

15/5/2010

INS. CASE OWNER:

Shawn

CC 4 / AIG18004407 / jss

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

DOI:

Date / Time :

06/03/18

Registered in Merimen:

07/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 7961T

Claim No. : 7194784525SG

Name of Insured : TAN HAN KHIM

Policy No. : 2400312540

Insured Tel No. : HP: 8125 3617

Make / Model : MERCEDES - BENZ

Excess Sec II : \$\$ D.O.A : 01/03/18

Place of Accident : SEMBAYANG RD TO UPPER THOMSON

Is driver the owner? ☒ YES / ☐ NO Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / ☐ NO TP GIA REPORT: ☒ YES / ☐ NO

Driver Tel No. :

(V/L ☒ YES / ☐ NO)

Insured Liability : % Final ? Yes / No

81K 5796H

INSRS:  
WSP: City Auto  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
09/03/18 joy	Non-Reporting ltr (1st):	
12-3-18	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:	

Refer to Atts email dated 16 March 2018

20/3/2018

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	\$S	( days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [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:
Payee 1:	\$S	Name 1:	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	

## 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	01/03/2018 15:23
Date Of Accident	01/03/2018 07:25
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5786H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN SENG CHOON (SHEN SHENG CHUN)
NRIC No	S7324421H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94887218
Alternative Phone No	OTHERS-94887218
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	
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
<b>Insurance Company</b>	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01001544
Cover Note Number	
<b>Driver</b>	
Name of Driver	SIN SENG CHOON (SHEN SHENG CHUN)
NRIC No	S7324421H
Date Of Birth	06/07/1973
Occupation	INDOOR
Date Of Driving Pass	20/10/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94887218
Fax Number	
Contact Number	OTHERS-94887218
Email Address	NOEMAIL

Address	APT BLK 744 YISHUN STREET 72 #03-203
Postcode	760744
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	
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)	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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG7861T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HAN KHIM
NRIC/Passport Number	S1713461B
Contact Number	81253617
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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 Authorized 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 to 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  
(Name & Title)

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

Reporting Centre Personnel's Signature  
Name  
NRN/ARN No.

CITY AUTO PTE LTD  
818 8 Sin Ming Road  
#01-55/00-55 Sin Ming Ind Est  
Singapore 504554  
Tel: 6453 7944 Fax: 6453 7944  
(Claims Section)

### Accident Sketch Plan

### SKETCH PLAN

SECRET

A - Sub Signal

0- 5-6 75411

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the first and last above. I was driving along Sembawang Road. A very big vehicle to that vehicle in front of me. A big vehicle to that vehicle in front of me. A big vehicle to that vehicle in front of me.

## DECLARATION

1. What is the purpose of the study?

... ..

1. Name: Signature  
 2. Date: 10/10/2014  
 3. Page: 1

CITY AUTO PTE LTD

2241 N. Sun Ming Road  
 #01-5006, 2241 N. Sun Ming Road #01  
 Singapore 110224  
 Tel: 6463 1234 Fax: 6463 2848

Curry Section

Reporting Centre Form and Signature  
Name: \_\_\_\_\_

2. 14 12, 7194, 7621

**Catherine Chong (LKK Auto)**

---

**From:** Abu Kassim, Noor Mariesa <NoorMariesa.AbuKassim@aig.com>  
**Sent:** Tuesday, 6 March, 2018 5:18 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 - SLK5786H VS SKG7861T (OI) DOA 01/03/2018  
**Attachments:** FW: Arrange survey for SLK5786H (880 KB); GIA report.pdf; Estimate.pdf

Hi,

Please refer to the enclosed request from **City Auto Pte Ltd**

Claim no : 7194784585SG003  
Case Owner : Shawn Wui

06/03/2018 @ 5:26pm  
Vanica ven nui in

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

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)

**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.