

INS. CASE OWNER:

CC 4/AIG1800

LKK:
IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

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



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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:

%

(

days)

BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

(

days)

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(

days)

Loss of Income (LOI):

S\$

(

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

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

RECEIVED 20 MAR 2010

OI HIT FROM
REAR COPY SENT
20/7/18

ASS. REC. BY:

REF:

AGI

ASSIGNMENT

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:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SYM 150M

Yr Regn:

12, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Zy 110.5

c.c

1497

Colour

N. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

127 288

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR053H49305079964

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185 / 70 R 14

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

23/2/18

D.O.I.

26/2/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

12 Feb pass to Customer

L/S \$2,750

R (\$2,810.50 / .50%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos:

Others:

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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



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/AIG18003589/Kjb3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 26-02-2018	
		Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKZ 6594X	Veh. Inspected	SJM 150M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/02/2018
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	23/02/2018	Inspection Date	26/02/2018
Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



Kj

COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHRISTOPHER WANG FUT KENG
BLK 46 LAKESIDE DRIVE #07-18
SINGAPORE 648324

Attention : THE OWNER
Contact : 98779248

Estimate : ES006273

Date : 24/02/2018
Vehicle Num. : SJM150M
Make/Model : TOYOTA VIOS J AUTO-2008
Chassis/Eng# : MR053HY9305079964/1NZX803773
Accident Date : 23/02/2018
Claim No. :
Reference :
Policy No. :

Not Authorized
615m @ 2750h
Assembly After Parts

-5 days

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.	1	LIST ITEMS :		
2.	1	BOOT LID		605.90
3.	1	BOOT LID LOCK		
4.	2	BOOT LID HINGES		
5.	1	BOOT LID RUBBER SEAL		539.10
6.	1	REAR END PANEL		89.65
7.	2	REAR END PANEL TOP GARNISH		
8.	1	REAR END PANEL TOP GARNISH CLIP		
9.	2	REAR BUMPER		459.80
10.	2	REAR BUMPER BRACKET		
11.	6	REAR BUMPER SIDE RETAINER		
12.	1	REAR BUMPER CLIP		
13.	1	REAR BUMPER REFLECTOR L/H		
		TAIL LAMP L/H		

List TotalS\$:
25.00% Discount S\$:

1.	1	SPECIAL NETT ITEMS :		
2.	1	VIOS EMBLEM		56.70
3.	1	J EMBLEM		39.40
4.	1	TOYOTA LOGO		69.83
		REVERSE SENSOR SET		280.00

Special Nett Total S\$:

LABOUR :
CHANGE TAIL LAMP AND CHECK LIGHTING

201 45.00

CONTINUE / ...



Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHRISTOPHER WANG FUT KENG
BLK 46 LAKESIDE DRIVE #07-18
SINGAPORE 648324

Attention : THE OWNER
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Date : 24/02/2018
Vehicle Num : SJM150M
Make/Model : TOYOTA VIOS J AUTO-2008
Chassis/Eng# : MR053HY9305079964/1NZX803773
Accident Date : 23/02/2018
Claim No :
Reference :
Policy No :

S/N	Quantity	Particular	Unit Price	Amount S\$
		RUST PROOFING TREATMENT	100.00	600
		SPRAY PAINT DAMAGED AREA AFFECTED	1,100.00	600
		TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR		
		L/H CORNER FLOOR PANEL, REAR CHASSIS FRAME, AND CHANGE		
		ALL NECESSARY PARTS	1,100.00	600
		Labour Total S\$:	2,345.00	

SingDollars : Five Thousand Five Hundred Sixty & Cents Fifty Only

Total S\$: 5,560.50
=====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHRISTOPHER WANG FUT KENG
BLK 46 LAKESIDE DRIVE #07-18
SINGAPORE 648324

Attention : THE OWNER
Contact : 98779248

Estimate : ES006273

Date : 24/02/2018
Vehicle Num. : SJM150M
Make/Model : TOYOTA VIOS J AUTO-2008
Chassis/Eng# : MR053HY9305079964/1NZX803773
Accident Date : 23/02/2018
Claim No. :
Reference :
Policy No. :

Not Authorized
61 Bm & ?
Resurvey After Paint
4-5 days

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.	1	LIST ITEMS :		
2.	1	BOOT LID	66.30	769.70 ✓
3.	2	BOOT LID LOCK		151.70 X
4.	1	BOOT LID HINGES		132.60 X
5.	1	BOOT LID RUBBER SEAL		127.30 X
6.	1	REAR END PANEL		720.00 ?
7.	1	REAR END PANEL TOP GARNISH		220.76 ?
8.	2	REAR END PANEL TOP GARNISH CLIP	5.00	10.00 ?
9.	1	REAR BUMPER		571.80 ✓
10.	2	REAR BUMPER BRACKET	99.40	198.80 ?
11.	2	REAR BUMPER SIDE RETAINER	107.30	214.60 ✓
12.	6	REAR BUMPER CLIP	8.50	51.00 ✓
13.	1	REAR BUMPER REFLECTOR L/H		141.60 X ?
	1	TAIL LAMP L/H		382.90 ?

List TotalS\$:
25.00% Discount S\$:

3,692.76
923.19
2,769.57

1.	1	SPECIAL NETT ITEMS :	
2.	1	VIOS EMBLEM	
3.	1	J EMBLEM	
4.	1	TOYOTA LOGO	
	1	REVERSE SENSOR SET	

56.70 ✓
39.40 ✓
69.83 ✓
280.00 2000

Special Nett Total S\$:

445.93

LABOUR :
CHANGE TAIL LAMP AND CHECK LIGHTING

200 45.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature

CONTINUE / ...



Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHRISTOPHER WANG FUT KENG
BLK 46 LAKESIDE DRIVE #07-18
SINGAPORE 648324

Attention : THE OWNER
Contact : 98779248

Estimate : ES006273

Date : 24/02/2018
Vehicle Num : SJM150M
Make/Model : TOYOTA VIOS J AUTO-2008
Chassis/Eng# : MR053HY9305079964/1NZX803773
Accident Date : 23/02/2018
Claim No :
Reference :
Policy No :

S/N	Quantity	Particular	Unit Price	Amount S\$
		RUST PROOFING TREATMENT		100.00 ?
		SPRAY PAINT DAMAGED AREA AFFECTED		1,100.00 600
		TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR		
		L/H CORNER FLOOR PANEL, REAR CHASSIS FRAME, AND CHANGE		
		ALL NECESSARY PARTS		1,100.00 ?
		Labour Total S\$:		2,345.00

SingDollars : Five Thousand Five Hundred Sixty & Cents Fifty Only

Total S\$: 5,560.50
=====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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 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	24/02/2018 10:30
Date Of Accident	23/02/2018 12:20
Exact Location Of Accident	VISTA EXCHANGE GREEN -JUNCTION - OPP STAR VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM150M
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHER WANG FUT KENG
NRIC No	S0136048E
Email Address	CHRISWANG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98779248
Alternative Phone No	OFFICE-67737434

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071236395-02
Cover Note Number	

Driver

Name of Driver	CHRISTOPHER WANG FUT KENG
NRIC No	S0136048E
Date Of Birth	17/05/1954
Occupation	INDOOR
Date Of Driving Pass	07/05/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98779248
Fax Number	
Contact Number	OFFICE-67737434
EEmail Address	CHRISWANG@SINGNET.COM.SG

Address	BLK 46 LAKESIDE DRIVE #07-18
Postcode	648324
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NA
	GENDER: : MALE

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 ATTACHED

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	SKZ6594X
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA KIN HONG
NRIC/Passport Number	
Contact Number	97390629
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the officers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will not be made available upon application by interested parties.
7. By the payment of this report to the insurers, you hereby consent to the archiving of this report and the related documents of the report being made available as aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I (undersigned), now we each, agreed 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 transmit such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (the "Insurers") (which insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry of Transport of Singapore and any relevant government agency/authority (such as the police), or the body/ies 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 from;
 - (iv) administering my claims including the mailing of correspondence, statements, notices, receipts and notices to me which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the collection, receipt, processing and/or handling of my claims; and/or
 - (v) complying with, applying, use in administering, processing, handling and/or dealing with my claims and/or my other "Purposes";
- (b) all Insurers 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 investigation, 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, regulatory, law enforcement, and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with a requirement under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

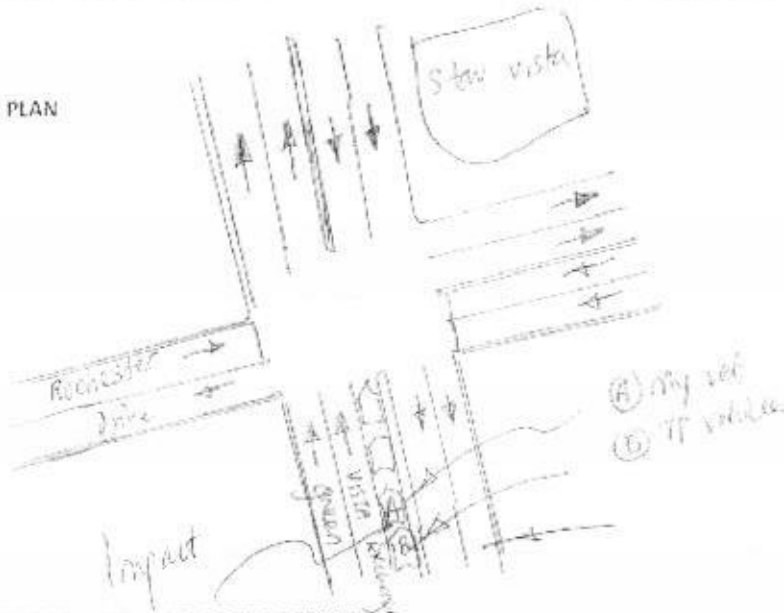
24/2/18 0820 hrs

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

Reporting Centre Personnel's Signature
Name: A. Loh
NR CFIN No:

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the stated place, light & how suddenly I felt & heard a bang from my vehicle. I came out and saw a vehicle to had hit into my vehicle from causing damage on both vehicles. We exchange particulars and no one was hurt.

DECLARATION

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

Policyholder's Signature
Date & Time

24/2/18

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

Reporting Centre Personnel's Signature
Name: *Kumar*
RDC/FIN No:

Catherine Chong (LKK Auto)

From: Abu Kassim, Noor Mariesa <NoorMariesa.AbuKassim@aig.com>
Sent: Monday, 26 February, 2018 12:12 PM
To: 'assignments@lkkauto.com'; 'admin-a@lkkauto.com'
Cc: Tan, Lily (AIG); Fong, Andy-SY; Kaur, Baljit; Lim, Sheng Yang; Md Ishak, Mohd Imran; Chan, Yoke Shi; Supramaniam, Darshene; Chin, Lee-Ying
Subject: aigencrypt - Pre repair inspection request - SJM150M VS SKZ6594X (OI) DOA: 23/02/2018
Attachments: Re: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SKZ65... (62.1 KB); FaxB3CA.TIF

Hi,

Please refer to the enclosed request from **Complete VMS PTE LTD**

Kindly carry out Policy coverage verification **first** before conducting the pre-repair inspection within 48 hours

If you have any queries/concerns, please let us know.

Kindly assist to assign Mr 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 | www.aig.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.

26.02.2018 @ 1:08pm
Li Hui Veh in

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

Fastlane

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Feb 2018 Edit Reg		26 Feb 2018 00:00 Edit Adj Rpt	S\$2,750.00 Edit Estimates	S\$2,750.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	Chua Kin Hong, ID: S0010574J, Tel: +6597390629		
Main Claimant:	CHRISTOPHER WANG FUT KENG, ID: S0136048E		
Vehicle Reg. No.:	SJM150M	Date of Loss:	23/02/2018 00:00 - :59
Claim Type:	TP / 6914138971SG	Policy/Cover Note No.:	2100450322 (Comprehensive)
Vehicle Reg. No. (Insured):	SKZ6594X	Policy No. (Claimant):	5071236395-02
		Excess:	
Repairer:	COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Kesaval, Jaclyn-M] Jaclyn-M.Kesaval@aig.com		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 07/03/2018]		
Driver/Custodian (Insured):	Chua Kin Hong (), NRIC: S0010574J, Tel: +6597390629		

ASSOCIATED MAIL RECEIVED

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

- AIG_SG (28/02/2018): Request To Upload TP GIA Report

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

Claim Documents

*SJM150M (6914138971SG)
[SKZ6594X]
TP
CHRISTOPHER WANG FUT KENG
Feb 23 2018 12:00AM
[Chua Kin Hong]
COMPLETE VMS PTE LTD

Upload Documents Upload Photos Compose New Letter Upload Video Upload Audio			View View in Browser ▼	
Letters/Correspondences			1 per page ▼	☒
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement - Payment Breakdown	Edit	
Assessment Reports			1 per page ▼	☒
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	28/02/18 15:45	Accident Statement From: SC - Reg. No: SKZ6594X, Claimant: CHUA KIN HONG	Load HTM	
Photos/Images			3 per page ▼	☒
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	20/03/18 12:03	General View	Load JPG	☒
2	20/03/18 12:03	General View	Load JPG	☒
3	20/03/18 12:03	General View	Load JPG	☒
4	20/03/18 12:03	General View	Load JPG	☒
5	20/03/18 12:03	General View	Load JPG	☒
6	20/03/18 12:03	General View	Load JPG	☒
7	20/03/18 12:03	General View	Load JPG	☒
8	20/03/18 12:03	General View	Load JPG	☒
9	20/03/18 12:03	General View	Load JPG	☒
10	20/03/18 12:03	General View	Load JPG	☒
11	20/03/18 12:03	Odometer Reading	Load JPG	☒
12	20/03/18 12:03	Chassis Number	Load JPG	☒
13	20/03/18 12:03	General View	Load JPG	☒
14	20/03/18 12:03	General View	Load JPG	☒
15	20/03/18 12:03	General View	Load JPG	☒
16	20/03/18 12:08	Reinspection Photo	Load JPG	☒
17	20/03/18 12:08	Reinspection Photo	Load JPG	☒
18	20/03/18 12:08	Reinspection Photo	Load JPG	☒
19	20/03/18 12:08	Reinspection Photo	Load JPG	☒
20	20/03/18 12:08	Reinspection Photo	Load JPG	☒
21	20/03/18 12:08	Reinspection Photo	Load JPG	☒
22	20/03/18 12:08	Reinspection Photo	Load JPG	☒
23	20/03/18 12:08	Reinspection Photo	Load JPG	☒
24	20/03/18 12:08	Reinspection Photo	Load JPG	☒
Documentation			1 per page ▼	☒
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print

1	26/02/18 15:41	EMAIL FROM AIG DD 26022018		Load PDF	
2	26/02/18 15:41	WKSP NOTICE		Load PDF	
3	27/02/18 19:36	TP ESTIMATE- MARKED		Load PDF	
4	15/03/18 15:23	LETTER TO INSURED		Load PDF	
5	21/03/18 09:03	AUTHORISATION TO ACT		Load PDF	
6	21/03/18 09:03	LTA SEARCH		Load PDF	
7	21/03/18 09:03	RELEASE VOUCHER		Load PDF	
8	21/03/18 09:03	WORKSHOP INVOICE		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

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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.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKZ6594X (Insd veh)	Model:	TOYOTA VIOS 1.5 (A)
	SJM150M (TP veh)		
Date of Accident:	23/02/2018		

Global Sum Settlement	:	☐ Yes	☒ No
Repair Estimate	:	\$	5,949.74
Final Repair Cost	:	\$	2,942.50
Loss of Use	:	\$	300.00
Rental (if any)	:	\$	5.00 days at \$60.00 per day
LTA / GIA Search Fee	:	\$	7.45
Others:	:	\$	
	:	\$	
Final Settlement Sum	:	\$	3,249.95

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability _____ 100 _____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: _____

BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)

** Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.*

Remarks _____

Payment Instruction: Payee's Breakdown			
1)	COMPLETE VMS PTE LTD	:	\$ 3,249.95
2)		:	\$
3)		:	\$

NUR SHAQILAH BTE ABDOL WAHAB

21 Mar
2018

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.

(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

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: CC4/AIG18003589/KJB3S2
Date: 21/03/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100450322
Claimant Vehicle No: SJM150M Insured Vehicle No: SKZ6594X
Date of Loss: 23/02/2018 Nature of Claim: TP Claim No: 6914138971SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SJM150M**
Make & Model: TOYOTA VIOS, 1.5 (A) Engine No: 1NZX803773
Reg. Date: 18/12/2008 (Man. Year: 2008) Chassis No: MR053HY9305079964
Colour: Metallic Black Odometer: 127288 km
Engine Capacity: 1497 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: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes
Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 185/70R14 Rear Tyre Size: 185/70R14
Front Left Side: Michelin 8 mm Rear Left Side: Michelin 8 mm
Front Right Side: Michelin 8 mm Rear Right Side: Michelin 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,215.50	2,156.37	1,059.13	32.94
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,345.00	1,280.00	1,065.00	45.42
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,560.50	3,436.37	2,124.13	38.20
Approved Total (Overridden) (S\$)		2,750.00		
(S\$)	5,560.50	2,750.00	2,810.50	50.54
+ GST 7.00/7.00% (S\$)	389.24	192.50	196.74	50.54
Nett Amount (S\$)	5,949.74	2,942.50	3,007.24	50.54
+ Loss of Use (5.0 x S\$60.00/day) (S\$)		300.00		
+ Doc/Search Fee (S\$)		7.45		
Nett Liability (S\$)		3,249.95		

INSPECTION

Date of Assignment: 26/02/2018
Date Inspected: 26/02/2018 Inspected At: COMPLETE VMS PTE LTD (HQ)
176 Sin Ming Drive #03-14 Sin Ming Autocare Complex
Singapore 575721
Estimated Period of Repair: 5.0 days

Adjuster: KENNETH KONG**Manager:** Joy Irene Bascao

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		*BOOT LID	Buckled	769.70 FL	*605.90 FL
2	1		*BOOT LID LOCK	Repair	151.70 FL	*- FL
3	2		*BOOT LID HINGES	Repair	132.60 FL	*- FL
4	1		*BOOT LID RUBBER SEAL	Serviceable	127.30 FL	*- FL
5	1		*REAR END PANEL	Bent	720.00 FL	*539.10 FL
6	1		*REAR END PANEL TOP GARNISH	Mtg Distorted	220.76 FL	*89.65 FL
7	2		*REAR END PANEL TOP GARNISH CLIP	Necessary	10.00 FL	*10.00 FL
8	1		*REAR BUMPER	Bent	571.80 FL	*459.80 FL
9	2		*REAR BUMPER BRACKET	Repair	198.80 FL	*- FL
10	1		*REAR BUMPER SIDE RETAINER	N/s Distorted	214.60 FL	*107.30 FL
11	6		*REAR BUMPER CLIP	Necessary	51.00 FL	*51.00 FL
12	1		*REAR BUMPER REFLECTOR L/H	Cracked	141.60 FL	*141.60 FL
13	1		*TAIL LAMP L/H	Mtg Cracked	382.90 FL	*382.90 FL
14	1		*VIOS EMBLEM	Necessary	56.70 FS	*56.70 FS
15	1		*J EMBLEM	Necessary	39.40 FS	*39.40 FS
16	1		*TOYOTA LOGO	Necessary	69.83 FS	*69.83 FS
17	1		*SET REVERSE SENSOR	Dented	280.00 FS	*200.00 FS

F=Franchise part, S=SpcNett, L=ListItemDisc.

Sub Total (S\$)	4,138.69	2,753.18
- List Item Discount on L Items 25.00/25.00% (S\$)	923.19	596.81
Total Parts (S\$)	3,215.50	2,156.37

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
Labour Items				
1	CHANGE TAILLAMP AND CHECK LIGHTING.	New	45.00	20.00
2	RUST PROOFING TREATMENT.	New	100.00	60.00
3	SPRAY PAINT DAMAGE AREA AFFECTED.	New	1,100.00	600.00
4	TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR L/H CORNER FLOOR PANEL, REAR CHASSIS FRAME, AND CHANGE ALL NECESSARY PARTS.	New	1,100.00	600.00
Gross Labour Cost (S\$)			2,345.00	1,280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >