

INS. CASE OWNER:

CC 3, AIG1800 4340, ea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

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)

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

(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:

%

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

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

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:



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 : CC3/AIG18004340/ea3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 06-03-2018		
		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLK 6507R	Veh. Inspected	SKP 6222Y	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	06/03/2018	
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	03/03/2018	Inspection Date		
Survey held at	PERFORMANCE MOTORS LTD 303 ALEXANDRA ROAD SINGAPORE 159941			
5a. Remarks				
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 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	05/03/2018 17:57
Date Of Accident	03/03/2018 19:15
Exact Location Of Accident	CHANGI POINT FERRY TERMINAL DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6222Y
Insured/Policyholder	
Name Of Registered Owner	LI LIN
NRIC No	S6966831C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97275962
Alternative Phone No	OFFICE-81637635

Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10115441
Cover Note Number	

Driver

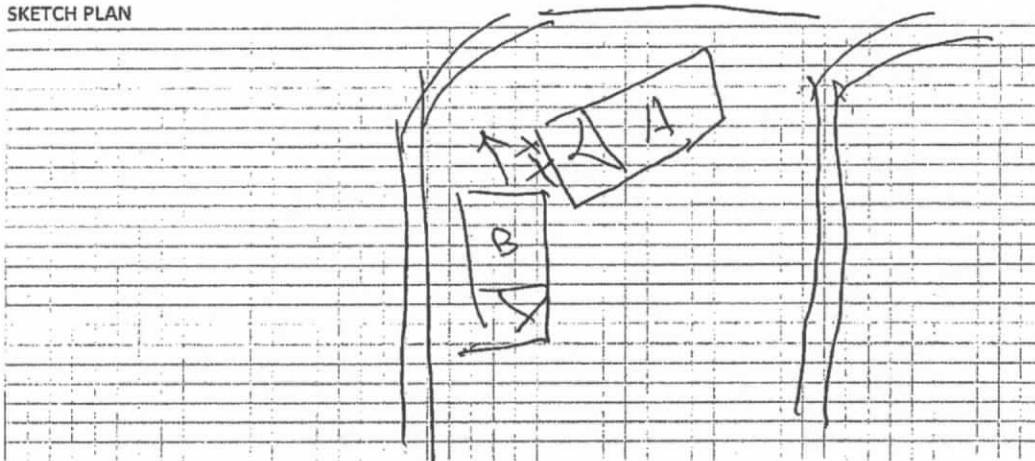
Name of Driver	LIU LIHONG
NRIC No	S6867544H
Date Of Birth	15/09/1968
Occupation	INDOOR
Date Of Driving Pass	17/08/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81637635
Fax Number	
Contact Number	
EMail Address	NOEMAIL

• Nature Of Damage
No. Of Passenger (Including Driver)

REAR LEFT

Building

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary aligned my 2 kids
at drop off point and suddenly the car reverse and
hit into my front bumper and cause the front number
plate drop off and right bumper area scratch.

DECLARATION

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

Policyholder's Signature
Date & Time: 05-03-2018

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	06/03/2018 14:09
Date Of Accident	03/03/2018 19:10
Exact Location Of Accident	CHANGI POINT FERRY TERMINAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6507R
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	CHIA ABAH
NRIC No	S0797423Z
Email Address	EMILYCHIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98798237
Alternative Phone No	Office-98798237

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100498524
Cover Note Number	

Driver


Name of Driver	CHIA ABAH
NRIC No	S0797423Z
Date Of Birth	28/04/1951
Occupation	INDOOR
Date Of Driving Pass	25/01/1974
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98798237
Fax Number	
Contact Number	OFFICE-98798237
EMail Address	EMILYCHIA@GMAIL.COM

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

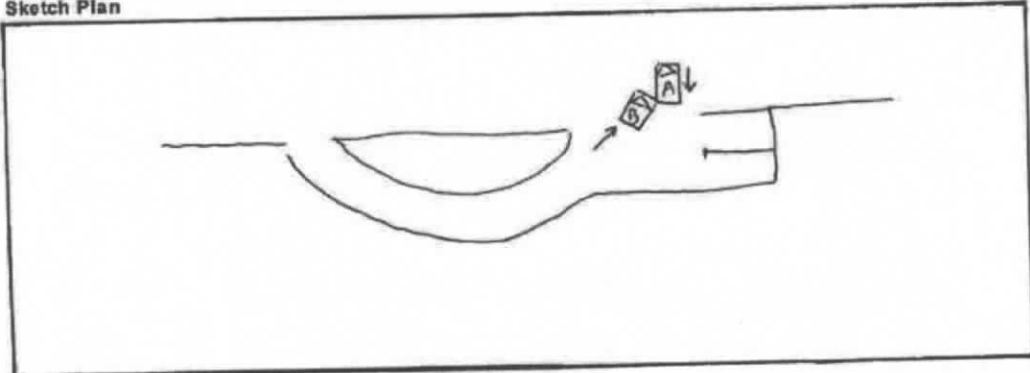
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
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.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Chua Ahn
VEHICLE NUMBER : SKP 6507R
DATE/TIME OF ACCIDENT : 3/3/18 @ 7.10pm
PLACE OF ACCIDENT : Changi Point Ferry Terminal
THIRD PARTY VEHICLE (IF ANY) : SKP 6222Y

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Changi Point Ferry Terminal

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

TP Hit Insured

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No



.....
Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0797423Z



References

CHIA ABAH

謝亞崙

Page
41-41000-0000

Order of Earth:

28-04-1951

Country of Birth:

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	13 Jan 1982
Class 3	Motor Cars and Motor Trailers the weight of which (unladen) does not exceed 2500 kilograms	26 Jan 1974

NIP-428A



1641512

FMCTW: S0797423Z



Board Group:	Date of issue:
A+	31-01-1994

Appendix

APT BLK 205 TAMPAH STREET 22
#12-510
SINGAPORE 1652

Accident Photo



Accident Photo



Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	S0797423Z
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	2B,3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

PROVISIONAL DRIVING LICENCE

You (S0797423Z) are not a valid Provisional Driving Licence Holder.

The above information is accurate as at 13/03/2018 12:01 AM.

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Friday, 9 March 2018 9:54 AM
To: 'PBSP'; Mei Kwan (LKKAUTO)
Cc: Admin A; Vic (LKKAUTO); assignments
Subject: RE: REQ FOR DIRECT SETTLEMENT- SKP6222Y AND SLK6507R ON 03/03/2018 *** LKK
REF: CC3/AIG18004340/ea3
Attachments: OI SKETCH PLAN.pdf

Without Prejudice

Dear Caroline,

We refer to the above matter.

Please be informed that liability is unclear for this matter. Our insured driver reported that your client rear ended our insured vehicle while he intended to reversed. Enclosed herewith in this email is a copy of our insured's accident report for your perusal.

We are in a course of investigating into the circumstances of the accident. After verifying further with our OI we will revert with our opinion on the cause of the accident. Kindly do not refer to any party for legal assistance until you heard further from us.

Meanwhile, we would like to request a copy of **video footage/witness statement/scene photos**(if any) in order for us to look into the matter.

We shall revert upon hearing from you.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

From: PBSP [mailto:pml-pbsp@simedarby.com.sg]
Sent: Friday, 9 March 2018 9:43 AM
To: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>; assignments
<assignments@lkkauto.com>
Subject: Re: REQ FOR DIRECT SETTLEMENT- SKP6222Y AND SLK6507R ON 03/03/2018 *** LKK REF:
CC3/AIG18004340/ea3

Dear Asher,

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Thursday, 19 July 2018 11:09 AM
To: 'Kesaval, Jaclyn-M'
Subject: Accident Involving SKP 6222Y & SLK 6507R on 03/03/2018

Your Ref: 3612616410SG
Our Ref: CC3/AIG18004340/ea3

Hi Jaclyn,

Accident Involving SKP 6222Y & SLK 6507R on 03/03/2018

We refer to the above matter.

We were informed by TP workshop that claimant do not come back to their workshop for repair up to date.

In view of the above, we will proceed to close file without bill as no survey was done.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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