged, I was quite astonished when car A driver could stay away open his boot n say it damaged, Anyway we agreed on ~~para~~ settling this ~~accident~~ privately, he will send to his workshop "Svee Ho motorship" at Yishu to assess.

## DECLARATION

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

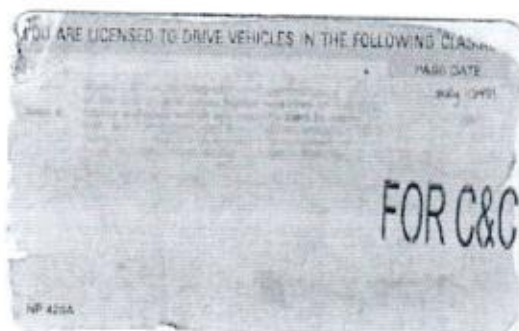
Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/10 1700Hr



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





Accident Photo



Accident Photo





Accident Photo



## Status of Driving Licence

### QUALIFIED DRIVING LICENCE

<b>Qualified Driving Licence No. :</b>	S7809738H
<b>Status of Qualified Driving Licence :</b>	Valid
<b>Class of Qualified Driving Licence :</b>	3,4
<b>Expiry Date :</b>	Valid for life unless revoked, suspended or disqualified.

### PROVISIONAL DRIVING LICENCE

<b>Provisional Driving Licence No. :</b>	S7809738H
<b>Status of Provisional Driving Licence :</b>	No Licence
<b>Class of Provisional Driving Licence :</b>	
<b>Expiry Date :</b>	-

The above information is accurate as at 22/02/2018 12:01 AM.



**Vivian Lau (LKKAuto)**

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**From:** Vivian Lau (LKKAuto)  
**Sent:** Thursday, 22 February, 2018 9:00 AM  
**To:** 'eyap@lioncityrentals.com.sg'  
**Cc:** Joy Irene (LKKAuto); Hsiao Tong (LKKAuto)  
**Subject:** ACCIDENT INVOLVING SDL 3513G AND SLG5753Z ON 22/10/2017

Our Ref: CC4/LCR18002629/wa3

22 February 2018

**LION CITY RENTALS PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SDL 3513G AND SLG 5753Z ON 22/10/2017**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 7 days from the date of this letter.

Please call us if you have further queries.

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)