

ASS. REC. BY:

REF: CS/AZG18007225/Avbnz Special Instruction:

Survivor: Adrian ASSIGNMENT (Office)

From (Person): Darshene Supremmaniam of ALG Date/Time: 18042018 11:40am

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SKV 4819H Insured: SJG 4745C

at Workshop m/s Siang Hui Motor Tel: 6744 4605

of Blk 3006 Ubi Rd 1 #01-338

Policy No: 2100306093 Claim No: 3842380289SG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07042018
(Client's Record)

CA / REV / REP. / REV 24 HRS wpi H.O.D. Endorsement: _____

Date/Time: 18042018 1:25pm Person Contacted: Mr. Lee Vehicle: IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SKV 4819H - X
	SJG 4745C - NA/AZG18006472/hu DCA: 070418
<u>24/4/18</u>	<u>Adrian confirmed LS \$1400 (Reel 2256.78, 629)</u>



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 : CS/AIG18007225/Avb

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 18-04-2018



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJG 4745C	Veh. Inspected	SKV 4819H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	DARSHENE SUPRAMANIAM	Assign Date	18/04/2018

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	07/04/2018	Inspection Date	18/04/2018
Survey held at	SIANG HUI MOTOR WORKS BLK 3006 UBI ROAD 1 #01-338 SINGAPORE 408700		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

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

PRI

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Apr 2018 Edit Reg		19 Apr 2018 00:00 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	LOW ENG AUN, ID: S14790961		
Main Claimant:	NATIONAL CAR RENTALS (PRIVATE) LIMITED, Co. Reg. No.: 196100157E		
Vehicle Reg. No.:	SKV4819H	Date of Loss:	07/04/2018 14:00 - :59
Claim Type:	TP / 3842380289SG	Policy/Cover Note No.:	2100306093 (Comprehensive)
Vehicle Reg. No. (Insured):	SJG4745C	Policy No. (Claimant):	
		Excess:	
Repairer:	Siang Hui Motor Works (HQ) 3006 Ubi Road 1, #01-338, 408700 Ubi - Tel: 67444605		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by MdNoor, Norsiah] Norsiah.MdNoor@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 30/04/2018]		
Claimant's Solicitor:	BONNIE KWOK LLC - Tel: 65366026		

ASSOCIATED MAIL RECEIVED

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

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

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

Catherine Chong (LKK Auto)

From: Supramaniam, Darshene <Darshene.Supramaniam@aig.com>
Sent: Wednesday, 18 April, 2018 11:40 AM
To: 'admin-a@lkkauto.com'; 'assignments@lkkauto.com'
Cc: Tan, Lily (AIG); Fong, Andy-SY; Kaur, Baljit; Lim, Sheng Yang; Chan, Yoke Shi; Chin, Lee-Ying; Abu Kassim, Noor Mariesa; Fan, Winnie-LW; Md Ishak, Mohd Imran
Subject: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING MOTOR VEHICLES NO SJG4745C AND SKV4819H ON 07 APRIL 2018
Attachments: Re: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING MOTOR VEHICLES NO SJG4745... (56.2 KB); Fax277C.TIF

Hi,

Please refer to the enclosed request from BONNIE KWOK LLC

Claim no : 3842380289SG003
Case Owner : Norsiah Bte Md Noor

If you have any queries/concerns, please let us know.
Kindly assist to assign Xing Guo Qiang as Single Joint Expert as requested.

Thank you.

Best Regards,

Darshene Supramaniam

AIG
Express Claims Adjuster II, FNOL SG Claims Operations - Auto
Shared Services - Malaysia | Global Business Services

Level 12, Menara Worldwide, 198 Jalan Bukit Bintang. 55100 Kuala Lumpur, Malaysia
Tel +603 2719 6000 ext 100-2208 | Fax +603 2719 6150

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BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
(Not for service of court documents)
GST Reg No. 2012035472

Your Vehicle: SJG 4745 C
Our Vehicle: SiangHui-SKV 4819 H

Date : 17 April 2018

M/s AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#07-16 AIG Building
Singapore 079120

By Fax 6835 7416 only

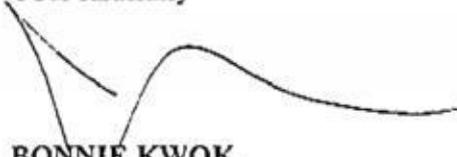
Dear Sirs,

ACCIDENT INVOLVING SKV 4819 H & SJG 4745 C ON 7 APRIL 2018

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle SKV 4819 H at M/s Siang Hui Motor Works, Block 3006 Ubi Road 1 #01-338 Singapore 408700.

Your faithfully


BONNIE KWOK
c.c. Client

Enquire Vehicle & Owner Information (Vehicle No. SJG4745C As At 07 Apr 2018 / 14:30:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: SIANGHUI-SKV4819H

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S1479096I
Owner Name: LOW ENG AUN
Registered Address Type: HDB / HUDC
Registered Block/House No.: 299
Registered Street Name: BUKIT BATOK STREET 22
Registered Unit No.: # 24 - 20
Registered Building Name: -
Registered Postal Code: 650299

Current Vehicle Details

Vehicle No.: SJG4745C
Make Description/Model: KIA / MAGENTIS 2.0L A/T SUNROOF
Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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 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 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 elsewhere.

ACCIDENT STATEMENT	
Date Of Report	10/04/2018 14:46
Date Of Accident	07/04/2018 14:30
Exact Location Of Accident	ON RAMP TO PIE (TUAS DIRECTION)
Country/State Of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV4819H
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co. Reg No	195100157E
Email Address	DURGA.BALAKRISHNAN@AVIS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-83388643
Vehicle Particulars	
Manufacturer:	NISSAN
Model:	X-TRAIL 2.0 CVT ABS 4WD 3/R 7-STR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5057621347-05
Cover Note Number	01/01/2018 TO 31/12/2018
Driver	
Name of Driver	BLAND ANDREW GARRISON
NRIC No	G3346994U
Date Of Birth	09/06/1965
Occupation	INDOOR
Date Of Driving Pass	05/03/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83388643
Fax Number	
Contact Number	
Email Address	AGBLAND@YAHOO.COM

12 APR 2018

Address 15 ARDMORE PARK #07-04
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface WET

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?
 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: : SARA R. BLAND
 GENDER: : FEMALE

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 with attach.

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 SJG4745C
 Vehicle Make/Model/Colour KIA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ABDUL HALIM BIN SAM
 NRIC/Passport Number S1820566A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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 re-evaluate 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 lodging 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.

3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

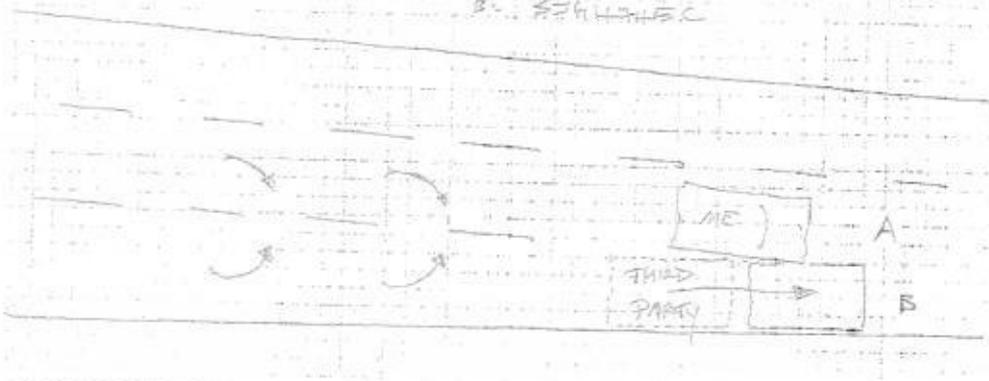
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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 Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: <u>10/14/2018</u> NRIC/PIN No: <u>16001113</u>

Accident Sketch Plan Pg. 1

SKETCH PLAN

A: SEU 4217H
 B: SEU 4217EC



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEE ATTACHED DESCRIPTION OF:
 - ACCIDENT LOCATION
 - LOCATION'S CIRCUMSTANCES
 - THE ACCIDENT
 - AND DRIVER AND VEHICLE DETAILS

Vehicle A: SEU 4217H
 Vehicle B: SEU 4217EC
 Date: 7/11/2018

Reporting Only
 Own Damage Claim
 Third Party Claim
 Driver Workshop

DECLARATION

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


 Policyholder's Signature
 Date & Time:


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


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

Accident Sketch Plan Pg. 1

Accident Location:

The on-ramp to the P.I.E. (Tuas direction) coming from Eunos Link and Jalan Eunos in the Geylang area on Saturday, 7 April, 2018 at about 2.30pm.

Location Circumstances:

The on-ramp begins with three (3) lanes, the two (2) right-hand most of which come from Eunos Link and merge into one lane before entering the P.I.E. Merging arrow markings on the roadway indicate that lanes merge. Drivers are obliged, as they often are obliged on expressway on-ramps, to take turns merging as the two (2) lanes become one as the roadway narrows. Please find attached with these documents photos of the actual location, including merging arrow markings on the roadway.

According to the Singapore Traffic Police Force's Basic Theory Handbook, "Alternate vehicles from the two lanes have the right-of-way into the single lane." (Basic Theory Handbook Online Learning Portal, page 43, Image 56)

Drivers are moving forward at a slow crawl due to lanes merging and heavy traffic and giving way to each other in alternating fashion. The driver in directly front of me in the center lane gave way to the driver ahead and coming from the right lane. The next driver coming from the right lane, and directly in front of me, gave way to this driver coming from his left. In turn, I gave way to this driver coming from the right accordingly because that driver was ahead of me and had the right-of-way. We all are giving was in alternating fashion, and it then was my turn. The Third Party, driving a tan-colored KIA (plate SIG4745C with a probationary license in the window) did not have the right-of-way in this case as he was behind and should have given way.

The Accident:

The Third Party, instead of stopping to give way in alternating fashion, suddenly accelerated after it was too late to pass by with enough room, and side-swiped my front corner with his left side. To be clear, there was not enough room at that point for the Third Party to pass safely even if my car had not been moving. There was only three (3) individuals who witnessed the accident: my wife, myself and the Third Party. All other individuals were passers-by after the fact.

The Third Party's action was not only inappropriate given the above Road Code for these circumstances, but it was also unpredictable, hazardous and reckless. However, the Third Party assumed no responsibility. Indeed, he attempted to blame me for an accident he could have easily avoided had he not been impulsive with his vehicle.


Andrew G. Bland, driver (FIN: G3346994U)

Vehicle: Nissan X-Trail, plate: SKU4819H

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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

祥輝汽車修理
SIANG HUI MOTOR WORKS

Bik 3006, Ubi Road 1 #01-338, Singapore 408700.
Tel: 67444605 Fax: 67440726
REG. No. 322208/00M

TPAIG
Veron

Date, 18/04/18

Acknowledged by Repairer
Signature: No SKV 481911 Nissan
Date:

IPC Front fender Dented	\$ 863.90 ✓
IPC Front fender garnish cut	\$ 489.60 ✓
IPC Front bumper Repair	\$ 979.60 *
IPC Front bumper retainer	\$ 62.30 *
	<hr/>
	1353.50
	94145
	\$ 2,395.40
LESS 30%	\$ 718.62
	<hr/>
	\$ 1,676.78

Labour charges:-

- 1) To transfer RH front tyre & conduct wheel balancing \$ ~~150.00~~ 80
- 2) To conduct wheel alignment \$ ~~80.00~~ 60
- 3) To replace, repair straighten & re-align all damaged parts. \$ ~~800.00~~ 250
- 4) To spray paint on all affected areas. \$ ~~950.00~~ 500

Adrian Lij
18/04/18.
0489p

Total:
total 17745
1/1: 1.41C

\$ 3,656.78

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: CS/AIG18007225/AVBN2

Date: 25/04/2018

REFERENCE

Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	2100306093
Claimant Vehicle No :	SKV4819H	Insured Vehicle No :	SJG4745C
Date of Loss:	07/04/2018	Nature of Claim:	TP
			Claim No: 3842380289SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKV4819H	Engine No:	MR20748092B
Make & Model:	NISSAN X-TRAIL, 2.0 CVT (A)	Chassis No:	JN1JANT32Z0000960
Reg. Date:	21/09/2015 (Man. Year: 2015)	Odometer:	32490 km
Colour:	White		
Engine Capacity:	1997 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	225/60R18	Rear Tyre Size:	225/60R18
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,676.78	947.45	729.33	43.50
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,980.00	850.00	1,130.00	57.07
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,656.78	1,797.45	1,859.33	50.85
Approved Total (Overridden) (S\$)		1,400.00		
Nett Amount (S\$)	3,656.78	1,400.00	2,256.78	61.71

INSPECTION

Date of Assignment:	18/04/2018		
Date Inspected:	18/04/2018	Inspected At:	Siang Hui Motor Works (HQ) 3006 Ubi Road 1, #01-338 Singapore 408700

Estimated Period of Repair: 4.0 days

Adjuster: ADRIAN LING

Manager: VERON CHEN

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		*FRONT FENDER	Dented	863.90 FL	*863.90 FL
2	1		*FRONT FENDER GARNISH	Cut	489.60 FL	*489.60 FL
3	1		*FRONT BUMPER	Repair	979.60 FL	*- FL
4	1		*FRONT BUMPER RETAINER	Not Necessary	62.30 FL	*- FL

F=Franchise part. L=ListItemDisc.

	Sub Total (S\$)	2,395.40	1,353.50
	- List Item Discount on L Items 30.00/30.00% (S\$)	718.62	406.05
	Total Parts (S\$)	1,676.78	947.45

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	TO TRANSFER RH FRONT TYRE & CONDUCT WHEEL BALANCING	New	150.00	40.00
2	TO CONDUCT WHEEL ALIGNMENT	New	80.00	60.00
3	TO REPLACE,REPAIR STRAIGHTEN & RE-ALIGN ALL DAMAGED PARTS	New	800.00	250.00
4	TO SPRAY PAINT ON ALL AFFECTED AREAS	New	950.00	500.00
Gross Labour Cost (S\$)			1,980.00	850.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >