

00000000

APP. REC. BY:

REF:

01AIG18009117/ZC

Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

From (Person): Priscilla Sim

of: AIG

Date/Time: 15/5/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJY79668

Insured:

at Workshop to/s:

Tel:

of:

Policy No: 2100352154-04

Claim No: 260745817586

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A: 12/5/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	SJY79668-X
15/5/18 @ 7:30pm	Received via email from Bryan
16/5/18 @ 4:30pm	Vehicle inspection @ Tan Ching (Lok Yang)
21/5/18 @ 11:30am	Call Ng Yen Ni (owner) & Ng Bee Yam (driver) no answer
21/5/18 @ 12:05pm	Mi Ng Yen Ni called back
22/5/18	Interview @ 8pm 1310 425

50078

Online: Open file - (Fire Case).

Rohaizal (LKKAuto)

From: Bryan Ang (LKKAuto) ↙ needed case date.
 Sent: Tuesday, 15 May 2018 3:38 PM
 To: Rohaizal (LKKAuto)
 Cc: Sim, Priscilla-LK
 Subject: FW: OD CLAIM : SJY7966S // 26074581755G // DOA : 12/05/2018 [Fire Case]
 Attachments: gia.pdf

Importance: High

Dear Haizal

Please carry out the fire investigation for this case. No need to apply for SCDF fire report.

Vehicle lying at Tan Chong (Lok Yang).

Best Regards,

Bryan Ang

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: bryanang@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Sim, Priscilla-LK [<mailto:Priscilla-LK.Sim@aig.com>]
 Sent: Tuesday, 15 May 2018 11:42 AM
 To: Bryan Ang (LKKAuto) <bryanang@lkkauto.com>
 Subject: FW: OD CLAIM : SJY7966S // 26074581755G // DOA : 12/05/2018 [Fire Case]
 Importance: High

Hi Bryan

*TC Automobile Pte Ltd
 (Authorized Nissan Service Centre)
 No. 1 South Lok Yang Road Singapore 628077*

Kindly conduct fire investigation into the claim.

Priscilla Sim LK
 Senior Complex Claims Examiner
 Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1755 | Fax +(65) 6835 7416
priscilla-lk.sim@aig.com | www.aig.com.sg

Tan chong head office
Ho Yue Mely
67038432
Police
67038906
Nora
67038913

nissan.service@tanchung.com

customer service

Verbal info from Mr. Ho Yue Mely

2015 8 2016

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 American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

MTC418062259 / TC AutoClinic Pte Ltd - Lok Yang
 ENTRY DATE & TIME: 14/05/2018 11:48
 SUBMITTED BY: Ho Yue Meng

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 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	14/05/2018 11:48
Date Of Accident	12/05/2018 17:00
Exact Location Of Accident	625A SENJA ROAD MSCP DECK 3A LOT 290
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7966S
Insured/Policyholder	
Name Of Registered Owner	NG YEN NI
NRIC No	S7133912B
Email Address	JENNYNGYN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96770668
Alternative Phone No	Office-96770668

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI+2-2.0 J10 (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?	YES

If No, Please state action to be taken

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	2100352154-04
Cover Note Number	
Driver	
Name of Driver	NG BEE YEAN
NRIC No	S6821653B
Date Of Birth	06/06/1968
Occupation	INDOOR
Date Of Driving Pass	07/06/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97422150
Fax Number	
Contact Number	
E-Mail Address	JENNYNGYN@YAHOO.COM.SG
Address	BLK 926, JURONG WEST STREET 92, #09-135
Postcode	640926
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -
General Information of the Accident	
Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY
Other Information	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO

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? YES

If Yes, Please state which Police Station

Police Station Name NANYANG N.P.C

Police Station Address ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report entirely the details of the accident to your respective insurance company.
2. The information to be completed by the Policyholder and/or the Authorized Officer.
3. Information provided must be true, truthful and accurate as possible. Any violation or concealment or withholding of material facts, may allow the insurance companies to repudiate policy liability.
4. The cover and acceptance of the terms by means of a stamp/sign and an affirmation of policy liability on the part of the respective companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the members of the GIA Research Management Center established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the lodging of this report to the members, you hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my work shop 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 processed 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/wrap 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:

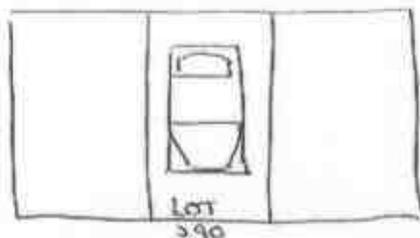
Driver's Signature
(If driver is not the policyholder)
Date & Time:

GIA Research Centre Pte Ltd
1 SOUTH LAKYANG ROAD
SINGAPORE 102600
TEL: 6292 2213
FAX: 6292 1842

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. J/20180513/2039

DECLARATION

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

Policyholder's Signature
Date & Time: 14/5/2018
11.30am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/5/2018
11.30am

TC Auto Clinic Pte Ltd
1 SUKTH LOK YANG ROAD
SINGAPORE 828090
TEL: 6282 2212
FAX: 6292 3692

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

Common Statement

INDIVIDUAL STATEMENT (CONT.)

Use Part II as indication of blame / liability, but a summary of blame and liability which will appear on the settlement of claim.

1) Date of accident: 12/05/2018 17:00 2) Exact location of accident: 625A SENJA ROAD MULTI STOREY DECK-3A LOT 370

3) To be signed by BOTH drivers: Insured's own if single: Yes [X] No []

4) If involved damage: Insured's own if damage to A and B: No [X] Yes [] Insured's own if damage to A only: No [] Yes [] Insured's own if damage to B only: No [] Yes []

5) Where's name, address and tel no. (if available) for: Insured's own if damage to A and B: No [] Yes []

Registration No. (VEHICLE A): 33379663

1) Insured / policyholder (see insurance card): Name: NG YEN NI

2) Address: BLK 926 JURONG WEST ST Q3 #09-135 S (640926) HILL / Flaport no: S 7133912 B

3) Tel no. (State Area Code): 96770668

4) Vehicle: Make, type: NISSAN QUASHIGAI 2.000MT ABS DME

5) Insurance company: SE YEAN AIG (2100352154-09)

6) Does the policy cover damage to vehicle A? No [] Yes [X]

7) Policy No. (if available): 2100352154-09

8) Driver (See driving licence) (if different from insured A above): Name: NG BEE YEAN

9) NIC / Passport no.: 26821653R

10) Class of licence: 3

12) CIRCUMSTANCES

1) pushed / stopped (if the available)

2) leaving a parking space / opening the door (if the available)

3) entering a parking space (if the available)

4) entering from a car park, lower vehicle ground, from a vehicle area

5) entering a car park, private ground, a street road

6) entering a residential or public traffic system

7) involving an animal (dog or other traffic system)

8) holding the view of the other vehicle while entering the same direction and in the same lane

9) going to the same direction but different lane

10) changing lanes

11) overtaking

12) turning to the right, making a U turn (official U turn)

13) turning to the left

14) reversing

15) manoeuvring to the opposite traffic lane

16) coming from the right (at road junctions)

17) not observing a right-of-way sign (stop, red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross: _____

Registration No. (VEHICLE B):

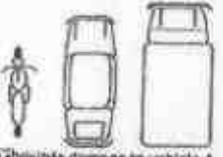
1) Insured / policyholder (see insurance card): Name: (Capital letters)

2) Address: Hill / Flaport no: Tel no. (State Area Code):

3) Vehicle: Make, type: Insurance company: Does the policy cover damage to vehicle B? No [] Yes [] Policy No. (if available):

4) Driver (See driving licence) (if different from insured B above): Name: (Capital letters) NIC / Passport no: Class of licence:

10) Indicate the point of initial impact with an arrow (→)



11) Visible damage to vehicle A

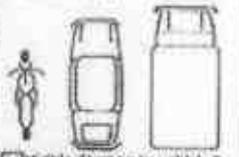
12) My remarks

12) Sketch of accident when impact occurred. (Please include: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road sign - 5. names of the streets or roads)



Alternatively, attach a reference to one of the sketches in page 10.

10) Indicate the point of initial impact with an arrow (→)



11) Visible damage to vehicle B

12) My remarks

13) Signatures of drivers: [Signature A] [Signature B]

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf.

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INSURANCE COMPANY'S ACCIDENT REPORT

To be completed and submitted within 24 hours to your insurer or filed on approved work sheet (for a separate sheet of paper when necessary)

1. The vehicle (if more than one, state all)
 2. Vehicle registration no. 5238 79662

3. Is this the vehicle? Yes No

4. Kind of property for which vehicle was being used at time of accident: Personal use Commercial use Other business

5. Is the vehicle still at fault? Yes No

6. Are you claiming under your motor insurance policy for repair to your vehicle? Yes

7. Date of birth: 06/06/1968 Occupation: INDOOR Date of expiry of license: 07 JUN 1995

8. Give details of any pre-existing impairment of sight or hearing and of any other disability.

9. Full details of all driving convictions including pending proceedings as far as they apply to the driver.

None	Minor	Major

10. Name(s), address(es) and approximate age(s) of injured persons

Injured Person	Injuries sustained	If vehicle occupied, state in which vehicle	When and (approx.) how long	Was right of consent to transport by ambulance?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

11. Name(s) and address(es) of owner(s) of damaged property

12. Was the accident reported to the Police? Yes No

13. Was notice of attended prosecution given? Yes No

14. Weather conditions: One Raining Others

15. Road surface: Wet Dry Others

16. Speed of vehicles: A B km/hr

17. What warnings were given by driver or other party?

18. Were street lights illuminated? Yes No

19. What lights were displayed on your vehicle/the other vehicle(s)?

20. If your vehicle is commercial, state weight of load carried at time of accident.

21. State how accident happened, width of roads, speed limits, etc. (use separate sheet of paper where necessary)

Declaration: I/We declare the foregoing particulars to be true in every respect.

Policyholder's signature: _____ Date: _____

Driver's signature (if driver is not the policyholder): _____ Date: _____



**SINGAPORE
POLICE FORCE**



13/05/2018 12:54

1 of 2

POLICE REPORT (NP289)

Report No. J/20180512/0196

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Date/Time Report Made 13/05/2018 12:54	Vide Report No. J/20180512/0196	Station Diary No. 21
Name Of Informant NG BEE YEAN	Address APT BLK 926 JURONG WEST STREET 92 #09-135 SINGAPORE 640926	
ID Type / ID No. NRIC NO / S8821653B	Contact No. Home/Office	Mobile: 97422150
Nationality SINGAPORE CITIZEN	Email Address	
Occupation COUNTER SERVICE RECEPTION	Sex Female	Age 49
Institution/School Name	Date of Birth 06/08/1968	Race Chinese
Date/Time Of Incident 12/05/2018 17:00	Location Of Incident 825A SENJA ROAD MULTI STOREY CAR PARK SINGAPORE 671625 Deck 3A, Lot 290	

Brief details.

On 12/05/2018 at about 1700hrs, I parked my sister's car, (beige Nissan), registration plate number SJY7986S, at the Multi storey carpark at Blk 625A Senja Road, Deck 3A lot 290. After I parked the car, I smelt some burning smell coming from the front part of the car. I alighted and opened the bonnet and there was a lot of white smoke coming out from the engine compartment. I waited for about 5 minutes for the smoke to stop, however the engine compartment started to catch fire. There was a passerby who

Signature Of Officer Recording The Report: J / Staff Sgt YEO CHANG LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2018 12:54
Officer In-Charge Of Case: J / Jurong Police Divisional HQ / Insp TAN BAO JUN, PEGGY Contact No.: 67910000	Classification Of Case:

Authentication Stamp



POLICE REPORT - PAGE 2 OF 2



SINGAPORE
POLICE FORCE



J20180513/2039

2 of 2

POLICE REPORT (NP209)

CONTINUATION OF REPORT

Report No. J20180513/2039

assisted to call for fire engine and Police while I called for my brother in law to bring fire extinguisher. There was also another passerby who assisted to open a nearby water hose and tried to put out the fire however to no avail. Subsequently, my brother in law came with a fire extinguisher and managed to scale down the fire. The Civil Defense then arrived and look over to put out the fire. The Civil Defense also used dry powder to put out the fire.

I wish to state that no one was injured in the incident. No other cars were affected. I am lodging this report for insurance claim purpose. Before I parked at Blk 625A Senja Road, I drove the car from Jurong West St 92, open space carpark.

Signature Of Officer Recording The Report: J / Staff Sgt YEO CHANG LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2018 12:54
Officer In-Charge Of Case: J / Jurong Police Divisional HQ / Insp TAN BAO JUN, PEGGY Contact No.: 67910000	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

