

ASS. REC. BY:

REF:

CS3 / LCR18007760 / T124b5P

Special Instruction:

Surveyor

Tatler

ASSIGNMENT (Office)

From (Person):

Winnie Fan

of

LCR

Date/Time:

27042018 1228pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKH 9594X

Insured:

SLD 6985E

at Workshop m/s

Lian Hong

Tel:

6453 5779

of

160 Sin Ming Drive #06-10

Policy No:

0999994816

Claim No:

1749846978SG

Sum Insured:

Excess:

Make of Veh:

D.O.A.

18042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wpi'

H.O.D. Endorsement:

Date/Time:

27042018 1:12pm

Person Contacted:

Henry

Vehicle

IN / OUT

Date/Time

Action/Instruction (X) Estimate

SKH 9594X - X

SLD 6985E - CCU / LCR 17022297 / Kjb3

DUA: 20-11-17

**- PRE-REPAIR INSPECTION - ACCIDENT INVOLVING MOTOR VEHICLES NO
SLD6985E AND SKH9594X ON 18 APRIL 2018**

From: Fan, Winnie-LW

To:

Cc: Fong, Andy-SY, Chin, Lee-Ying

Sent: Friday, 27 April, 2018 12:28:29 PM

Attachments:  Fax4220.TIF

Hi LKK,

Kindly assist to survey.

Winnie Fan

AIG

Claims Service Associate

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Fax +(65) 6835 7416

winnie-lw.fan@aig.com | www.aig.com.sg

IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by AIG for any loss or damage arising in any way from its use.

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M NEDUMARAN & COAdvocates & Solicitors
Commissioner for Oaths

UEN NO. 53181067D

*Please reply to our Branch Office for this matter*Nedumaran Muthukrishnan
LLB (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)Branch Office: 11 Sin Ming Road
#B2-09 (Unit 2) Thomson V Two
Singapore 575629
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482
Email : igene.lim@mneduco.com.sg
serene.tan@mneduco.com.sgOur Reference : MN/IG/L1/1812376/st
Your Reference : SLD 6985E26th April 2018AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building
78 Shenton Way, #07-16
Singapore 079120

BY FAX 6835-7416 ONLY

Dear Sirs,

1. NOTICE OF ACCIDENT TO INSURERS AND PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)
2. ACCIDENT ON 18/04/2018 INVOLVING VEHICLE NOS. SKH 9594X AND SLD 6985E ALONG CROSS STREET TOWARDS CECIL ST.

We are instructed by CHEOK CHIN SHAN (owner of motor vehicle no. SKH 9594X) and/or LIAN HENG PAINTER COMPANY (the motor workshop for SKH 9594X) to notify you of a road traffic accident on 18/04/2018 at about 2215 hours along CROSS STREET TOWARDS CECIL ST involving our client's vehicle registration number [SKH 9594X] and [SLD 6985E] driven by you at the material time.

As a result of the accident, our client's vehicle has been damaged. Before we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you with the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,


NEDUMARAN MUTHUKRISHNAN
(Branch Office)
c.c. 1) LCRF PTE LTD

(Vehicle : SLD 6985E)

- 2) Lian Heng Painter Company
160 Sin Ming Drive
#06-10 Sin Ming AutoCity
Singapore 575722
Tel : 6453-5779 / 9863-2371 (Ms Nomy / Mr Henry)

(Vehicle : SKH 9594X)

Fax : 6453-3173

26-04-18:16:34 : IWC
2018/04/23 17:21

;65098482
No.4383

2/ 4
P.001/004

WAMH1806071 / AJAX WATS PTE LTD - Bukit Merah
ENTRY DATE & TIME: 19/04/2018 19:51
SUBMITTED BY: MAYMI

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the judgement 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	19/04/2018 19:51
Date Of Accident	18/04/2018 22:15
Exact Location Of Accident	ALONG CROSS STREET TOWARDS CECIL ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9594X
Insured/Policyholder	
Name Of Registered Owner	CHEOK CHIN SHAN
NRIC No	S8133834E
Email Address	CHEOK_MAC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90083181
Alternative Phone No	OFFICE-90083181
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10797421
Cover Note Number	N.A.
Driver	
Name of Driver	CHEOK CHIN SHAN
NRIC No	S8133834E
Date Of Birth	10/10/1981
Occupation	INDOOR
Date Of Driving Pass	25/10/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90083181
Fax Number	
Contact Number	OFFICE-90083181
Email Address	CHEOK_MAC@HOTMAIL.COM

Address NIL
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

I was driving on the 2nd lane along cross st. As I reach junction of Cecil street, I signal and make a gentle right turn. Suddenly, vehicle who was from the extreme right lane (right turn only lane), drove straight and collided with my car. My right portion was scratch and no injury involved.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WILL UPLOAD TO FILEZILLA SYSTEM
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD6985E
Vehicle Make/Model/Colour HONDA VEZEL
Details Of Properties NA
Vehicle Category PRIVATE CAR
Name of Driver MD SALLEH BIN DOLLAH
NRIC/Passport Number 86805103G
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was driving on the 2nd lane along cross st. As I reach junction of Cecil street, I signal and make a gentle right turn. Suddenly, veh b who was from the extreme right lane (right turn only lane), drove straight and collided with my car. My right portion was scratch and no injury involved.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARB REPORTING OFFICER -
MOHAMED BHARIL BIN SATAR

MARB Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 April, 2018 4:13 pm

Date/Time:

19 April, 2018 4:13 pm

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
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Exact Location Of Accident	ALONG CROSS STREET TOWARDS CECIL ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9594X
Insured/Policyholder	
Name Of Registered Owner	CHEOK CHIN SHAN
NRIC No	S8133834E
Email Address	CHEOK_MAC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90083181
Alternative Phone No	OFFICE-90083181

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180

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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10797421
Cover Note Number	N.A.

Driver

Name of Driver	CHEOK CHIN SHAN
NRIC No	S8133834E
Date Of Birth	10/10/1981
Occupation	INDOOR
Date Of Driving Pass	25/10/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90083181
Fax Number	

Contact Number	OFFICE-90083181
EMail Address	CHEOK_MAC@HOTMAIL.COM

Address	NIL
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD TO FILEZILLA SYSTEM
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD6985E
Vehicle Make/Model/Colour	HONDA/ VEZEL
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	MD SALLEH BIN DOLLAH
NRIC/Passport Number	S6805103G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately 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 willful misrepresentation or withholding of material facts may void insurance coverage or result in policy cancellation.
4. The issue and effectiveness of this form by insurance companies is not an admission of policy liability on the part of 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 QIA Resource Management Centre established by the General Insurance Association of Singapore (GIA) for amending and that copies of this report will for a fee be made available application by interested parties.
7. By the submission 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 should it.
8. Consent under the Personal Data Protection Act (PDPA):
I understand, acknowledge, agree and consent that:
(a) my insurer, my broker and the General Insurance Association of Singapore ("GIA") may be 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 Insurers who have insured my vehicle, collectively the "Insurers" and disclose and transfer such Personal Information to all Insurers who have insured my vehicle, collectively the "Insurers" involved in this accident (all Insurers) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurers' legal representatives, 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 making 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 envelope/mail packaging; and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(b) all Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, may be 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their legal representatives), which may be sited outside of Singapore, for one or more of the above Purposes.

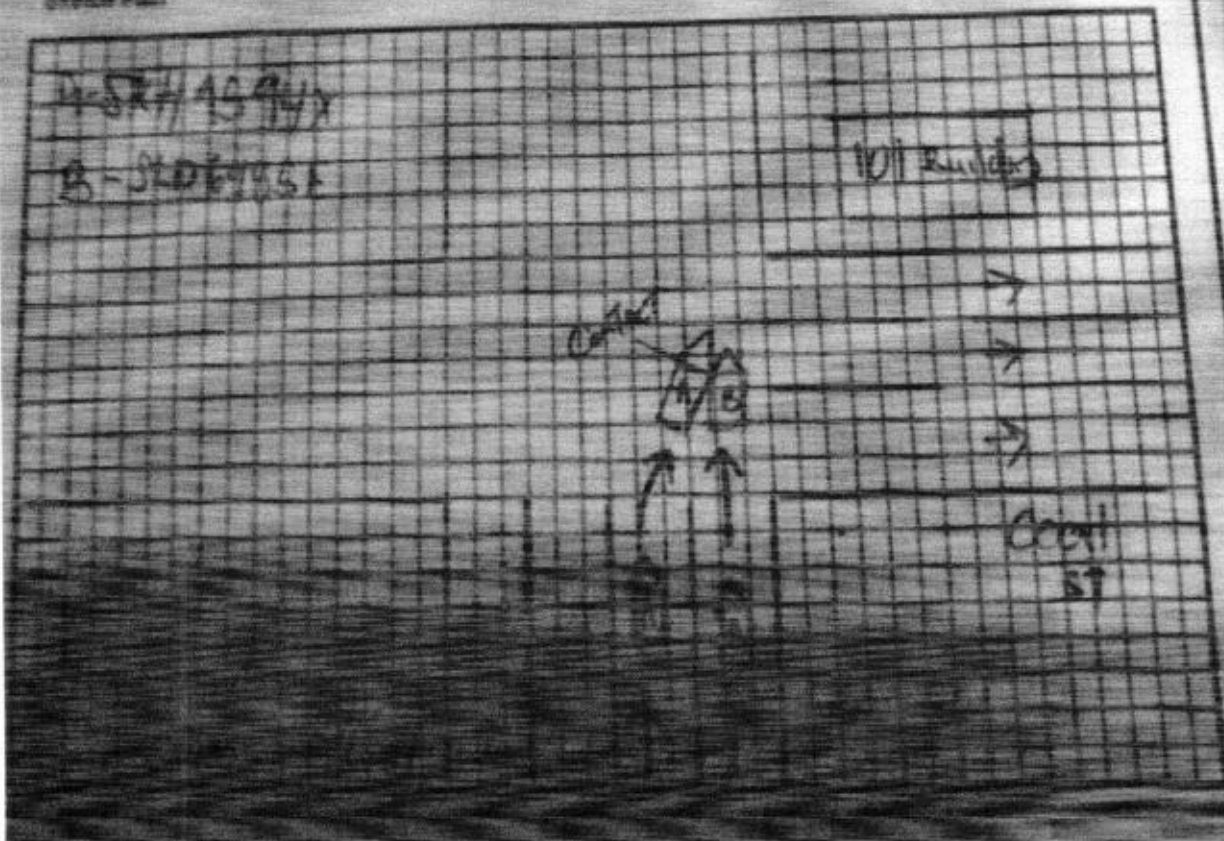
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

Policyholder's Signature - Date & Time

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

Witnessed by Reporting Centre
Personal

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was driving on the 2nd lane along cross st. As I reach junction of cecil street, i signal and make a gentle right turn. Suddenly, veh b who was from the extreme right lane (right turn only lane), drove straight and collided with my car. My right portion was scratch and no injury involved.

Taxi Voucher No.

Are you claiming your own insurance policy for the repair of your vehicle?

No Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 April, 2018 4:13 pm

Date/Time

19 April, 2018 4:13 pm

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3834E
Vehicle Details	
Vehicle No.:	SKH9594X
Vehicle to be Exported:	No
Intended De-registration Date:	04 May 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180 BLUEEFFICIENCY
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	27491030027016
Chassis No.:	WDD2040312A797179
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$31,873.00
Original Registration Date:	31 Jan 2013
First Registration Date:	31 Jan 2013
Transfer Count:	1
Actual ARF Paid:	\$26,873.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jan 2023
PARF Rebate Amount:	\$18,811.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jan 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$77,291.00
COE Rebate Amount:	\$36,609.00
Total Rebate Amount:	\$55,420.00

The information contained herein is correct as at 04 May 2018

OK

SKH 9594X

DOI . 27.4.18

1. Front door o/s - dented & scratched - repair ✓
2. Front door o/s moulding - damaged ✓
3. Front door weather strip - nec ✓
4. Rear door o/s - dented & scratched - repair ✓
5. Rear door moulding o/s - damaged ✓
6. Rear door weather strip - nec ✓

Paintwork 2 panels

Workmanship 2 days

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

PRI

CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Rpt	Adj. Submitted	Ins. Auth'd	Status
Main	27 Apr 2018 Edit Reg		27 Apr 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	LCRF Pte Ltd, Co. Reg. No.: NA				
Main Claimant:	CHEOK CHIN SHAN, ID: S8133834E				
Vehicle Reg. No.:	SKH9594X			Date of Loss:	18/04/2018 22:00 - :59 [62 Months and 18 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 1749846978SG			Policy/Cover Note No.:	0999994816
Vehicle Reg. No. (Insured):	SLD6985E			Policy No. (Claimant):	
				Excess:	
Repairer:	Lian Heng Painter Company () 160 SIN MING DRIVE, #06-10 SIN MING AUTOCITY, 575722 Sin Ming - Tel:				
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Chong, Joee]				
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 09/05/2018]				

ASSOCIATED MAIL RECEIVED

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

- AIG_SG (30/04/2018): **Conflicting DOA**
- AIG_SG (30/04/2018): **Request To Upload TP GIA Report**

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.									

Claim Documents

***SKH9594X (1749846978SG)**
[SLD6985E]
TP
CHEOK CHIN SHAN
Apr 18 2018 10:00PM
[LCRF Pte Ltd]
Lian Heng Painter Company

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View			View in Browser		
Photos/Images															3 per page			<input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)														Thumbnail	Print			
1	03/05/18 09:28	General View														Load JPG	<input checked="" type="checkbox"/>			
2	03/05/18 09:28	General View														Load JPG	<input checked="" type="checkbox"/>			
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25	03/05/18 09:28	General View														Load JPG	<input checked="" type="checkbox"/>			
															1 per page			<input checked="" type="checkbox"/>		
Documentation																				
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)														Thumbnail	Print			
1	30/04/18 15:12	OI GIA report														Load PDF				

Documents Checklist

DOCUMENTS CHECKLIST

Reset Save Print

There are no document checklists configured.

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/LCR18007760/T1Z4BS2
Date: 09/05/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999994816
Claimant Vehicle No : SKH9594X **Insured Vehicle No :** SLD6985E
 Date of Loss: 18/04/2018 Nature of Claim: TP Claim No: 1749846978SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SKH9594X**
 Make & Model: MERCEDES-BENZ C180, 1.6 (A) Engine No: 27491030027016
 Reg. Date: 31/01/2013 (Man. Year: 2012) Chassis No: WDD2040312A797179
 Colour: Silver Odometer: 91708 km
 Engine Capacity: 1595 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: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 225/40R18 Rear Tyre Size: 225/40R18
 Front Left Side: Michelin 6 mm Rear Left Side: Michelin 6 mm
 Front Right Side: Michelin 6 mm Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads 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: 27/04/2018
 Date Inspected: 27/04/2018 Inspected At: Lian Heng Painter Company
 160 SIN MING DRIVE, #06-10 SIN MING AUTOCITY
 Singapore 575722
 Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Ho Zhao Tian

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 DOOR O/S	Repair	0.00 F	*- F
2	1		*FRONT DOOR O/S MOULDING	Damaged	0.00 F	*- F
3	1		*FRONT DOOR WEATHER STRIP	Necessary	0.00 F	*- F
4	1		*REAR DOOR O/S	Repair	0.00 F	*- F
5	1		*REAR DOOR MOULDING O/S	Damaged	0.00 F	*- F
6	1		*REAR DOOR WEATHER STRIP	Necessary	0.00 F	*- F
				Total Parts (S\$)	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 >