INS. CASE OWNER:	00 /	AG1800 1			1	
		ASSIGNMI		Date / Time:	18	
Surveyor:	DO	I:			12/03/18	
				Registered in Merimen:	(10)10	
Pre-assign / CCU /						
Insured Vehicle No.	5LM 5419H		Claim No.			
	m. Tech Product	V(L	D 11 31	JU 202 02 P	63	
Name of Insured	1204 11 4001	1.0	Policy No.	Andi Az		
Insured Tel No.	:HP:		Make / Model	: mon 175	fo	
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Is driver the owner?	( YES / No ) Nature of Acc				CIP.	
			OLGIA DEDOD	T: YF9/NO ; TP GIA REPOR	T. VEZ (NO	
If NO, Driver Name	e/Age: Tan was know					
Driver Tel N		(ER/NO)	Insured Liability	/: % Final? Yes	/ 140	
SLG 7132	<b>1</b> €	<b>→</b>				
INSRS: Ophine	INSRS:		INSRS:	INSRS	4	
WSP: OF PRO	WSP: Tel:		WSP: Tel:	WSP: Tel:		
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1.02	OF CCTY GOTAGE IN and			Non-Reporting ltr (Final):		
20	& gased on of footage. TP	changed lare	and collided	Notification ltr (if non-pickup):		-
	with of verille.			Call OI:		-
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100320 8 60 10 11	details and OID was trave			Notification ltr (if non-pickup)	Idler Typist	
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	westioned he has subjutte	d Hot. COTV FOOD	age THOCK			
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7.		J		Final Repair Bill:		
18				Car Rental Invoice:		
21032017:	Email to TP reject / wo	surel due		Towing Invoice		
	/	0		LTA / GIA:		
26032012:	Fle pare to Melkinen to	Reject Ca	ise	Medical Bill:		
	concul fire.	By (staff) : Z		PIR:		
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		Date : 26	-03-18	LOD		
DEL IMPLADA A DATOR	D. F.	. 7		Payment Breakdown Form:		+
PRELIMINARY ADVICE	Date/Time: Se	ent By:		Post-Repair Photos:		+
TINALIZATION	Dota/Time:			Others:		
FINALIZATION Repair Cost:		onfirm with:	**	Confirm by:	70 "	
FINAL SETTLEMENT	S\$ ( days) Re Date/Time: Confirm with		%	Email	Call	
Final Liability:				Email Call		
Repair Cost:	% (Agreed / Assessed) B0	JLA S/N NO.: YIL	-	If NO or B 28, Ass. Lia:	-deallided	1314
Loss of Rental (LOR):	S\$ ( days)			The annual and a	TO STILL	-11
Loss of Use (LOU):	S\$ (\$ x days)			· ·		
Loss of Income (LOI):	S\$ (\$ x days)					
OR only LOU only	LOR + LOU LOR + LOI	[Tick only one]				
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Normal/Rejec	/Private Settle	
	S\$ (e	g. Tow/ Independent	)	2) Report Format:		
Disbursement:	120	B. 10 W Independent	/			

Total:

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.) SS

S\$

S\$

SS

Date/Time:

Global Sum SS:

Email

Call

Confirm with:

Name 1:

Name 2:

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

1		Affiliated to Federation Inte	rnationale Des Experts En Auto	mobile	
AIG	ASIA PACIFIC IN	SURANCE PTE LTD	Ref : CC6/AIG1800	4608/ka3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date: 12-03-2018  Code: AIG			
1.		Policy Particu	lars :- THIRD PARTY CLA	AIM	
	Insured Veh.	SLM 5419H	Veh. Inspected	SLG 2132K	
	Policy No.		Coverage (\$)	0.00	
	Claim No.		Excess (\$)	0.00	
	Assign From		Assign Date	12/03/2018	
2.		Vehicle F	Particulars & Condition		
	Make & Model		c.c	0	
	Engine No. HIDDEN		Year of Reg.		
	Chassis No.		Colour		
	Odometer -		Steering		
	Brakes		Modification		
	General				
3.	to the state of the		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.		Co	neral Information		
J.	Accident Date	07/03/2018	Inspection Date		
	Survey held at	mopodon bato			
	July Hold at	6, KUNG CHONG ROAD SINGAPORE 159143			
5a.			Remarks		
	A)THE INSPECTION	ON WAS CONDUCTED ON A	"WITHOUT PREJUDICE" BA IS, WE HAVE NOT AUTHORI	SIS. SED REPAIRS.	

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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.

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 of control of the report being made available of the report being
- aforesaid.

	ACCIDENT STATEMENT
Date Of Report	07/03/2018 13:21
Date Of Accident	07/03/2018 12:00
Exact Location Of Accident	8 BOON LAY WAY TRADEHUB 21 OPEN CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG2132K /
Insured/Policyholder	
Name Of Registered Owner	LOW TIAN HIN (LIU TIANXING)
NRIC No	S1830508I
Email Address	TIANHLOW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90284387
Alternative Phone No	OFFICE-90284387
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.0 ELEGANCE (A)
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
Insurance Company	STATE OF STA
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00334953/01
Cover Note Number	
Driver	
Name of Driver	LOW TIAN HIN (LIU TIANXING)
NRIC No	\$18305081
Date Of Birth	12/10/1967
Occupation	INDOOR
Date Of Driving Pass	08/07/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90284387
Fax Number	
Contact Number	OFFICE-90284387

TIANHLOW@YAHOO.COM

## Sketch Plan Pg. 1

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy flability</u>.
- 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 faise reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested markler.
- 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 insurers) 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:
  - 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;
  - (fil) 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 f disclosed:
  - 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.

Policynolder's Signature

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Jun Khar Kian

GIARMC SketchPlanForm\_V3

MPA418032341 / Premium Autocare Centre - Alexandra ENTRY DATE & TIME 08/03/2018 09:28 SUBMITTED BY: Wong Khong Seng, George

# 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.
- 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.

	ACCIDENT STATEMENT		
Date Of Report	08/03/2018 09:28		
Date Of Accident	07/03/2018 11:55		
Exact Location Of Accident	TRADE HUB 21 OPEN SPACE CARPARK		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
/ehicle Registration Number	SLM5419H		
Insured/Policyholder			
Name Of Registered Owner	M.TECH PRODUCT PTE LTD		
Co Reg No	199902769E		
Email Address	ERICTAN@MTECHPRO.COM		
Vobile Phone No	(LOCAL) +65-90068658		
Alternative Phone No	Office-90068658		
Vehicle Particulars			
Manufacturer	AUDI		
Model	A3 SEDAN 1.0 TFSI		
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
f 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	2100505663-00000		
Cover Note Number			
Driver			
Name of Driver	TAN WEE KHEONG ERIC (CHEN WEIQIANG ERIC)		
NRIC No	S8041088C		
Date Of Birth	11/12/1980		
Occupation	INDOOR		
Date Of Driving Pass	30/10/2003		
Driving Experience	14 YEARS AND 4 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90068658		
Fax Number			
Contact Number			
EMail Address	ERICTAN@MTECHPRO.COM		

## Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. 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 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
- 5. Any false reporting may be referred to the Police for investigation-
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapone (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary westigations 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
- (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, estigation 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

Driver's Signature

(If driver is not the policyholder)
Date & Time: 07 03 2008

4:30 pm

Reporting Centre Personnel's Signa no: Lyons Khous Servey, Google

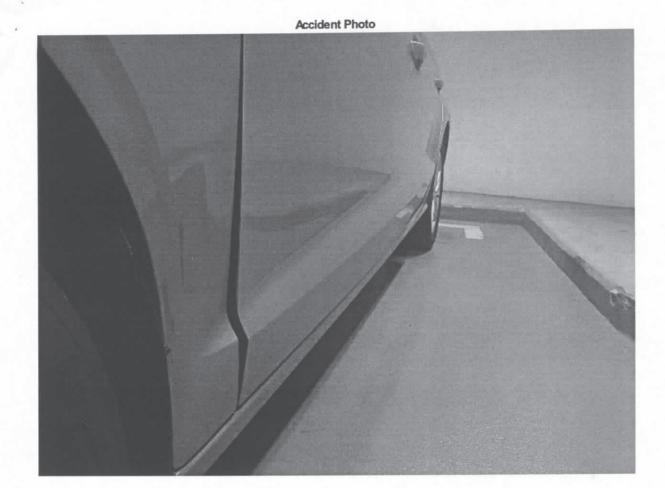
NRIC/FIN No.: 6,2987143X

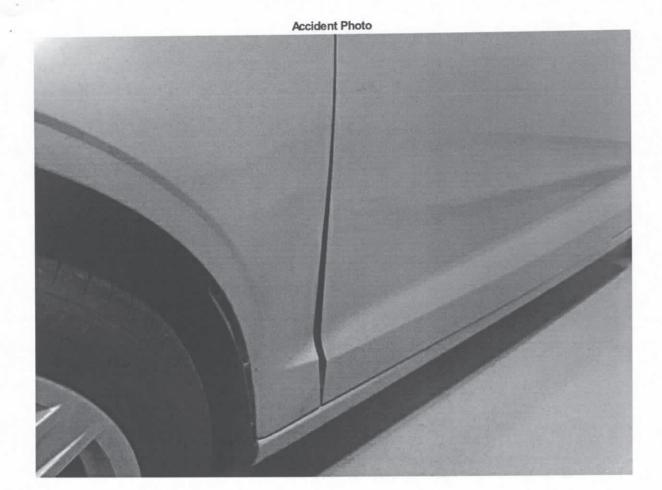
Sketch Plan #2

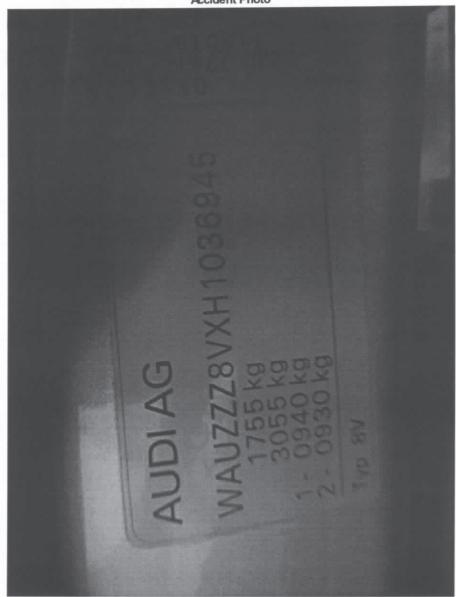












# Status of Driving Licence

## QUALIFIED DRIVING LICENCE

Qualified Driving Licence No.:

S8041088C

Status of Qualified Driving Licence:

Valid

Class of Qualified Driving Licence :

3

**Expiry Date:** 

Valid for life unless revoked, suspended or disqualified.

# PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. :

S8041088C

Status of Provisional Driving Licence :

No Licence

Class of Provisional Driving Licence:

**Expiry Date:** 

The above information is accurate as at 14/03/2018 12:01 AM.

# Zaini (LKK Auto)

From:

Zaini (LKK Auto)

Sent:

Monday, 26 March 2018 2:59 PM

To:

'Lee, Ming-Yao'

Cc:

Hsiao Tong (LKKAuto); Mei Kwan (LKKAuto)

Subject:

RE: Our Ref: 9468020987SG | SLM5419H vs SLG2132K DOA 07/03/2018 \*\*\* LKK

REF: CC6/AIG18004608/ka3

## WITHOUT PREJUDICE

Dear George,

We refer to the below email.

Kindly be informed that there will be no survey bill to AIG as there is no survey done on TP vehicle for the above matter.

As such, we will proceed to close the file on our end.

Thank you.

Best Regards,

Zaini Kusaini | Case Handler LKK Auto Consultants Pte Ltd

DID: 6841-2132 | email: <u>Zaini@lkkauto.com</u> | fax: 6741-4108 Blk 51, PayaUbi Industrial Park, Ubi Avenue 1, #02-25 | \$(408933)

From: Lee, Ming-Yao [mailto:MingYao.Lee@aig.com]

Sent: Thursday, 15 March 2018 10:08 AM To: Zaini (LKK Auto) <Zaini@lkkauto.com>

Cc: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Mei Kwan (LKKAuto) <Meikwan@lkkauto.com> Subject: RE: Our Ref : 9468020987SG | SLM5419H vs SLG2132K DOA 07/03/2018 \*\*\* LKK REF:

CC6/AIG18004608/ka3

Hi.

BOLA S24 should come into effect.

Please proceed to reject.

Thanks & Best Regards,

George Lee

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1769 | Fax +(65) 6835 7416

Ming-Yao.Lee@aig.com | www.aig.com.sq

From: Zaini (LKK Auto) [mailto:Zaini@lkkauto.com]

Sent: 15 March 2018 09:22

To: Lee, Ming-Yao

Cc: Hsiao Tong (LKKAuto); Mei Kwan (LKKAuto)

Subject: RE: Our Ref: 9468020987SG | SLM5419H vs SLG2132K DOA 07/03/2018 \*\*\* LKK REF:

CC6/AIG18004608/ka3

### WITHOUT PREJUDICE

Your Ref: 9468020987SG

Our Ref: CC6/AIG18004608/ka3

Dear George,

# ACCIDENT INVOLVING VEHICLES SLM 5419H AND SLG 2132K ON 07/03/2018

We refer to the above matter.

TP reported that he was about to reverse his vehicle when OI vehicle suddenly collided onto his vehicle's front right portion. No photos / CCTV footage provided by TP till date.

We had spoken to the Insured where he confirmed that at the material time, he was travelling at the said location within his lane as reported when TP vehicle reversed and collided onto his vehicle. Enclosed copy of OI CCTV footage for your easy reference.

Based on OI CCTV footage, after review, we observed that OI vehicle was travelling within his own lane when TP vehicle suddenly swerved to the right and collided onto TP vehicle.

In view of the above circumstances, we intend to reject the TP claim.

For your approval and/or further instructions please.

Thank you.

Best Regards,

Zaini Kusaini | Case Handler LKK Auto Consultants Pte Ltd

DID: 6841-2132 | email: <u>Zaini@lkkauto.com</u> | fax: 6741-4108 Blk 51, PayaUbi Industrial Park, Ubi Avenue 1, #02-25 | \$(408933)

From: Mei Kwan (LKKAuto)

Sent: Wednesday, 14 March 2018 11:27 AM

To: Lee, Ming-Yao < MingYao.Lee@aig.com >; Zaini (LKK Auto) < Zaini@lkkauto.com > Cc: Admin A < admin-a@lkkauto.com >; Hsiao Tong (LKKAuto) < chewht@lkkauto.com >

Subject: RE: Our Ref : 9468020987SG | SLM5419H vs SLG2132K DOA 07/03/2018 \*\*\* LKK REF:

CC6/AIG18004608/ka3

Dear Sir / Madam,

Thank you for your email.

By copy to Zaini,

For your information and necessary action please.

# Zaini (LKK Auto)

From:

Zaini (LKK Auto)

Sent:

Wednesday, 21 March 2018 3:49 PM

To:

'Sharon'

Cc:

Hsiao Tong (LKKAuto)

Subject:

Accident involving SLG2132K & SLM5419H on 07/03/18 - AIG \*\*\* LKK REF:

CC6/AIG18004608/ka3

Attachments:

SLM5419H.AVI

#### WITHOUT PREJUDICE

Our Ref: CC6/AIG18004608/ka3

Your Ref: SLG 2132K

Dear Sharon,

ACCIDENT INVOLVING SLM 5419H AND SLG 2132K ON 07.03.2018

We refer to the above matter.

Please be informed that our principal had further reviewed the matter and based on the available information and evidence at hand, our principal is in the view that our Insured is not liable of the accident.

Based on the enclosed copy of our Insured's CCTV footage, it was observed that your client's vehicle suddenly swerve lane and collided onto our insured's vehicle. Our principal is in view that your client's vehicle should keep in the proper lane and change lane only when it is safe.

Under such circumstances, we have our principal's instruction to reject your client's claim.

As such, we will close the matter at our end.

Best Regards,

Zaini Kusaini | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2132 | email: Zaini@lkkauto.com | fax: 6741-4108 Blk 51, PayaUbi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

----Original Message----

From: Mei Kwan (LKKAuto)

Sent: Monday, 12 March 2018 11:50 AM

To: Sharon < sharon@ow.sg>

Cc: Admin A <admin-a@lkkauto.com>; Zaini (LKK Auto) <Zaini@lkkauto.com>; Hsiao Tong (LKKAuto)

<chewht@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: RE: Check Liability - Accident involving SLG2132K & SLM5419H on 07/03/18 - AIG \*\*\* LKK REF:

CC6/AIG18004608/ka3

Dear Sharon,

Thank you for your email.

Please be informed that we are currently pending for our insured's report.

Kindly note that for liability, claim negotiation and settlement, please contact Zaini at 6841 2132.