

Catherine Chong (LKK Auto)

From: Gan, Angiegeokling <Angiegeokling.Gan@aig.com>
Sent: Tuesday, 24 April, 2018 2:06 PM
To: bonnie kwok
Cc: 'SUR'; 'Admin A'; assignments@lkkauto.com
Subject: Our ref: 3792694735SG-003 ; Your ref: BK.18384.18 (REINSPECTION)

WITHOUT PREJUDICE

Dear Sirs,

ACCIDENT INVOLVING SKX5158P / SJM5718T / SJU1956G ON 27 NOVEMBER 2017

We refer to your LOD dated 20 April 2018.

We wish to conduct reinspection on your client's vehicle SJM5718T.

Kindly advise the preferred date and time at least one week in advance and arrange with our surveyor in copy.

Aside to LKK, for your necessary action please. Documents will follow shortly.

Thank you.

Best Regards,

Angie Gan
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120
Tel +(65) 6419 1013 | Fax +(65) 6835 7416
Angiegeokling.Gan@aig.com | www.aig.com.sg

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Catherine Chong (LKK Auto)

From: bonnie kwok <litigation@bonniekwok.com>
Sent: Wednesday, 25 April, 2018 11:40 AM
To: Gan, Angiegeokling
Cc: SUR; Admin A; assignments@lkkauto.com
Subject: Re: Our ref: 3792694735SG-003 ; Your ref: BK.18384.18 (REINSPECTION)

Dear Sirs,

Kindly have your surveyor attend at Block 4 Yew Tee Ind Est 393-J Woodlands Road Singapore 677978 on 2 May 2018 at 10.30 a.m. for the re-survey of our client's vehicle.

Kindly ensure that your surveyor attends punctually.

Kindly let us know which surveyor you have appointed so that we may inform our client accordingly.

Please let us have your offer of settlement as soon as possible.

Regards,
ST

BONNIE KWOK LLC

Advocates & Solicitors
101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358
TEL: 6536 6026
FAX: 6536 2279
email : litigation@bonniekwok.com
GST Reg. No.: 201203547Z

We do not accept service of documents by facsimile or email. Our business hours are from Mondays to Fridays from 9 am to 6 pm and we are closed on Saturday, Sundays and Public Holidays.

-- Email Disclaimer --

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On 24 April 2018 at 14:06, Gan, Angiegeokling <Angiegeokling.Gan@aig.com> wrote:

WITHOUT PREJUDICE

Dear Sirs,

ACCIDENT INVOLVING SKX5158P / SJM5718T / SJU1956G ON 27 NOVEMBER 2017

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6957E
Vehicle Details	
Vehicle No.:	SJM5718T
Vehicle to be Exported:	No
Intended De-registration Date:	08 Jun 2018
Vehicle Make:	NISSAN
Vehicle Model:	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	HR15052554B
Chassis No.:	JN1BAAC11Z0020626
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$18,191.00
Original Registration Date:	08 Jan 2009
First Registration Date:	08 Jan 2009
Transfer Count:	0
Actual ARF Paid:	\$18,191.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jan 2019
PARF Rebate Amount:	\$9,095.00
Intended COE Rebate Details	
COE Expiry Date:	07 Jan 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$6,200.00
COE Rebate Amount:	\$360.00
Total Rebate Amount:	\$9,455.00

The information contained herein is correct as at 08 Jun 2018





































OK

Claim Documents

*SJM5718T (3792694735SG)
[SKX5158P]

TP
CHUA KIAN BOON
Nov 27 2017 6:00PM
[TEO WEN NING, WINNIE]
Eng Soon Painting Services

Upload Documents		Upload Photos	Compose New Letter	Upload Video	Upload Audio	View View in Browser	
Assessment Reports						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail		Print		
1	18/12/17 10:26	Accident Statement From: SC - Reg. No: SKX5158P, Claimant: TEO WEN NING, WINNIE		Load HTML			
Photos/Images						1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail		Print		
1	09/04/18 12:14	General View		Load JPG	<input checked="" type="checkbox"/>		
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Assessment Reports			1 per page	<input checked="" type="checkbox"/>
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62	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
63	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
64	09/04/18 12:14	Chassis Number		<input checked="" type="checkbox"/>
65	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
66	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
67	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
68	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
69	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
70	09/04/18 12:14	General View		<input checked="" type="checkbox"/>
71	09/04/18 12:15	Odometer Reading		<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST

There are no document checklists configured.

Reset

Save

Print

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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: CS3/AIG17022765/SBE2

Date: 16/04/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No: 2100452295

Claimant Vehicle No: SJM5718T

Insured Vehicle No: SKX5158P

Date of Loss: 27/11/2017

Nature of Claim: TP

Claim No: 3792694735SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJM5718T

Make & Model: NISSAN LATIO, 1.5 L (A)

Reg. Date: 08/01/2009 (Man. Year: 2008)

Colour: Grey

Engine Capacity: 1498 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: HR15052554B

Chassis No: JN1BAAC11Z0020626

Odometer: 184620 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 185/60 R15

Rear Tyre Size: 185/60 R15

Front Left Side: Continental 6 mm

Rear Left Side: Continental 6 mm

Front Right Side: Continental 6 mm

Rear Right Side: Continental 6 mm

The above values represent the remaining tyre tread depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 29/11/2017

Date Inspected: 30/11/2017 Inspected At:

Eng Soon Painting Services (HQ)

393J WOODLANDS ROAD

Singapore 677978

Estimated Period of Repair: 7.0 days

Adjuster: Sebastian Yeang Wai Keen

Manager: CATHERINE CHONG KAI LING

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		*REAR NUMBER PLATE	Broken	0.00 F	*.F
2	1		*REAR BUMPER	Dented	0.00 F	*.F
3	1		*REAR BUMPER CLIPS	Necessary	0.00 F	*.F
4	1		*REAR BUMPER SPONGE	Damaged	0.00 F	*.F
5	1		*REAR BUMPER PAD	* Check	0.00 F	*.F
6	1		*REVERSE SENSOR	Shorted	0.00 F	*.F
7	1		*REAR END PANEL	Dented	0.00 F	*.F
8	1		*REAR END PANEL TOP GARNISH	Broken	0.00 F	*.F
9	1		*REAR LH TAILLAMP	Cracked	0.00 F	*.F
10	1		*REAR RH TAILLAMP	Broken	0.00 F	*.F
11	1		*BOOTLID	Dented	0.00 F	*.F
12	1		*BOOTLID EMBLEM	Necessary	0.00 F	*.F
13	1		*BOOTLID LOCK	Dented	0.00 F	*.F
14	1		*BOOTLID RUBBER	Cut	0.00 F	*.F
15	1		*FRT BUMPER	Damaged	0.00 F	*.F
16	1		*FRT BUMPER CLIPS	Necessary	0.00 F	*.F
17	1		*FRT BUMPER REINFORCEMENT	Bent	0.00 F	*.F
18	1		*FRT BUMPER SPONGE	Damaged	0.00 F	*.F
19	1		*FRT GRILLE	Cut	0.00 F	*.F
20	1		*FRT GRILLE EMBLEM	Necessary	0.00 F	*.F
21	1		*FRT SUPPORT PANEL	Bent	0.00 F	*.F
22	1		*FRT SUPPORT PANEL TOP GARNISH	Deformed	0.00 F	*.F
23	1		*FRT LH HEADLAMP ASSY	Scratched	0.00 F	*.F
24	1		*FRT RH HEADLAMP ASSY	MTG Cracked	0.00 F	*.F
25	1		*BONNET	Dented	0.00 F	*.F
Total Parts (\$\$)					0.00	0.00

F=Franchise part.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >

493222

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. 792000000

AIG Asia Pacific Insurance Pte. Ltd.

R 20 APR 2018

CONCIERGE

CUSTOMER SERVICE GROUP

Your Ref: SKX 5158 P
Our Ref: BK.18384.18.st

20 April 2018

M/s AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16
AIG Building Singapore 079120

By Hand

Dear Sirs

ACCIDENT INVOLVING SJM 5718 T & SKX 5158 P ON 27 NOVEMBER 2017

We act for Mr. Chua Kian Boon, the injured owner of vehicle no. SJM 5718 T in the above matter.

We are instructed that on the 27 November 2017, your insured driving vehicle no. SKX 5158 P had negligently collided into our client's said vehicle.

We are instructed that as a result of the said collision, our client has suffered personal injury, loss and damage as follows: -

i. General Damages	-\$ 3,500.00
ii. Medical Expenses	-\$ 68.40
iii. Transport to and fro for treatment	-\$ 40.00
iv. Cost of Repairs	-\$ 13,750.00
v. Loss of Use (13 days x \$120.00)	-\$ 1,560.00
vi. Survey Report fees	-\$ 920.00
vii. LTA search fees	-\$ 8.00
viii. GIA search fees	-\$ 29.00
ix. Medical Report fees	-\$ 214.00
x. Transport, Postage, Xerox and other incidental	-\$ 53.50
xi. Costs	-\$ 9,000.00
Total	<u>\$ 29,142.90</u>

RECEIVED BY AIG Claims Dept	
1550X	
29 APR 2018	
CL No.	372694735
Team	SG004
ADJ	

We enclose herewith a copy of the LTA search result, GIA report of our client, survey report and invoice, repair bill, the certificate of insurance, medical report and invoice, medical receipt, medical certificate and 104 original photographs for your attention.

Kindly note that under the NIMA protocol, all requests for resurvey are required to be made during the protocol period in eight (8) weeks from receipt of this letter.

Kindly revert whether liability is admitted.

Yours faithfully

BONNIE KWOK

Enc. (by hand)

c.c. Client and

Teo Wen Ning Winnie

Enquire Vehicle & Owner Information (Vehicle No. SKX5158P As At 27 Nov 2017 / 18:50:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: ENGSOON-SJM5718T

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S9101710E
Owner Name: TEO WEN NING WINNIE
Registered Address Type: HDB / HUDC
Registered Block/House No.: 764
Registered Street Name: CHOA CHU KANG NORTH 5
Registered Unit No.: # 06 - 283
Registered Building Name: -
Registered Postal Code: 680764

Current Vehicle Details

Vehicle No.: SKX5158P
Make Description/Model: MAZDA / CX-5 SKYACTIV-G 2.5 SP.6EAT 2WD LED S/R
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 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 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	28/11/2017 10:16
Date Of Accident	27/11/2017 18:50
Exact Location Of Accident	ALONG PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5718T
Insured/Policyholder	
Name Of Registered Owner	CHUA KIAN BOON
NRIC No	S1696957E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87781578
Alternative Phone No	OTHERS-87781578

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5057639054-04
Cover Note Number	

Driver

Name of Driver	CHUA KIAN BOON
NRIC No	S1696957E
Date Of Birth	19/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1982
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87781578
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 437 JURONG WEST AVENUE 1 #08-430
Postcode	640437
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

AS PER SKETCH PLAN

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	SKX5158P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU1956G
Vehicle Make/Model/Colour	

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address


SKETCH PLAN


IMPORTANT NOTICE


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

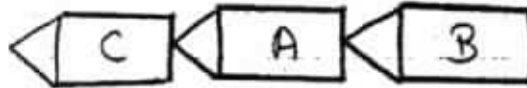

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A → SJM 5H8 T
B → SKX 5152 P
C → SJU 1956 G.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 27/Nov/2017, 6:50 pm

Accident Location: Along PIE towards Jurong.

I was driving along the mentioned location. The vehicles in front of me braked, so I brake too. I managed to stop. Suddenly, veh B collided into my vehicle and the impact caused my vehicle to move forward and collided with vehicle C.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

* IMPORTANT NOTE:

and that have advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature
Date & Time:

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

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

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 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	28/11/2017 14:07
Date Of Accident	27/11/2017 18:40
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE TOH GUAN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1956G
Insured/Policyholder	
Name Of Registered Owner	TAN BENG HUAT,JOSEPH
NRIC No	S7821269A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96607419
Alternative Phone No	OTHERS-96607419

Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 AT D/AB 2WD 4DR HID NAV (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA143648/1
Cover Note Number	

Driver

Name of Driver	TAN BENG HUAT,JOSEPH
NRIC No	S7821269A
Date Of Birth	22/07/1978
Occupation	INDOOR
Date Of Driving Pass	17/09/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96607419
Fax Number	
Contact Number	OTHERS-96607419
Email Address	NOEMAIL

Address
Postcode
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 CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
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

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJM5718T
Vehicle Make/Model/Colour NISSAN LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX5158P
Vehicle Make/Model/Colour MAZDA CX-5 SKYACTIV-G 2.5 SP.6EAT 2WD LED S/R

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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 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 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
Date & Time:

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

Reporting Centre Personnel's Signature
Name: L. L. L.
NRIC/TIN No.: 92040072E

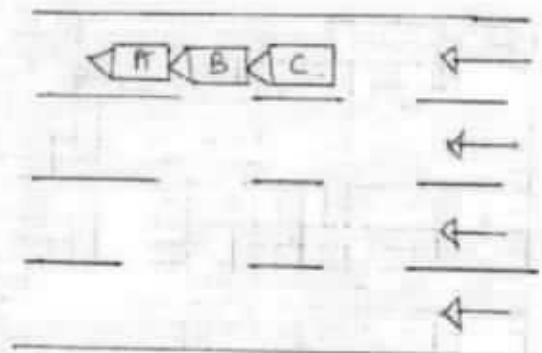
Sketch Plan #2

SKETCH PLAN

Vehicle A: SJU 1956 G

Vehicle B: SJM 5718 T

Vehicle C: SKX 5158 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving on the stated venue. The front vehicle stopped & I stopped. Suddenly, I felt an impact from the rear portion of my car. I stopped & alighted from my car & realized I was involved in a 3 cars chain collision.

Vehicle A: SJU 1956 G (1 passenger)

Vehicle B: SJM 5718 T (Not known)

Vehicle C: SKX 5158 P (Not known)

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: S440121
NRIC/TIN No: S7040377A

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 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	28/11/2017 15:08
Date Of Accident	27/11/2017 18:50
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5158P
Insured/Policyholder	
Name Of Registered Owner	TEO WEN NING, WINNIE
NRIC No	S9101710E
Email Address	WINNIE.TEO.WEN.NING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98636744
Alternative Phone No	OTHERS-98636744

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA CX5
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100452295
Cover Note Number	

Driver

Name of Driver	TEO WEN NING, WINNIE
NRIC No	S9101710E
Date Of Birth	19/01/1991
Occupation	INDOOR
Date Of Driving Pass	25/02/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98636744
Fax Number	
Contact Number	OTHERS-98636744
Email Address	WINNIE.TEO.WEN.NING@GMAIL.COM

Address	BLK 764 CHOA CHU KANG NORTH 5 #06-283
Postcode	680764
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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 & STATEMENT

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	SJM5718T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHUA KIAN BOON
NRIC/Passport Number	S1696957E
Contact Number	87781578
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU1956G
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SKETCH PLAN

IMPORTANT NOTICE

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

Date & Time: 28/11/2017
3pm.

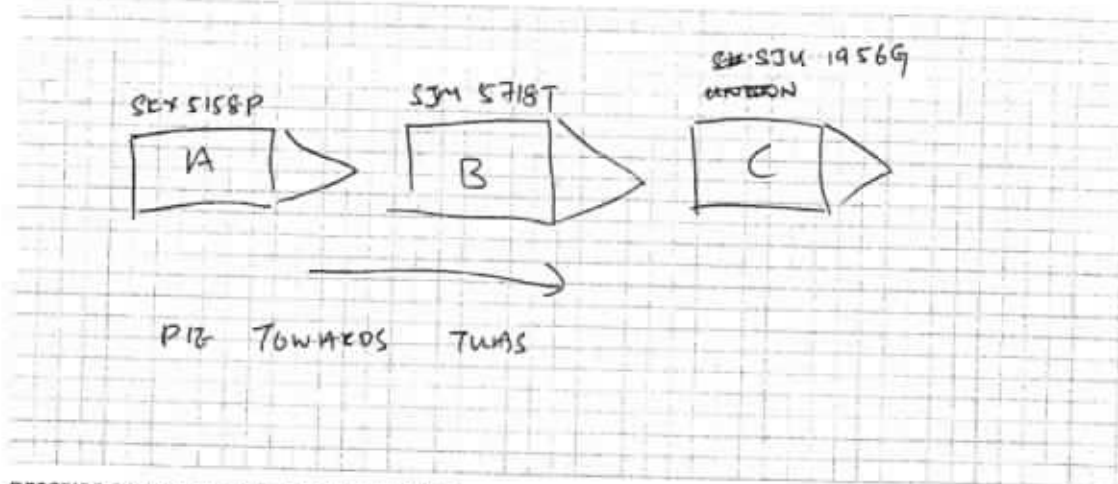
Driver's Signature

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


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along P12, B & Tam break and I couldn't stop in time.
My car A hit car B rear. Totally 3 vehicles involved.

DECLARATION

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

Policyholder's Signature
Date & Time: 28/11/2017
3pm

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

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

ENG SOON PAINTING SERVICES

Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677978
Tel: 6760 6271 Fax: 6764 6676

CHUA KIAN BOON
BLK 437 JURONG WEST AVE 1
#08-430
SINGAPORE 640437

DATE: 22/01/18

DEAR SIRs

ACCIDENT DATE: 27/11/17
FINAL REPAIR BILL TO SJM 5718 T

LUMP SUM REPAIRS RECOMMENDED
BY THE SURVEYOR-----\$ 13,750.00

DOLLARS: THIRTEEN THOUSAND, SEVEN HUNDRED AND FIFTY ONLY

PHOTOCOPY

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Billing To: Chua Kian Boon
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

Invoice no.: TP17110018

Date: 22 JAN 2018

Vehicle no: SJM 5718 T

Model : Nissan LATIO 1.5L AT

ITEM	DESCRIPTION	AMOUNT
1	Date of Inspection : 28 November 2017 Copies of the inspection / survey report Correspondence, postages and etc.	\$ 920.00
2	Photography Services Develop photographs Storage of digital photographs	
3.	To submit report by hand.	
4.	Charges on photocopies, posting, faxes and others incidental works entrusted.	
5	Transportation Charges	
6	Reinspection Charges	
	TOTAL :	\$ 920.00

Notes :



All cheque payment should be "crossed" and made payable to "Automax Survey".
Please contact us if there are further enquiries on the invoice.

Official Stamp

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Report Ref : TP17110018

Date : 22 JAN 2018

Chua Kian Boon
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

THIRD PARTY SURVEY ACCIDENT OCCURED ON 27 November 2017

Workshop Name and Address Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

As per your instruction dated 28 November 2017 with regard to the above matter.
We have carried out a physical inspection on the said SJM 5718 T
We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No :	SJM 5718 T	Engine No :	HR15052554B
Model :	Nissan LATIO 1.5L AT	Mileage :	250 1333 km
Year / Capacity :	2008 / 1498 cc	Colour :	Metallic BROWN
Chassis No :	JN1BAAC11Z0020626		

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S :	195/50/R16	Yokohama	9.00 mm	Sport
REAR O/S :	195/50/R16	Yokohama	9.00 mm	Sport
FRONT N/S :	195/50/R16	Yokohama	9.00 mm	Sport
REAR N/S :	195/50/R16	Yokohama	9.00 mm	Sport

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear & front portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 11 working days to complete
5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

X- NN

Vehicle Number : SJM 5718 T

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
-----	-------------------	-----------	---------------------------------	------------------------------------

List Items

1 pc	Rear bumper fascia	bent	\$ 685.00	\$ 685.00 ✓ 551
2 pcs	Rear bumper side retainer	distorted	\$ 70.40	\$ 70.40 ✓
2 pcs	Rear bumper side attachment	distorted	\$ 82.80	\$ 82.80 ✓
1 pc	Rear bumper sponge	necessary	\$ 55.60	\$ 55.60 ✓
1 pc	Boot lid	distorted	\$ 764.60	\$ 764.60 R
1 pc	Boot lid insulator	damaged	\$ 155.80	\$ 155.80 X
1 pc	Rear end panel	distorted	\$ 486.90	\$ 486.90 ✓
2 pcs	Rear fender inner trim board	distorted	\$ 791.00	\$ 791.00 X
2 pcs	Tail lamp base panel	distorted	\$ 245.00	\$ 245.00 R
1 pc	Rear floor panel Board	deformed	\$ 351.50	\$ 351.50 X
1 pc	Rear windscreen glass inner seal	necessary	\$ 87.10	\$ 87.10 X
1 pc	Bonnet	bent	\$ 1,054.30	\$ 1,054.30 ✓ 890
1 pc	Bonnet Lock Brace Panel	distorted	\$ 90.40	\$ 90.40 ✓
1 pc	Bonnet Inner Rubber Beading	distorted	\$ 57.00	\$ 57.00 X
1 pc	Front Bumper Fascia	bent	\$ 670.70	\$ 670.70 ✓ 456
2 pcs	Front Bumper Side Retainer	grazed/deformed	\$ 44.20	\$ 44.20 ✓
1 pc	Front Bumper Reinforcement	distorted	\$ 591.90	\$ 591.90 ✓ 450
1 pc	Front Bumper Sponge	necessary	\$ 207.20	\$ 207.20 ✓
2 pcs	Front Bumper Side Attachment	electronically shocked	\$ 96.40	\$ 96.40 ✓
1 pc	Front Support Panel	bent/distorted	\$ 620.70	\$ 620.70 ✓
Parts Sub-Total			\$ 7,208.50	\$ 7,208.50
Discount 30.00%			\$ 2,162.55	\$ 2,162.55
			\$ 5,045.95	\$ 5,045.95

Vehicle Number : SJM 5718 T

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
<u>Nett Items</u>				
2 pcs	Tail lamp	cracked	\$ 438.80	\$ 438.80 ✓ 780
2 pcs	Tail lamp sealant	necessary	\$ 35.00	\$ 35.00 ✓
4 pcs	Tail lamp clips	deformed	\$ 40.00	\$ 40.00 ✓
2 pcs	Boot lid hinges	bent/distorted	\$ 138.40	\$ 138.40 X
1 pc	Boot lid lock	distorted	\$ 98.70	\$ 98.70 X
1 pc	Boot lid lock striker	distorted	\$ 56.10	\$ 56.10 X
1 pc	Boot lid weatherstrip	deformed	\$ 79.90	\$ 79.90 ✓
1 pc	Boot lid badge	necessary	\$ 38.20	\$ 38.20 ✓
1 pc	Boot lid Emblem " Latio "	necessary	\$ 56.20	\$ 56.20 ✓
1 pc	Boot lid keyless sensor	electronically shocked	\$ 218.00	\$ 218.00 ✓
2 pcs	Boot lid stopper	deformed	\$ 24.20	\$ 24.20 X
2 pcs	Boot lid chrome clips	necessary	\$ 12.00	\$ 12.00 ✓
1 pcs	Boot lid chrome	necessary	\$ 186.00	\$ 186.00 ✓
1 pc	Rear end panel top trim	deformed	\$ 73.10	\$ 73.10 ✓
4 pcs	Rear end panel top trim clips	deformed	\$ 15.60	\$ 15.60 ✓
16 pcs	Rear fender inner trim board clips	necessary	\$ 46.80	\$ 46.80 X
2 pcs	Rear fender splash shield	deformed	\$ 210.00	\$ 210.00 X
3 pcs	Rear fender splash shield clips	necessary	\$ 19.50	\$ 19.50 ✓
2 pcs	Rear bumper stay	damaged	\$ 120.00	\$ 120.00 ✓
10 pcs	Rear bumper clips	deformed	\$ 65.00	\$ 65.00 ✓
2 pcs	Rear number plate lamp	distorted	\$ 108.00	\$ 108.00 X
1 pc	Rear number plate bracket	necessary	\$ 55.50	\$ 55.50 ✓
1 pc	Rear windscreen glass moulding	deformed	\$ 54.60	\$ 54.60 X
8 pcs	Rear windscreen glass clips	necessary	\$ 76.00	\$ 76.00 X
1 pc	Rear floor panel insulator cloth	necessary	\$ 188.10	\$ 188.10 X
1 pc	Bonnet Stopper	deformed	\$ 14.30	\$ 14.30 X
1 pc	Bonnet Insulator	wrapped/deformed	\$ 162.10	\$ 162.10 X
12 pcs	Bonnet Insulator Clips	necessary	\$ 78.00	\$ 78.00 X
1 pc	Front Grille	distorted	\$ 322.50	\$ 322.50 ✓
1 pc	Front Grille Badge	necessary	\$ 45.60	\$ 45.60 ✓
8 pcs	Front Grille Clips	necessary	\$ 52.00	\$ 52.00 ✓
10 pcs	Front Bumper Clips	necessary	\$ 65.00	\$ 65.00 ✓
4 pcs	Front Bumper Sponge Clips	necessary	\$ 26.00	\$ 26.00 ✓
1 pc	Front Bumper Tow Cover	wrapped/deformed	\$ 16.90	\$ 16.90 ✓
2 pcs	Fog Lamp Assy	electronically shocked	\$ 325.00	\$ 325.00 X

Vehicle Number : SJM 5718 T

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
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Nett Items

2 pcs	Head Lamp Assy	electronically shocked	\$ 2,864.40	\$ 2,864.40 ✓
6 pcs	Front Fender Protector Clips	necessary	\$ 33.00	\$ 33.00 ✓
1 pc	Front Fender Inner Top Garnish	wrapped/deformed	\$ 34.10	\$ 34.10 ✗
2 pcs	Front Fender Inner Top Garnish Clips	necessary	\$ 13.00	\$ 13.00 ✓
1 pc	Front Fender Splash Shield	wrapped/deformed	\$ 76.40	\$ 76.40 ✗
8 pcs	Front Fender Splash Shield Clips	necessary	\$ 52.00	\$ 52.00 ✓
1 pc	Radiator Assy	dent/distorted	\$ 660.30	\$ 660.30 ✓
1 pc	Air Cond Condensor	leakage	\$ 554.00	\$ 554.00 ✗
1 pc	Air Cond Condensor Top Mounting	wrapped/deformed	\$ 50.00	\$ 50.00 ✗
1 pc	Air Cond Condensor Bottom Mounting	wrapped/deformed	\$ 65.00	\$ 65.00 ✗

	Parts Sub-Total	\$ 6,406.30	\$ 6,406.30
Discount	10.00%	\$ 640.63	\$ 640.63
		\$ 5,765.67	\$ 5,765.67

Vehicle Number : SJM 5718 T

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
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Special Nett Items

1set	Reverse sensor with control light	electronically shocked	\$ 380.00	\$ 350.00 ✓
1 pc	Rear number plate	distorted	\$ 45.00	\$ 45.00 ✓
1 pc	Rear number plate casing	deformed	\$ 29.00	\$ 29.00 ✓
1 pc	Rear windscreen glass sealant	necessary	\$ 60.00	\$ 60.00 ✗
2 pcs	Fog Lamp Bracket	distorted	\$ 60.00	\$ 60.00 ✗
1 pc	Front Number Plate	wrapped/deformed	\$ 45.00	\$ 45.00 ✓
1 pc	Front Number Plate Casing	bent/distorted	\$ 29.00	\$ 29.00 ✓
1 pc	Radiator Fan Motor Assy	jammed	\$ 479.00	\$ 479.00 ✗
1 pc	Rear Windscreen Glass Solar Film	necessary	\$ 180.00	\$ 180.00 ✗
1 pc	Rear bootlid spoiler	necessary	\$ 250.00	\$ 250.00 ✓

Special Nett Sub-Total \$ 1,557.00 \$ 1,527.00

Spare Parts Total \$ 12,368.62 \$ 12,338.62

LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
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		Spare Parts	Total c/f	\$	12,368.62	\$	12,338.62
1	Towing			\$	120.00	\$	120.00 / 30
2	To check wiring system			\$	180.00	\$	150.00 / 40
	To tuff coat affected areas			\$	180.00	\$	150.00 / 40
4	To remove and refix interior upholstery			\$	200.00	\$	180.00 / 50
5	To remove and replace reverse sensor			\$	180.00	\$	150.00 / 40
6	To remove and transfer bootlid mechanism			\$	200.00	\$	180.00 / 50
7	To respray affected areas			\$	1,800.00	\$	1,600.00 / 800
8	To renew damaged parts, straighten and repair rear & front fender chassis frame member and aligned all parts			\$	2,000.00	\$	1,800.00 / 1000
9	To remove and refix rear windscreen glass			\$	200.00	\$	180.00 X
10	To Remove & Replace Air Cond Condensor, Piping, Vacuum & Top Up Gas.			\$	200.00	\$	180.00 X
1	To Remove & Replace Radiator & Top Up Coolant.			\$	180.00	\$	150.00 X
				Total	\$ 17,808.62	\$	17,178.62

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair of:

\$ 13,750.00

Fong Kok Heng
Qualified Appraiser



19209.92

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5057639054-04		
The Policyholder	: CHUA KIAN BOON		
	: BLK 437 #08-430		
	: JURONG WEST AVENUE 1		
	: SINGAPORE 640437		
Period of Insurance	: 08 Jan 2017 To 07 Jan 2018		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$918.91		
Interest Insured			
Cover Type	: drive CLASSIC		
Primary Driver	: ALVIN CHUA		
Named Driver (1)	: LEE MUI LEE		
Named Driver (2)	: N/A		
Make/Model	: NISSAN/LATIO SEDAN	Capacity	: 1498cc
Registration Number	: SJMS718T	Registration Year	: 2009
Chassis Number	: JN1BAAC1120020626	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 40%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency : INTRADE AGENCY & SERVICES (00000571322)
Date of Issue : 13 Dec 2016 09:02 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



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 : CS3/AIG17022765/Svbe2-1

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 08-06-2018



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	SKX 5158P	Veh. Inspected	SJM 5718T
Policy No.		Coverage (\$)	0.00
Claim No.	3792694735SG-003	Excess (\$)	0.00
Assign From	ANGIE GAN	Assign Date	24/04/2018

2. Vehicle Particulars & Condition

Make & Model	NISSAN LATIO	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JN1BAAC11Z0020626	Colour	GREY
Odometer	194003	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	ROADSTONE	6 mm
L/H Front Tyre	195/65 R15	ROADSTONE	6 mm
R/H Rear Tyre	195/65 R15	ROADSTONE	6 mm
L/H Rear Tyre	195/65 R15	ROADSTONE	6 mm

4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.
REPAIR CONDITION SEE DETAILS.

5. General Information

Accident Date	27/11/2017	Inspection Date	02/05/2018
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	9 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJM 5718T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER FASCIA	REPLACED	685.00	551.00
2	REAR BUMPER SIDE RETAINER	REPLACED	70.40	70.40
2	REAR BUMPER SIDE ATTACHMENT	NOT NECESSARY	82.80	-
1	REAR BUMPER SPONGE	REPLACED	55.60	55.60
1	BOOTLID	REPAIRED SEE LABOUR	764.60	-
1	BOOT LID INSULATOR	NOT NECESSARY	155.80	-
1	REAR END PANEL	REPLACED	486.90	486.90
2	REAR FENDER INNER TRIM BOARD	NOT NECESSARY	791.00	-
2	TAIL LAMP BASE PANEL	REPAIRED SEE LABOUR	245.00	-
1	REAR FLOOR PANEL BOARD	NOT NECESSARY	351.50	-
1	REAR WINDSCREEN GLASS INNER SEAL	NOT NECESSARY	87.10	-
1	BONNET	REPLACED	1,054.30	890.00
1	BONNET LOCK BRACE PANEL	REPLACED	90.40	90.40
1	BONNET INNER RUBBER BEADING	NOT NECESSARY	57.00	-
1	FRONT BUMPER FASCIA	REPLACED	670.70	456.00
2	FRONT BUMPER SIDE RETAINER	REPLACED	44.20	44.20
1	FRONT BUMPER REINFORCEMENT	REPLACED	591.90	450.00
1	FRONT BUMPER SPONGE	REPLACED	207.20	207.20
2	FRONT BUMPER SIDE ATTACHMENT	REPLACED	96.40	96.40
1	FRONT SUPPORT PANEL	REPLACED	620.70	620.70
	LESS 30% DISCOUNT		-2,162.55	-1,205.64
			5,045.95	2,813.16
NETT ITEMS				
2	TAIL LAMP (N)	REPLACED	438.80	380.00
2	TAIL LAMP SEALANT (N)	REPLACED	35.00	35.00
4	TAIL LAMP CLIPS (N)	REPLACED	40.00	40.00
2	BOOT LID HINGES (N)	NOT NECESSARY	138.40	-
1	BOOT LID LOCK (N)	NOT NECESSARY	98.70	-
1	BOOT LID LOCK STRIKER (N)	NOT NECESSARY	56.10	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BOOT LID WEATHERSTRIP (N)	REPLACED	79.90	79.90
1	BOOT LID BADGE (N)	REPLACED	38.20	38.20
1	BOOT LID EMBLEM "LATIO" (N)	REPLACED	56.20	56.20
1	BOOT LID KEYLESS SENSOR (N)	REPLACED	218.00	218.00
2	BOOT LID STOPPER (N)	NOT NECESSARY	24.20	-
2	BOOT LID CHROME CLIPS (N)	REPLACED	12.00	12.00
1	BOOT LID CHROME (N)	REPLACED	186.00	186.00
1	REAR END PANEL TOP TRIM (N)	REPLACED	73.10	73.10
4	REAR END PANEL TOP TRIM CLIPS (N)	REPLACED	15.60	15.60
16	REAR FENDER INNER TRIM BOARD CLIPS (N)	NOT NECESSARY	46.80	-
2	REAR FENDER SPLASH SHEILD (N)	NOT NECESSARY	210.00	-
3	REAR FENDER SPLASH SHIELD CLIPS (N)	REPLACED	19.50	19.50
2	REAR BUMPER STAY (N)	REPLACED	120.00	120.00
10	REAR BUMPER CLIPS (N)	REPLACED	65.00	65.00
2	REAR NUMBER PLATE LAMP (N)	NOT NECESSARY	108.00	-
1	REAR NUMBER PLATE BRACKET (N)	REPLACED	55.50	55.50
1	REAR WINDSCREEN GLASS MOULDING (N)	NOT NECESSARY	54.60	-
8	REAR WINDSCREEN GLASS CLIPS (N)	NOT NECESSARY	76.00	-
1	REAR FLOOR PANEL INSULATOR CLOTH (N)	NOT NECESSARY	188.10	-
1	BONNET STOPPER (N)	NOT NECESSARY	14.30	-
1	BONNET INSULATOR (N)	NOT NECESSARY	162.10	-
12	BONNET INSULATOR CLIPS (N)	NOT NECESSARY	78.00	-
1	FRONT GRILLE (N)	REPLACED	322.50	322.50
1	FRONT GRILLE BADGE (N)	REPLACED	45.60	45.60
8	FRONT GRILLE CLIPS (N)	REPLACED	52.00	52.00
10	FRONT BUMPER CLIPS (N)	REPLACED	65.00	65.00
4	FRONT BUMPER SPONGE CLIPS (N)	REPLACED	26.00	26.00
1	FRONT BUMPER TOW COVER (N)	REPLACED	16.90	16.90
2	FOG LAMP ASSY (N)	NOT NECESSARY	325.00	-
2	HEAD LAMP ASSY (N)	REPLACED	2,864.40	1,064.00
6	FRONT FENDER PROTECTOR CLIPS (N)	REPLACED	33.00	33.00
1	FRONT FENDER INNER TOP GARNISH (N)	NOT NECESSARY	34.10	-
2	FRONT FENDER INNER TOP GARNISH CLIPS (N)	REPLACED	13.00	13.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT FENDER SPLASH SHIELD (N)	NOT NECESSARY	76.40	-
8	FRONT FENDER SPLASH SHIELD CLIPS (N)	REPLACED	52.00	52.00
1	RADIATOR ASSY (N)	NOT NECESSARY	660.30	-
1	AIR COND CONDENSER (N)	NOT NECESSARY	554.00	-
1	AIR COND CONDENSOR TOP MOULDING (N)	NOT NECESSARY	50.00	-
1	AIR COND CONDENSOR BOTTOM MOUNTING (N)	NOT NECESSARY	65.00	-
	LESS 10% DISCOUNT		-796.33	-308.40
			7,166.97	2,775.60
	<u>SPECIAL NETT ITEMS</u>			
1	SET REVERSE SENSOR WITH CONTROL LIGHT (SN)	REPLACED	380.00	200.00
1	REAR NUMBER PLATE (SN)	REPLACED	45.00	45.00
1	REAR NUMBER PLATE CASING (SN)	REPLACED	29.00	29.00
1	REAR WINDSCREEN GLASS SEALANT (SN)	NOT NECESSARY	60.00	-
2	FOG LAMP BRACKET (SN)	NOT NECESSARY	60.00	-
1	FRONT NUMBER PLATE (SN)	REPLACED	45.00	45.00
1	FRONT NUMBER PLATE CASING (SN)	REPLACED	29.00	29.00
1	RADIATOR FAN MOTOR ASSY (SN)	NOT NECESSARY	479.00	-
1	REAR WINDSCREEN GLASS SOLAR FILM (SN)	NOT NECESSARY	180.00	-
1	REAR BOOTLID SPOILER (SN)	REPLACED	250.00	250.00
			1,557.00	598.00
	<u>LABOUR</u>			
	TOWING.		120.00	80.00
	TO CHECK WIRING SYSTEM.		180.00	40.00
	TO TUFF COAT AFFECTED AREAS.		180.00	40.00
	TO REMOVE AND REFIX INTERIOR UPHOLSTERY.		200.00	50.00
	TO REMOVE AND REPLACE REVERSE SENSOR.		180.00	40.00
	TO REMOVE AND TRANSFER BOOTLID MECHANISM.		200.00	50.00
	TO RESPRAY AFFECTED AREAS.		1,800.00	800.00
	TO RENEW DAMAGED PARTS, STRAIGHTEN AND REPAIR REAR & FRONT FENDER CHASSIS FRAME MEMBER AND ALIGNED ALL PARTS. INCLUSIVE OF THE REPAIR OF BOOTLID AND TAIL LAMP BASE PANEL.		2,000.00	1,000.00
	TO REMOVE AND REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	200.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE & REPLACE AIR COND CONDENSOR, PIPING, VACUUM & TOP UP GAS.	NOT NECESSARY	200.00	-
	TO REMOVE & REPLACE RADIATOR & TOP UP COOLANT.		180.00	-
			5,440.00	2,100.00
GRAND TOTAL			19,209.92	8,286.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,600.00

Report Ref No. CS3/AIG17022765/Svbe2-1

YEANG WAI KEEN

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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