Survount:	inlann	ASSIG	11 800 3446 NMENT (Office)			
Monmen	July Tay	of	C11	Date/Tire	21/2/8/310	· Ison
Estimated Cos	12		Bill to:			
To Inspect Ve at Workshop i	st TP RES / OD RES hicle No:		omo bile	_ Insured:SJ	1 3430R 7 7556	<u> </u>
of5 Policy No: Sum Insured:	3 ubi Ave 1 DMPCSN 3	# 01-5	Claim No:	SNMIRDO)86SC 62	
Make of Veh (Client's Recor	:d)	To the second		D.O.A.	12/2/2018	
CA / REV Date/Time:	REP. / REV 24 H		oted	H.O.D. Vehic	Endorsement:	
Date/Time	Action/Instruction		1		N.O.A. 12/2/18	
			118002864/h		DOM: 12/2/2/	
	The second secon					
	Dismantu Par	1: 26.00.001	8			

Sureum Kahin	REF:			
director 1 willing	ASSI	GNMENT		
	Dele	Veh No: SK	M 9348A	Regn: 25 Apr 2014
From:	Date:	Type: M. Car / M. Cycle / B		
Estimatei Cost:	OD DES LEVA LINIV I MV	Truck / Trailer or		
	OD RES / EVA / INV / MV	Make: Noss	Sylota	c.c 1598
To Insped Vehicle No:		Colour Re	, , , , ,	Insuced / Std / NI / NA
at Workship m/s		001041	1200	adio: Inscred / Std / NI / NA
of		1	, 62	
Insured:		Eng/No:	NTBQ172	00/8/29
Policy No.		C/No: M Gen. Cond: Good / Feft)	Poor / Burnt	
Claims No.		Steering: Inorded Jamn		t or
Sum In swed:	Excess:		ned / Leaked / Burn	
(Client's Record)				E OI
Make of Veh:		Modi: Nil / Sixin / S	ID A/RIM OF	1 60 K16.
		Tyre Size; F:	[7]	1 80 16.6.
(Policy Condition)		R:	atte a strong was express	n Day Service Diameters (
Remark: The veh had		BS DUN / EXNOVA / G	Y/FS/LIZA/MIC	OHTSU / PIR / SUMI /
repair at the	time of inspection.	TOYO/YOKO or		
Bal. or Market Value:		Front	-	ear
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.		/Bal. 5 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	mm L	/Bal. of mm
Est, Repairs:	days Res.: Yes or No	D.O.A. 12/2/18	= 790 °	1.0.1. 21/2/18 (01.15
Lum Sum:	% 3 Val.: Yes or No	Survey held at	Unite	2 59 Abouter
ENGRESSON TOTALDOS	1 041100	Des. of Damages ; Frt	Rear / O/S / N/S	/ U/C / Rooftop or
CA / REV / REP	Vehicle: IN / OU	г	Frost /	1
Date:	Person Contacted:	_ The U/C / Chassis	frame / Body Stru	ucture affected due to collision.
Date / Time Act	tion / Instruction			(7)
				PRS
-	0.115	# 11900	-412	900
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		11 2	Saus !	Day Er
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	55051/55	C VDD 0040		
	RECEIVED	2 5 APR 2018		
DataTima Ella Bass to?	C Sull Bound	Days Of Repair:	11	
DateTime, File Pass to?	: Preli. Report	Resurvey No. of Tri		Survey Fee:
1)	: Final Report	Resurvey No. or Th		Transportation:
Date/Time, File Return to	Add F	ee: : Site Insp (\$		s+Rs,st
2)	Addir	: Interview (S		Photos
	N00	Tech Invs (5		Others
Report Format:		The second secon		
Lump Sum / I.B.		: Weekend (



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

		The state of the s	nationale Des Experts En Autom				
CHIN	A TAIPING INSU	RANCE (S) PTE LTD	Ref : CS3/CTI180034	446/K1b			
	SON ROAD #16- NGLEAF TOWER	00 RSINGAPORE 079909	Date: 23-02-2018 Code: CTI				
1.		Policy Particula	ars :- (THIRD PARTY CLAI	M)			
	Insured Veh.	SJL 3430R	Veh. Inspected	SKM 9344A			
	Policy No.	DMPCSN3107461701	Coverage (\$)	0.00			
	Claim No.	SNM18D00865C02	Excess (\$)	0.00			
	Assign From	JOWYN TAY	Assign Date	23/02/2018			
2.		Vehicle P	articulars & Condition				
	Make & Model		c.c				
	Engine No.		Year of Reg.				
	Chassis No.		Colour Steering Modification				
	Odometer						
	Brakes						
	General						
3.		Cor	nditions 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.		Desc	ription of Damages				
5.	Carried and Carrie	Ger	neral Information				
	Accident Date	12/02/2018	Inspection Date				
	Survey held at		1 6				
5a.	Consideration of the constant		Remarks				

No results.

...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth ad	Status	
Main	21 Feb 2018		21 Feb 2018 10:25 Assign				New Assignment Cancel Case	
	Main	Refere	nce	Claim Deta	ils	Documents	Show All	
CLAIM S	JBFOLDER DET	AILS				[Created by	insurer]	
Insured:		TAN KIM LIA	N JOANNE, II					
Main Claim	nant:	LIM MENG J		Charles T. Control of the Control of	Notwork in	1		
Vehicle Re	g. No.:	SKM9344	\	Date of I		12/02/2018		
Claim Type	21	TP / SNM18	BD00865C02	Policy/Co	over Note No.:	DMPCSN3107	7461701	
Vehicle Re	g. No. (Insured):	SJL3430R			o. (Claimant):			
				Excess:		\$\$0.00		
Repairer:		United SG A 9007 7556	utomobile Pte	Ltd (HQ) 53 Ubi A	venue 1, #01-56 P	aya Ubi Industrial	Park, 408934 Ubi - Tel:	
Handling I	nsurer:	6174]					ed by Jowyn Tay - 638	
Adjuster:		LKK Auto Co	nsultants Pte I	Ltd (HQ) - Tel: 62	56-3561 [Fina	Rpt due 02/0:	3/2018]	
Adj Asg. R	emarks:	PLEASE SURV KINLY LET US PRE REPAIR.	YEY THIRD PARTY HAVE YOUR RE	, CHECK CONSIST COMMENDED REPA	ENCY OF THE DAM AIR AMOUNT IF THE	AGES ON WITHOU RE IS NO ESTIMA	T PREJUDICE BASIS. TE PROVIDED DURING	
ASSOCIA	TED MAIL REC	EIVED				View /	All Compose Case Mail	
There are	no mail for this c	ase.		100				
		Sew Service						

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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- This 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 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	13/02/2018 13:31
Date Of Accident	12/02/2018 17:20
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM9344A
Insured/Policyholder	
Name Of Registered Owner	LIM MENG JEE
NRIC No	S1277173H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82506037
Alternative Phone No	OFFICE-82506037
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100371521-03000
Cover Note Number	5:
Driver	
Name of Driver	YAP CHEE LIP
NRIC No	S0020370Z
Date Of Birth	09/08/1950

09/08/1950 Date Of Birth INDOOR Occupation 15/02/1968 Date Of Driving Pass

49 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93507459 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

16 GUAN SOON AVE

Postcode

489593

SPOUSE

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

NO

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

PLEASE REFER TO ATTACHED 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

SHD1988C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJL3430R

Vehicle Make/Model/Colour

Page 2 of 24

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YAP CHEE LIP

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKM9344A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 will'ul 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.
- Any false reporting may be referred to the Police for investigation.
- 5. 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.
- Consent under the Personal Data Protection Act (POPA)

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 passessed 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)
 - (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 agenta(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 gowrnment 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 NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	PiE howard change airport before dutos exit
	Vehicle A: SKM93+4A
1000	VEHICLE SHOLLERE
Δ	Vehicle C STL 3430R
[5]	
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DESCRIBE CIRCUMSTANCES OF THE AC	
I was traveling along P	IE toward Change airport before even exit
The L. for mar become	The car infront of me stop, so I fallow to
the day on I that we	that new contrat with the top venil
Evildenly I felt nhope	impact man the near of my rehise, I got
coup and see vehill	c (STL 3430R) has hit unto my rehalf
This year had anythe	ed and I was in the middle
17 (41) 211 1019 10019	1/,
	Yukehilly
	,
DECLARATION	1
I/We declare the foregoing particulars are tr	the state of the s
VOL.	4.9 (luch 12/2/15 /1000
	Reporting Centre Personnel's Signature Priver & not the policyholder)
	e & Time: NRIC/FIN No.:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Subr	mitted 1	ins Authled	Status		
Main	21 Feb 2018		21 Feb 2018 10:25 Edit Adj Rpt	S\$0.00 Edit Estimat	es	S\$0.00 View Rp			Pending for Surve Report Cancel Case		vey
1	1ain	Re	ference	C	laim	Details		Document	s] [5	how All
CLAIM SU	BFOLDER DE	TAILS					[Created	by insurer]			
Insured:	TAN KIM	LIAN JOANNE,	ID: S8325548Z								
Main Claimant:	LIM MEN	3 JEE, ID: S127	7173H								
Vehicle Reg. No.:	SKM934	4A			Date	of Loss:		/02/2018 17:00 - :59 5 Months and 18 Days From LTA			Man Yr)]
Claim Type:	TP / SN	418D00865C02				cy/Cover e No.;	DMPCSN3:	DMPCSN3107461701			
Vehicle Reg. No. (Insured):	SJL3430F	i			10000000	y No. imant):					
					Exce		S\$0.00				
Repairer:	United SC	Automobile Pte	Ltd (HQ) 53 U	bi Avenue 1,	#01-5	6 Paya Ub	oi Industrial	Park, 408934 Ub	i - Tel: 90	07 7556	
Handling Insurer:		ping Insurance (A STATE OF THE STA			
Adjuster:	02/03/20								041	.00	
Adj Asg. Remarks:	PLEASE SU RECOMME	JRVEY THIRD PART NDED REPAIR AMO	Y, CHECK CONS OUNT IF THERE	ISTENCY OF T IS NO ESTIMA	TE PR	AMAGES (ON WITHOU DURING PRE	T PREJUDICE BA REPAIR.	SIS. KINL	LET US	HAVE YOU
ASSOCIAT	ED MAIL RE	CEIVED							View All	Compose	Case Mai
There are n	o mail for this	case.									
ALL ASSO	CIATED TAS	sks⊡					View All	Search Tasks	Create N	ew Task	Complete
Due Date No results.	e Priority	Type Task	Group Sub	ject Hand	ler	Assign	ned By	Completed On	Cre	ated On	Done

Claim Documents

*SKM9344A (SNM18D00865C02)

[SJL3430R]

TP

LIM MENG JEE

Feb 12 2018 5:00PM

[TAN KIM LIAN JOANNE]

United SG Automobile Pte Ltd

	t o	ad Photos Compose New Letter	View	View in Brow	ser ▼
	oad Documents Uplo	ad Flotos Compose New Sector	1 per i	page v	•
Doc	umentation	The state of the same of the state (HO)		Thumbnail	Print
No.	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) INSURED SAS REPORT SJL3430R -LAST VEH IN CHAIN COLLISION	0	Load PDF	
1	21/02/18 10:29	THIRD PARTY SAS REPORT -SKM9344A -2ND VEH IN CHAIN COLLISION	0	Load PDF	
2	21/02/18 10:29	THIRD PARTY SAS REPORT -SKM9344A - 2ND VEH IN CHAIN COLLISION	0	Load PDF	
3	21/02/18 10:29	THIRD PARTY SAS REPORT SHD1988C -1ST VEH IN CHAIN COLLISION	Ŏ	Load PDF	
4	21/02/18 10:29	THIRD PARTY SKM9344A- PRS EMAIL BTW CIC AND CHIA S ARUL LLC	-	Thumbnail	Print
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	0	Load PDF	
1	03/04/18 17:24	LKKPhotosIn6-1	0	Load PDF	
2	03/04/18 17:24	LKKPhotosIn6-2		Load PDF	-
3	03/04/18 17:24	LKKPhotosIn6-3	0	Load PDF	_

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

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/MSG18003446/WBS2

Date:

30/04/2018

REFERENCE

China Taiping Insurance (Singapore) Pte.

Policy No:

DMPCSN3107461701

Handling Insurer: Claimant Vehicle

Ltd.

Insured Vehicle No

SJL3430R

No:

SKM9344A

Claim

Date of Loss:

12/02/2018

Nature of Claim:

TP

No:

SNM18D00865C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKM9344A

NISSAN SYLPHY, 1.6 CVT ABS D/AIRBAG 2WD 4DR

Engine No:

HR16938214B

Make & Model:

(A) 25/04/2014 (Man. Year: 2014)

Chassis No:

MNTBBAB17Z0018129

Reg. Date: Colour:

Red

Odometer:

54582 km

Engine Capacity:

1598 cc N/A

Market Value/New Car Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Fair

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Engine Modification: Yes

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

195/60R16

Rear Tyre Size:

195/60R16

Front Left Side:

Bridgestone 8 mm

Rear Left Side:

Bridgestone 8 mm

Front Right Side:

Bridgestone 8 mm

Bridgestone 8 mm Rear Right Side:

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	
a	Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

Date Inspected:

21/02/2018

21/02/2018 Inspected At:

United SG Automobile Pte Ltd (HQ)

53 Ubi Avenue 1, #01-56 Paya Ubi Industrial Park

Singapore 408934

Estimated Period of Repair:

11.0 days

Adjuster:

Teo Cheng Ming Wilson

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$11,900.00 - \$12,900.00

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 30 Apr 2018)

Parts:

143

NISSAN SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR (A) (Catalogue:Merimen Singapore 1.0)

Labour:

(Price-denominated Standard List) Repairer's

Validity:

Print Code: (Unsubmitted, no print-code for SKM9344A) These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the

END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

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 >