1/5/2010	shown.	00 6 (1)01000	7441 ,V	1 Wb3 22 KK	
INS. CASE OWNER	8:	CC 6/AIG1800	, , , ,	IDAC:	,
Surveyor:	marcus	DOI: ASSIGN	SIN AS	Date / Time : Registered in Merimen:	18/2/18
Insured Vehicle N Name of Insured Insured Tel No. Excess Sec II :SS Is driver the owne	STU 7 	HP: D.O.A: Nature of Accident:	Claim No. Policy No. Make / Model Place of Accid		8669
If NO. Driver Na Driver Tel	\$13000 A2000 B	(V/L: YES / NO)	OI GIA REPO Insured Liabili	RT: YES / NO ; TP GIA REI ty: % Final?	PORT: YES / NO Yes / No
SUP 18	79]		INSRS: WSP:	1	SRS: SP:
Tel: Liability: RMKS:	Tel: Liabil RMK	1/6 -4/1	Tel: Liability: RMKS:	W -W	l : ability : MKS:
Date/ Time				V	
NYIR	51098797-4	STUTION	1-4	STAGE	DATE / PIC
NN'AN.	NO 01 GIA, 60	mt unt 24 laten	<u>?</u> .	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
4/4/18	Confirm acade	ut details. inform	TP claim.	Call OI: >414	100
	atter and	put		Documentation Check List:	ALTERNATION OF PARTIES
				Notification ltr (if non-pickup)	
				After call ltr to OI:	
				Authorisation To Act: Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
		ED 0 8 NOV 2018		Towing Invoice	
	RECEIV	ED 0 0		LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	
PRELIMINARY ADVICE	, Date/Time:	Sent By:		Post-Repair Photos:	
FINALIZATION	Date/Time:	Confirm with:		Others:	
Repair Cost:	S\$ (days) Reduction:	%	Confirm by:	Call
FINAL SETTLEMENT	Date/Time: 7 11 1	Confirm with Shorton.	×70/2	Email Call	Can
Final Liability:	1111.0	1/ Assessed) BOLA S/N No. :	-	If NO or B 28, Ass. Lia : O	7.
Repair Cost: 1691.	22 CONZ-20 (Vilee)	ar randoming section of the true .	-		23.2
Loss of Rental (LOR):	SS 960-00 ((V days) V 10 M			ven
Loss of Use (LOU):	S\$ 960.00 (\$ x	(8 days) X 130		DODW DEN	57
Loss of Income (LOI):	SS - (S x			LAN DEN	5
LOR only LOU only		LOR + LOI [Tick only one]	and in co	10
GIA/LTA Search	ss 7.49			V	
Medical:	ss -			1) Claim status: Normal/Rej	ect/Private Settle
Disbursement:	ss -	(e.g. Tow/ Independer	nt)	2) Report Format:	
Legal Cost	ss -			3) Survey fee:	
Total:	S\$ 7012.99	Global Sum SS: 7000 . Ot)		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	ss 7000.00	Name 1: PEGASUS Er	19 Meening	& Trading Pte	ctd
Payee 2: (Strike if N.A.)	SS	Name 2:		J	V24 181
Payee 3: (Strike if N.A.)	SS	Name 3:			

(08/11/13) wef REF:		a,
ASS. REC. BY: March	AUN	
*	ASSIGNMENT	
From: Date:	Veh No: 52278	751 VIROND 6 17
Estimated Cost	Type M.Car / M.Cycle / Bus / Var	
OD/TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or A	,
To Inspect Vehicle No: SLP7878-	1 Make: Toughte of	ces c.c 1496
at Workshop m/s Pigesus	Colour S. J.	A/C: Insured / Std / NI / NA
of () ()	Sp.Reading \$217d	T/Radio: Insured / Std / NI / NA
nsured: \$ 1 u 7/6/7	Eng/No:	
Policy No.		329F 300 20/1811
Claims No:	Gen. Cond: Good / Fair / Poor / B	7.1
Sum Insured: Excess:	Steering: In Feer / Jammed / Lea	ked / Burnt or
(Client's Record)	Brake: Interer / Jammed / Lea	
Make of Veh:	Modi: Nil (S/Rim / STD A/RI	
	Tyre Size: F:	
(Policy Condition)		(-/ son (6
Remark: The veh had commenced its N/S	O/S PSTOUN / EXNOVA / GY / FS / L	3 /
repair at the time of inspection.	YOYO / YOKO or	*
Bal. or Market Value:	Eront	Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 6	R/Bal. 6
PR Seen: Consistent?: Yes or No	L/Bal. 6 mm	L/Bal. O mm
est Repairs: 6 days Res.: Yes or No	D.O.A. 28/3/18	D.O.I. 28/7/.c
um Sum: 70 % 3 Val.: Yes or No	Survey held at	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / C	D/S / N/S / U/C / Roofton or
Vehicle: I		
oate:Person Contacted:		Body Structure affected due to collision.
Date / Jime Action / Instruction	. /	
7/3/18 4/3 \$ 5620 C	on fund who Sans	
		Λ.
		(Rd=\$6340.40
		53'/.)
ate/Time, File Pass to? : Prell. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip:	Survey Fee:
ate/Time, File Return to?		Transportation:
Ad	d Fee: : Site Insp (\$)8+R5,SI
===	: Interview (\$) Photos
eport Format :	: Tech. Invs (\$) Others
ump Sum / I.B.I: (\$)	: Weekend (\$)
		TOTAL



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

		ALCOHOLOGICA AND THE STATE OF T	rnationale Des Experts En Auto				
AIG	ASIA PACIFIC INS	SURANCE PTE LTD	Ref : CC6/AIG1800	5741/Uwb3			
CHA	78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 28-03-2018 Code : AIG				
1.		Policy Particu	lars :- THIRD PARTY CLA	AIM			
	Insured Veh.	SJU 7161T	Veh. Inspected	SLP 7879J			
	Policy No.		Coverage (\$)	0.00			
	Claim No.		Excess (\$)	0.00			
	Assign From		Assign Date	28/03/2018			
2.		Vehicle	Particulars & Condition				
	Make & Model		c.c	0			
	Engine No. HIDDEN		Year of Reg.				
	Chassis No.		Colour				
	Odometer	*	Steering				
	Brakes	Brakes Modification					
	General						
3.		Co	onditions 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	cription of Damages				
5.	k	C.	eneral Information				
J.	Accident Date	28/03/2018	Inspection Date				
_	Survey held at	PEGASUS ENGINEERING	Date of Metal College Proceedings				
	Curvey neid at	51 DEFU LANE 10 SINGAPORE 539216					
5a.			Remarks				
	A)THE INSPECTION	ON WAS CONDUCTED ON A	A"WITHOUT PREJUDICE" BANS, WE HAVE NOT AUTHOR	ASIS. ISED REPAIRS.			



ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO: 201101753C

Quotation

From:

PEGASUS ENGINEERING & TRADING PTE LTD

C/O 51 DEFU LANE 10

539216

Officer in Charge: WEE TZE FAH

Tel: Email: Customer:

GRAB RENTALS PTE LTD

18 SIN MING LANE

#01-08 MIDVIEW CITY SINGAPORE 573960

Attn:

Tel:

Fax:

1/5#1600

28/3/18

62

 Quotation No : QO18/03-1276
 Quotation Date : 28/03/2018
 Terms : 30 DAYS

 Vehicle No : SLP7879J
 Chassis No : MHFB29F3002011811
 Third Party Insurer :

 Model : VIOS
 Date of Accident :

 Remarks : TP INSURER AIG, INSURED'S VEH NO: SJU7161T, DATE OF ACCIDENT: 28.03.2018

ITEM	DESCRIPTION		QTY	UNIT PRICE	AMOUNT (SGD)
1	BOOTLID 762.47	20/su	c 1	1,662.4000	1,682.40
2	BOOTLID LOCK	Yn,	1	90.4000	90.40
3	BOOTLID LOCK STRIKER	11	1	18.5000	18.50
4	BOOTLID WEATHERSTRIP	1n,	1	188.8000	188.80
5	BOOTLID CENTRE LOGO BADGE	rec	1	59.8000	59.80
6	BOOTLID E BADGE	Ru	1	34.4000	34.40
7	BOOTLID VIOS BADGE	rec	1	44.1000	44.10
8	BOOTLID OUTER GARNISH	n	1	234.3000	234.30
9	BOOTLID INNER TRIM	11	1	234.3000	234.30
10	BOOTLID INNER TRIM CLIPS	11	5	4.5000	22.50
11	BOOTLID HINGE	1	2	57.8000	115.60
12	BOOTLID LOCK CABLE CLIPS	11	3	4.5000	13.50
13	REAR END PANEL	50/50	1	694.7000	694.70
14	REAR END PANEL INNER TRIM	121	1	234.3000	234.30
15	REAR LICENSE PLATE LAMP	11	2	64.1000	128.20
16	REAR LUGGAGE FLOOR FOAM	11	1	108.2000	108.20
17	REAR BUMPER	Dis	1	502.1000	502.10
18	REAR BUMPER REINFORCEMENT	ر ر	1	379.2000	379.20
19	REAR BUMPER REFLECTOR	11	2	130.8000	261.60
20	REAR BUMPER SIDE RETAINER	Bul	2	115.1000	230.20
21	REAR BUMPER SIDE HOLDER	34	2	42.0000	84.00
22	REAR BUMPER CLIPS	ne	10	4.5000	45.00
23	REAR BUMPER END SPLASHIELD COVER	11	2	57.5000	115.00



ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO: 201101753C

Quotation

From:

PEGASUS ENGINEERING & TRADING PTE LTD

C/O 51 DEFU LANE 10

539216

Officer in Charge: WEE TZE FAH

Tel: Email: Customer:

GRAB RENTALS PTE LTD

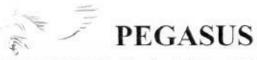
18 SIN MING LANE #01-08 MIDVIEW CITY SINGAPORE 573960

Attn : Tel :

Fax:

Quotation No : QO18/03-1276	Quotation Date: 28/03/2018	Terms: 30 DAYS	
Vehicle No : SLP7879J	Chassis No: MHFB29F3002011811	Third Party Insurer :	
Model: VIOS		Date of Accident :	
Bemarke : TR INSTIRED AIG INST	IRED'S VEH NO. S ILIZAGAT DATE OF ACCID	ENT: 28 03 2018	

ITEM	DESCRIPTION	Q	TY	UN	IIT PRICE	AMOUN	T (SGD)
	L. Control of the Con	-				B/F	0.00
24	REAR LAMP	2	0	N	375.8000		751.60
25	REAR LAMP CLIP HOLDER		1 1	1	4.3000		17.20
26	REAR LAMP PANEL		N	34	124.0000		248.00
27	REAR FENDER ALS	20/	Le	1	969.1000		969.10
28	REAR FENDER INNER TRIM	Sel	10.	1	235.0000		235.00
29	REAR FENDER INNER TRIM CLIPS		3 1	1	4.3000		34.40
30	REAR EXHAUST BOX		1		638.8000		638.80
31	REAR EXHAUST BOX MOUNT (4) 9.1	1	1 1	1	33.0000		33.00
32	REAR EXHAUST BOX HEAT SHIELD 4071-8	7	1 /	1	59.9000		59.90
33	LESS 20% (ITEM 1 - 32) 2 5%	/		17	1,697.6200		1,697.62
34	REAR LICENSE PLATE		R	w	80.0000		80.00
35	REAR LUGGAGE FLOOR PANEL INSULATOR	9	1	7	250.0000		250.00
36	REAR WINDSHIELD GLASS SEALANT		,	ш	200.0000		200.00
37	REAR WINDSHIELD GLASS SPONGE			rei	100.0000		100.00
38	TO CHECK ELECTRICAL LIGHTING CONCERNED		1		60.0000		60.00
39	TO REINSTALL OF REAR BUMPER PARKING SENSOR		ĺ		120.0000		120.00
40	TO RUST-PROOFING OF THE AFFECTED AREAS		1		180.0000		180.00
41	TO TRANSFER BOOTLID FITTINGS, ATTACHMENTS AND PERI WATER SEEPAGE TEST	FORM	1		120.0000		120.00
42	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMMINGS, GARNISH AND OTHER, TO ENABLE REPAIR		1		160.0000		160.00
43	TO REMOVE AND REFIT REAR WINDSCREEN GLASS				180.0000		180.00
44	TO DROP REAR EXHAUST BOX AND RENEW THE SAME		ì		150.0000	11	150.00



ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO: 201101753C

Quotation

From:

PEGASUS ENGINEERING & TRADING PTE LTD

C/O 51 DEFU LANE 10

539216

Officer in Charge: WEE TZE FAH

Tel:

Email:

Customer:

GRAB RENTALS PTE LTD

18 SIN MING LANE #01-08 MIDVIEW CITY SINGAPORE 573960

Attn:

Tel:

Fax:

Quotation No : QO18/03-1276	Quotation Date: 28/03/2018	Terms: 30 DAYS	
Vehicle No : SLP7879J	Chassis No : MHFB29F3002011811	Third Party Insurer :	
Model: VIOS	- Mariana	Date of Accident :	

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT (SGD)
				B/F 0.00
45	PANEL BEATING, KNOCKING AND STRAIGHTEN THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME	1	2,000.0000	14002,000.00
46	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	1	1,600.0000	1100 1,600.00

7101.67

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:

Date:

Sub Total GST(7.00%) Total (SGD) 11,990.48 839.33 12,829.81

View Received Message

This mail is associated with:

*SLP7879J (6698729586SG) [SJU7161T]

GRAB RENTALS PTE LTD Mar 28 2018 12:00AM [Lim Poh Eng]

Pegasus Engineering & Trading Pte Ltd

Reply All Reply Mark as Unread Print Message Delete Message Forward

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on 29/03/2018 13:50 PM.

LKK_HQ To Subject No OI GIA Report

Pls be advice that no OI GIA report received Pls find OI details below for your further actions

OI name :Lim Poh Eng

Address:

Hi

Blk 2908 Compassvale Crescent #02-38

Singapore 542290

Thank you.

Regards yoke shi

DOCUMENTS SUMMARY

There are no documents.



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Our Ref: CC6/AIG18005741/Uwb3

02ND APR 2018

Lim Poh Eng Blk 290B Compassvale Crescent #02-38 Singapore 542290

Dear Sirs.

$\frac{\text{ACCIDENT INVOLVING SLP 7879J AND SJU 7161T ON 28/03/2018 ALONG AT TPE}{\text{TOWARDS CTE}}$

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Vivian Lau Claims

Tel: 6841 8625 Fax: 6741 4108

Email: vivianlau@lkkauto.com

c.c. Claims Manager
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

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.

- 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

	ACCIDENT STATEMENT
Date Of Report	29/03/2018 16:18
Date Of Accident	28/03/2018 06:45
Exact Location Of Accident	SLIP ROAD FROM TPE TOWARDS CTE (CITY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU7161T
Insured/Policyholder	
Name Of Registered Owner	LIM POH ENG
NRIC No	S1597922D
Email Address	WILLELIZ2013@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98155396
Alternative Phone No	OTHERS-98155396
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (A)
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	2100179803
Cover Note Number	

Driver

Name of Driver LIM POH ENG NRIC No S1597922D Date Of Birth 10/02/1963 Occupation INDOOR Date Of Driving Pass 08/11/1995

Driving Experience 22 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98155396

Fax Number

Contact Number OTHERS-98155396

EMail Address WILLELIZ2013@GMAIL.COM 300

Address

BLK 290B COMPASSVALE CRESCENT #02-38

Postcode

542290

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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 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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

KIM KEAT NPP

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20180328/2147

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

YN7991Z

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

SLP7879J

Vehicle Make/Model/Colour

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	LIM POH ENG
Approximate Age	55
Injuries Sustain	LEG
Injured person in which vehicle?	SJU7161T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 290B COMPASSVALE CRESCENT #02-38
Postcode	542290

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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:
 - 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

Date & Time:

2 9 MAR 2018

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Jenny Lim S6927273H

THE YOU

CUCE	171	ALL
SKE	PL	34 N

Refer to attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Police	Report	Nos	T/2018	0328/2147	
			Makafida an 1995 e		(6)	***	
							- MILANDON
24110311-1-0			(%)-()-(-)	HEELE HIVE			
						-C-1	
	2011.000						
		51111					

DECLARATION

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

Policyholder's Signature Date & Time:

2 9 MAR 2018

Driver's Signature

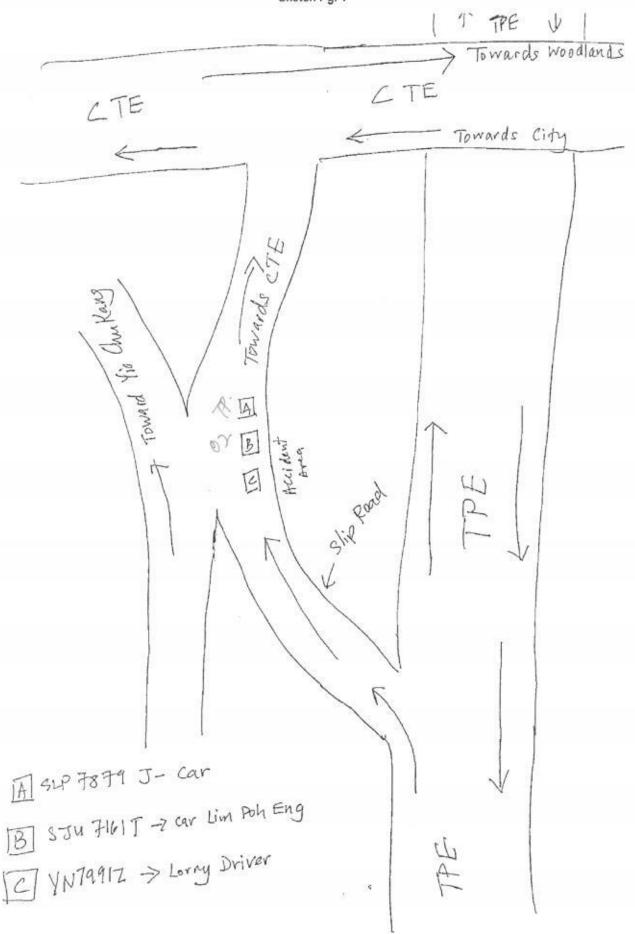
(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim S8927273H







Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 1 of 4 Report No. T/20180328/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 16:49			Vide Report No.:	Station Diary No.: 32		
Informan	t's Partic	ulars				
Name of Informant: LIM POH ENG			Address: APT BLK 290B COMPASSVALE CRESCENT #02-38 SINGAPORE 542290			
ID Type / ID No.: NRIC NO / S1597922D			Contact No.: Home/Office:	Mobile: 98155396		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Female	Age: 55	Date of Birth: 10/02/1963	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Senior Associate			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/03/2018 06:4	Type of Location Straight Road	
	(PRESSWAY		83	4	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	ion: ing Vehicles - Head To Re	ear		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make Make	Model	Color	Condition	No of Passenger
SJU7161T	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	0
SLP7879J	Car				D 02	0
YN7991Z	Lorry					0





Police Station Of Origin: KIm Keat NPP 231 Lprong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

2 of 4 Report No. T/20180328/2147

CONTINUATION OF REPORT

Details of V	ehicle insurance () () () () () () () () () (C16-61-51056	BE PERMIT
Vehicle Not.	InsurancerCompany (Co. Jacob Base)	Insurance No ⊭ K i	Effective	Expiny Date
SJU7161T	AIG ASIA PACIFIC INSURANCE PTE.	2100179803-08	23/12/2017	22/12/2018

Any Pedestrian In	rvolved: No				
No. of Pedestrian		Use of Pede	strian	Cross	ing: NA
Driver					
Name	LIM POH ENG		ID No.		S1597922D
Related Vehicle	SJU7161T (Car)		Conta	ct No.	98155396
Hospital/Clinic	TAN TOCK SENG HOSPITAL			of ; e & Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/03/2018	Date Discha			/2018
	ted Medical Leave 02	Degree of Ir			
		DESTRUCTION	State 1		Mary Carlotta
Name	HAMZAH		D No.		S1483152E
Related Vehicle	SLP7879J (Car)		Contact No.		83670334
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	-	- contract of	
No. of Days gran	ted Medical Leave NII	Degree of Ir	viuin	NII	
Driver 18 - Marie		AND THE	St. ye	4.50	Same
Name	MURAGAN NATARGAN		ID No.		G2278271T
Related Vehicle	YN7991Z (Lorry)		Contact No.		96889939
Hospital/Clinic	NIL	- 1	Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
	ted Medical Leave NIL	Degree of Ir		NIL	





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 3 of 4 Report No. T/20180328/2147

CONTINUATION OF REPORT

Brief Details.

On 28/03/2018 at about 0645hrs, I was travelling along TPE entering the slip road towards CTE(city). I had enter the slip road and near to the exit, the vehicle infront of me brake light was on therefore I slow down and apply brake. Out of a sudden, I felt a big impact coming from the rear of my vehicle. This impact causes my vehicle to move forward and hit on the vehicle that was infront of me.

I stopped my vehicle and the other two driver came down. The lorry driver did not mention how come he hit on to my vehicle. At that point of time I felt pain at my leg where is my old injury, paramedic made a check however they did not convey me. Shortly, traffic police and ambulance came to attend to us. No one was being convey at that point of time. My car was not in stalled with any in car camera.

I felt pain at my leg area therefore I went to Tan Tock Seng to seek for treatment. I was given 2 days medical leave and was told to go back for check up on 30/04/2018.

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Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 4 of 4 Report No. T/20180328/2147

SINGAPORE 310231 Tel No: 1800-2529999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

1

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The E / Sgt 1 LIM JIAN HONG	e Report:	Signature Of Informant:			
Signature Of Interpreter: Not applicable		Date/Time: 28/03/2018 16:49			
Officer In Charge Of Case:		assification Of Case:			
TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	SINGAPORE POLICE FOR	()			
Authentication Stamp NP168		SIGNATURE			

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status		
Main	28 Mar 2018 Edit Reg		28 Mar 2018 00:00 Edit Adj Rpt	S\$5,650.00 Edit Estimates	S\$5,65 View R	ALCOHOLD STATE		Pending for Sur Report Cancel Case		vey
	Main	Re	ference	Clair	n Details		Docume	nts		how All
CLAIM SU	BFOLDER DE	TAILS	COLUMN TO SERVICE		APPLE PROPERTY.	[Creat	ed by adjuster]	Control of the last	Politic Service Service	and published
Insured:	Lim Poh I	ing, ID: S15979	22D							
Main Claimant:	GRAB REI	NTALS PTE LTD,	Co. Reg. No.: 2	201617200G						
Vehicle Re No.:	SLP787	93			ate of Loss:		2018 06:00 - :59 ths and 9 Days From LTA Reg Date (Man Yr)]			r Yr)]
Claim Type	TP / 669	8729586SG		Policy/Cover Note No.: 2100179803 (Comprehensive)						
Vehicle Rei No. (Insured):	SJU7161T Policy No. (Claimant): A2906976			766MKF						
					ccess:					
Repairer:		Engineering & Tr	a series in suit and a series of the series	and insultant to the second process of the second process of the contract of the second process of the second		and the same of the standard of the same o	namenta a fig. 6. para atrada de la caractería de la compresa del compresa de la compresa de la compresa del compresa de la compresa del la compresa de la compresa del la compresa de la			
Handling Insurer:		Pacific Insuranc ye,Wui@aig.com	e Pte. Ltd. (Exp	oress) - Tel: 65-6	5419-3000	[Handl	ed by Wui, Shaw	rn-KJ]		
Claimant's Insurer:	MSIG Ins	urance (Singapo	co- F. coment mannamen							
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561 [1	landled by	MARCUS	CHUA] [Fina	I Rpt due	09/04/2	2018]
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Due Da		Type Task	Group Subj	ect Handler	Assign	ned By	Completed (On Cre	eated On	Done

Claim Documents

*SLP7879J (6698729586SG)

[SJU7161T]

TP

GRAB RENTALS PTE LTD

Mar 28 2018 6:45AM

[Lim Poh Eng]

Pegasus Engineering & Trading Pte Ltd

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Documents Checklist

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LKK Auto Consultants Pte Ltd

TEAM		
LEAN		

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

	Accident:	SLP7879J (TP veh) 28/03/2018					
	Accident:	28/03/2018					
Global S					1		
	Sum Settleme	nt : [X] Yes		1 1	No	7	
	Estimate	III	: \$	111	12,829.	81	
	epair Cost		: \$		7,000.	-	
Loss of			: \$.,,,,,,		days at \$0.00 per day
Rental (: \$				8 days
	IA Search Fee	3	: \$				*
Others:			: \$				
			: \$				
Final Se	ettlement Sum	(GLOBAL SUM)	: \$		7,000.0	00	
Is Third	d Party Works	shop GIA Registered?	[YES	[X]	NO	(Kindly indicate below)
A) Fo	r Non GIA Re	egistered Workshop:		Agre	ed Liability	1	00(%)
B) Fo	r GIA Registe	ered Workshop:		BOL	A Applicab	le: Yes/ N	No BOLA Scenario No:
BC	DLA Liability: _	(%)		Asse	ssed Liabi	lity (*):	(%)
* A	Assessed Liab	ility to be filled only for cha	in coll	isions and	for cases	where B	OLA does not apply.
Remark	ks						
	8						
Payme	nt Instruction	ı: Payee's Breakdown					
1) P	egasus Engin	eering & Trading Pte Ltd			: \$		7,000.00
2)					: \$		
3)					: \$		
4)					: \$		

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)

Date

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:

CC6/AIG18005741/UWB3S2

Date:

28/11/2018

REFERENCE

Handling Insurer:

AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

2100179803

Claimant Vehicle No:

SLP7879J

Insured Vehicle No:

SJU7161T

Engine No:

Chassis No:

Odometer:

Date of Loss:

28/03/2018

Nature of Claim:

Claim No: 6698729586SG

2NRX158372

52178 km

MHFB29F3002011811

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Reg. Date:

Colour:

SLP7879J

Make & Model:

TOYOTA VIOS, 1.5 E (A)

19/06/2017 (Man. Year: 2017)

Silver

Engine Capacity:

1496 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:

Good

Steering (Serviceable):

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

195/50R16

Rear Tyre Size:

195/50R16

Front Left Side:

Bridgestone 6 mm

Rear Left Side:

Bridgestone 6 mm

Front Right Side:

Bridgestone 6 mm

Rear Right Side:

Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	7,420.48	4,181.88	3,238.60	43.64
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,570.00	2,920.00	1,650.00	36.11
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	11,990.48	7,101.88	4,888.60	40.77
Approved Total (Overridden) (S\$)		5,650.00		
(S\$)	11,990.48	5,650.00	6,340.48	52.88
+ GST 7.00/7.00% (S\$)	839.33	395.50	443.83	52.88
Nett Amount (S\$)	12,829.81	6,045.50	6,784.31	52.88
+ Car Rental (8.0 x S\$	+ Car Rental (8.0 x S\$120.00/day) (S\$) + Doc/Search Fee (S\$)			
	Nett Liability (S\$)	7,012.99		
Global Sun	Settlement (S\$)	7,000.00		
	-			

INSPECTION

Date of Assignment:

28/03/2018

Pegasus Engineering & Trading Pte Ltd (HQ) 51 DEFU LANE 10

Date Inspected:

28/03/2018 Inspected At:

Singapore 539216

Estimated Period of Repair:

6.0 days

VIVIAN LAU PEI FENG Manager: Adjuster: MARCUS CHUA

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

mmended Parts y Part No. Particulars	Condition	Repairer's	Amount
		1 000 10 51	4700 47 FI
*BOOTLID	Dented / Buckled	1,662.40 FL	*762.47 FL
*BOOTLID LOCK	Twisted	90.40 FL	*90.40 FL
*BOOTLID LOCK STRIKER	Not Necessary	18.50 FL	*-FL
*BOOTLID WEATHERSTRIP	Twisted	188.80 FL	*188.80 FL
*BOOTLID CENTRE LOGO BADGE	Necessary	59.80 FL	*59.80 FL
*BOOTLID BADGE	Necessary	34.40 FL	*34.40 FL
*BOOTLID VIOS BADGE	Necessary	44.10 FL	*44.10 FL
*BOOTLID OUTER GARNISH	Repair	234.30 FL	*- FL
*BOOTLID INNER TRIM	Not Necessary	234.30 FL	*-Fl
*BOOTLID INNER TRIM CLIPS	Not Necessary	22.50 FL	*- Fl
*BOOTLID HINGE	Repair	115.60 FL	*- FI
*BOOTLID LOCK CABLE CLIPS	Not Necessary	13.50 FL	*- FI
*REAR END PANEL	Badly Dented	694.70 FL	*694.70 FI
*REAR END PANEL INNER TRIM	Twisted	234.30 FL	*234,30 FI
*REAR LICENCE PLATE LAMP	Not Necessary	128.20 FL	*-FI
*REAR LUGGAGE FLOOR FOAM	Not Necessary	108.20 FL	*-F
*REAR BUMPER	Distorted	502.10 FL	*502.10 F
*REAR BUMPER REINFORCEMENT	Dented	379.20 FL	*379.20 F
*REAR BUMPER REFLECTOR	Not Necessary	261.60 FL	*-F
*REAR BUMPER SIDE RETAINER	Bent	230.20 FL	*230.20 F
*REAR BUMPER SIDE HOLDER	Bent	84.00 FL	*84.00 FI
*REAR BUMPER CLIPS	Necessary	45.00 FL	*45.00 FI
*REAR BUMPER END SPLASHIELD COVER	Not Necessary	115.00 FL	*-F
*REAR LAMP	Cracked	751.60 FL	*751.60 F
*REAR LAMP CLIP HOLDER	Not Necessary	17.20 FL	*-F
*REAR LAMP PANEL	N/S Bent	248.00 FL	*124.00 F
*REAR FENDER N/S	Dented / Bent	969.10 FL	*969.10 F
*REAR FENDER INNER TRIM	Deformed / Torn	235.00 FL	*235.00 F
*REAR FENDER INNER TRIM CLIPS	Not Necessary	34,40 FL	*- F
*REAR EXHAUST BOX	Repair	638.80 FL	*-F
*REAR EXHAUST BOX MOUNT	Not Necessary	33.00 FL	*-F
*REAR EXHAUST BOX HEAT SHIELD	Not Necessary	59.90 FL	*-F
*REAR LICENCE PLATE	Bent	80.00 FS	*40.00 F
*REAR LIGENCE PLATE *REAR LUGGAGE FLOOR PANEL INSULATOR	Not Necessary	250.00 FS	*-F
			*40.00 F
1. 기계 시간 (시간) () () () () () () () () ()	50 S		*30.00 F
	recessary		
lise part 3-3pcredit E-cisitembisc.	Sub Total (S\$)	9.118.10	5,539.17
- List Item Discount or		1,697.62	1,357.29
	Total Parts (S\$)	7,420.48	4,181.88
nise part. S		*REAR WINDSHIELD GLASS SPONGE Necessary =SpcNett. L=ListItemDisc. Sub Total (S\$) - List Item Discount on L Items 20.00/25.00% (S\$)	*REAR WINDSHIELD GLASS SPONGE Necessary 100.00 FS =SpcNett. L=ListItemDisc. Sub Total (S\$) 9,118.10 - List Item Discount on L Items 20.00/25.00% (S\$) 1,697.62 Total Parts (S\$) 7,420.48

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Pocon	nman	hah	Labour	
Recon	nmer	laea	Labour	

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO CHECK ELECTRICAL LIGHTING CONCERNED.	New	60.00	20.00
2	TO REINSTALL OF REAR BUMPER PARKING SENSOR.	New	120.00	50.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS.	New	180.00	90.00
4	TO TRANSFER BOOTLID FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	New	120.00	60.00
5	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMMINGS, GARNISH AND OTHER, TO ENABLE REPAIR.	New	160.00	80.00
6	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.	New	180.00	120.00
7	TO DROP REAR EXHAUST BOX AND RENEW THE SAME.	New	150.00	0.00
8	PANEL BEATING, KNOCKING AND STRAIGHTEN THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.	New	2,000.00	1,400.00
9	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.	New	1,600.00	1,100.00
	Gross Labou	ır Cost (S\$)	4,570.00	2,920.00

Report was unsubmitted during this print-out. < END OF ESTIMATES >