Surveyor:

REF: CS/ALG18009497/A nbez

Special Instruction:
1/s. $12100.00

ASSIGNMENT (Office)

From (Person): Angie Gan of ALG Date/Time: 14052018

Estimated Cost: Bill to:

Third Parties:
Claimant:
Surveyor: SK Auto
Workshop: ACE Autolution

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKF 7777J Insured: SKU 5662R

at Workshop m/s ACE Autolution Tel: 6844 1184

of 13 Kaki Bukit Rd 4 #03-29

Policy No: Claim No: 7363 288279S6-003

Sum Insured: Excess:

Make of Veh: D.O.A. 10.05.2018
(Client's Record)

25052018 (Friday) @ 4pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig , days (Red $ / %; Original 6 days)

Date/Time: 30/07/18 Submit Final Fig 68K , 05 days (Red $ 4400 / 3% %; Original days)
5300 43%

Date/Time	Action/Instruction
	SKF 7777J - X
	SKU 5662R - X
	RECEIVED 31 JUL 2018

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : *NC*)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:	*Date:*
Basic & Add	200
Transport	
Photos	
Others	
Total	200

1) Date/Time 30/7/18 File Pass to typist 2) Date/Time File Return to

3) Date/Time File Pass to 4) Date/Time File Return to

5) Date/Time File Pass to 6) Date/Time File Return to

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SKF7777J. Yr Regn: 2017 Jan.

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mercedes Benz. c.c: 1991

Colour: Black. A/C: Insured / Std / NI / NA

Sp.Reading: 124252. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2130422A057979.

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil (S/Rim) / STD A/Rim or

Tyre Size: F: 245/40R19.

R: 245/40R19.

BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm

D.O.A. D.O.I. 25/05/18

Survey held at: Ace Auto~~[illegible]~~

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front N/S, u/c

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Reinspection.

Date/Time File Pass to:

☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp. : $

☐ Interview : $

☐ Tech. Insp : $

☐ Witness : $

Report Format:

Lump Sum / I.R.

Catherine Chong (LKK Auto)

From: Gan, Angiegeokling <Angiegeokling.Gan@aig.com>
Sent: Monday, 14 May, 2018 3:11 PM
To: SUR; Admin A; assignments@lkkauto.com
Subject: AIG ref: 7363288279SG-003 ; LKK ref: please advise [Reinspection TPV SKF7777J]
Attachments: 7363288279SG_03_05_2018_RULINGS_JUDGMENTS_SENTENCES_D73751 -001.pdf; SKF7777J.PDF; SKU5662R.pdf

Dear Sirs,

We seek your assistance to conduct re-inspection on third party's vehicle.

Kindly refer below for details and confirm appointment with third party solicitor.

LOD and GIA reports are attached for your reference.

Please acknowledge receipt of attachments.

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

Follow us:

From: Siew Leng [mailto:siewleng@chiaarul.com]
Sent: Monday, May 14, 2018 2:49 PM
To: Gan, Angiegeokling
Subject: RE: 363288279SG003#015,027# AIG ref ; Your ref: AS.180590.sl [Property damage: E CAPITAL ASIA PTE LTD]

Dear Angie,

Kindly be informed the details of re-inspection are as follows:-

Date:25/5/2018
Time:4.00pm
Location:13 Kaki Bukit Road 4,#03-29 Bartley Biz Centre Singapore 417807

Kindly confirm on the same.

Regards,
Ms Siew Leng
M/s Chia S Arul LLC
151 Chin Swee Road
#03-09 Manhattan House
Singapore 169876
Tel: (65) 6733 4647 Fax: (65) 6733 8183

From: Gan, Angiegeokling [mailto:Angiegeokling.Gan@aig.com]
Sent: Monday, 14 May, 2018 1:57 PM
To: Siew Leng <siewleng@chiaarul.com>
Subject: RE: 363288279SG003#015,027# AIG ref ; Your ref: AS.180590.sl [Property damage: E CAPITAL ASIA PTE LTD]

WITHOUT PREJUDICE

Dear Siew Leng,

Thank you for your email.

Appreciate if you could advise us at least one week in advance.

Looking forward to hearing from 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

Follow us:

From: Siew Leng [mailto:siewleng@chiaarul.com]
Sent: Monday, May 14, 2018 12:13 PM

To: Gan, Angiegeokling
Subject: 363288279SG003#015,027# AIG ref ; Your ref: AS.180590.sl [Property damage: E CAPITAL ASIA PTE LTD]

Dear Angie,

Kindly be informed that our client is not agreeable to the proposed settlement.

We will inform you the date, time and location for the re-inspection, once we receive our client's instruction.

Regards,
Ms Siew Leng
M/s Chia S Arul LLC
151 Chin Swee Road
#03-09 Manhattan House
Singapore 169876
Tel: (65) 6733 4647 Fax: (65) 6733 8183

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.

495057

CHIA S ARUL LLC

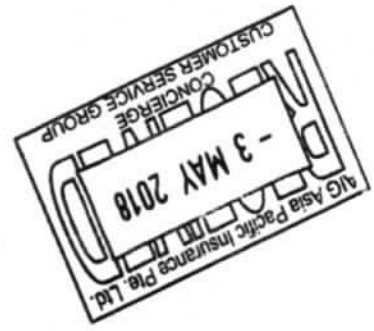
ADVOCATES & SOLICITORS

UEN 201330709H

ARULCHELVAN S

Our Ref : AS.80590.sl

Your Ref : To be advised



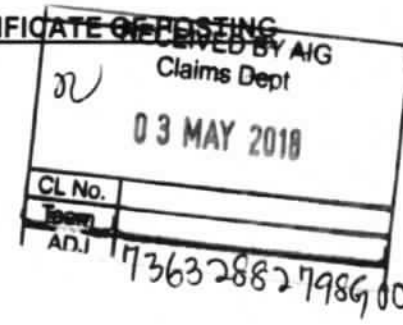
27 April 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.
78 Shenton Way
#07-16
Singapore 079120

BY PDX

LCRF PTE LTD
60 Anson Road
#11-01 Mapletree Anson
Singapore

BY CERTIFICATE OF POSTING



Dear Sirs,

NAME OF CLAIMANT: **E CAPITAL ASIA PTE LTD**
ADDRESS OF CLAIMANT: **C/O ACE AUTOLUTION**
13 KAKI BUKIT ROAD 4
#03-29 BARTLEY BIZ CENTRE
SINGAPORE 417807

ACCIDENT INVOLVING SKF 7777J & SKU 5662R ALONG BOULEVARD TOWARDS ECP ON 10 MARCH 2018

We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on *10 March 2018* at about *10:45 a.m.* along *Boulevard towards ECP* involving our client's vehicle registration *SKF 7777J* and vehicle registration number *SKU 5662R* owned by you at all material time.

We are instructed that the accident was caused by the negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

a)	Costs of Repair		S$	12,100.00
b)	Costs		S$	2,000.00
c)	Survey Report Fee		S$	450.00
d)	GIA Report Fee		S$	29.00
f)	Loss of Use (4 days x $120.00)		S$	480.00
g)	LTA Search Fee		S$	7.49
	Total		S$	15,716.49

151 CHIN SWEE ROAD • #03-09
MANHATTAN HOUSE • SINGAPORE 169876
TEL : (65) 6733 4647 • FAX : (65) 6733 8183 (not for Service of Court documents)
EMAIL : info@chiaarul.com

A copy of each of the following supporting documents is enclosed.

a) A copy of our client's GIA report;
b) A copy of the survey report, invoice and photographs of our client's motor vehicle;
c) A copy of the Job Summary Report;
d) A copy of our client's proforma tax invoice ;
e) A copy of the LTA search.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,

MR ARULCHELVAN S

Enclosure(s)

MVA318033841 / VAC - Kaki Bukit
ENTRY DATE & TIME: 12/03/2018 11:43
SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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	12/03/2018 11:43
Date Of Accident	10/03/2018 10:45
Exact Location Of Accident	RAFFLES BLVD >ECP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF7777J
Insured/Policyholder	
Name Of Registered Owner	E CAPITAL ASIA PTELTD
Co Reg No	200919078M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90000000
Alternative Phone No	Office-90000000
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 A
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093679607
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAHMI LOPEZ BIN MUHAMMAD RAZEEN LOPEZ
NRIC No	S8946579F
Date Of Birth	25/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2008
Driving Experience	9 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97499441
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	60 PAYA LEBAR ROAD #10-22 PAYA LEBAR SQUARE
Postcode	409051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

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

REFER TO BELOW STATEMENT/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	SKU5662R
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94561263

. Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the 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.

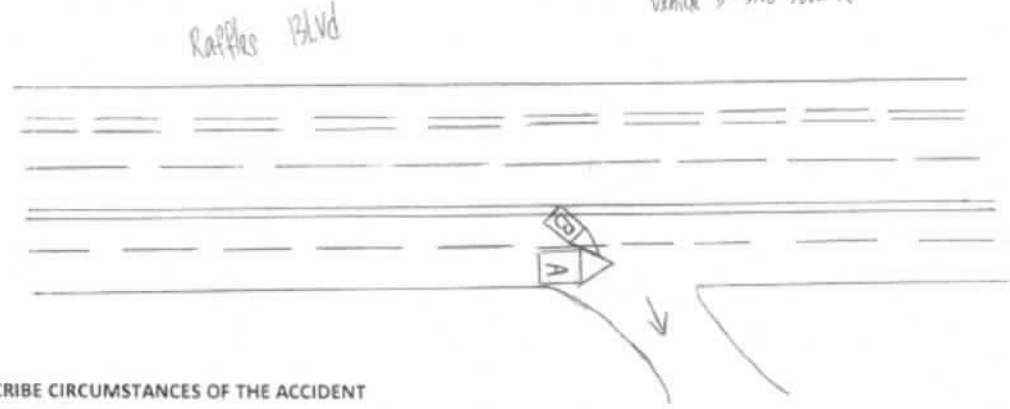
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

vehicle A: CKF 7777 J
vehicle B: SKU 5662 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 10:42AM, VEHICLE A WAS TRAVELLING ALONG RAFFLES BOULEVARD TOWARDS ECP ON THE FIRST LANE. OUT OF A SUDDEN VEHICLE B CRASHED INTO MY LEFT SIDE FRONT PORTION.

DECLARATION

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

Policyholder's Signature
Date & Time

X

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

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

MDAP18034035 / Ding Auto Pte Ltd - HQ
ENTRY DATE & TIME: 12/03/2018 14:21
SUBMITTED BY: Yvonne Wong Yin Cheng

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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	12/03/2018 14:21
Date Of Accident	10/03/2018 10:40
Exact Location Of Accident	ALONG TEMASEK BOULEVARD TOWARDS RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU5662R
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER
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	999995174
Cover Note Number	
Driver	
Name of Driver	LIM NGUIK JIO
NRIC No	S1338739G
Date Of Birth	19/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92394128
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	249 JALAN BOON LAY
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT

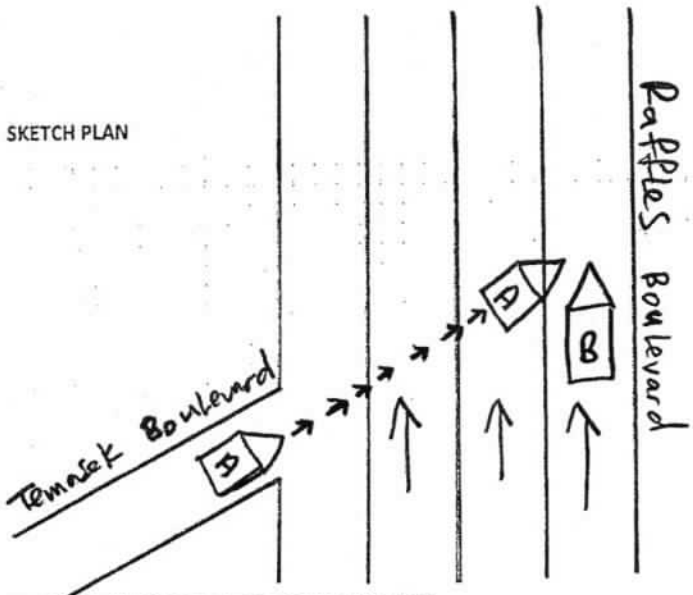
Attachment(s)

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	SKF7777J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



A: SKU5662R

B: SKF7777J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 march 2018, at about 10.40am, I was driving a passenger along Suntec (Temasek Boulevard). I merge into raffles Boulevard, suddenly vehicle number – SKF 7777J hitted into the front right hand side fender and bumper. no one was injured. There is also no passenger in the vehicle – SKF 7777J. we wanted to do a private settlement at 1pm at torque 5 workshop but he change his mind to do a private settlemant. I bring him to Torque 5 workshop because I know the workshop pesonally. The LCK workshop – Ding Auto Pte Ltd also tried to do a private settlement but the diver did not pick up the call after agreed to have his vehicle repair by them. I also wish to highlight the video was being over write already.

DECLARATION

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

Policyholder's Signature
Date & Time:

LCRF PTE LTD Reg. No. 201624587K

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

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

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.
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   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.

LCRF PTE LTD Reg. No. 201624587K

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 12/03/2018

Reporting Centre Personnel's Signature
Name: Kenneth Ding
NRIC/FIN No.: S8414393F

PHOTOCOPY

S K AUTO CONSULTANTS

Invoice

Invoice No:	2018167
Date:	10/4/2018
Our Ref	TP/018/0167SK

Bill To: E CAPITAL ASIA PTE LTD
c/o ACE Autolution Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Description	Amount (S$)
PARTICULARS	
Vehicle Registration No. : SKF 7777 J	450.00
Date of Accident : 10/03/2018	
Date of Inspection : 14/03/2018	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	450.00
Balance Due	450.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS

Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Our Reference: TP/018/0167SK
Your Reference: TBA

Date: 10/4/2018

TO: E CAPITAL ASIA PTE LTD
c/o ACE Autolution Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Assessment of Vehicle No : SKF 7777 J
Date of Accident : 10/03/2018
Date of Inspection : 14/03/2018

We have carried out a physical assessment of SKF 7777 J at ACE Autolution Pte Ltd according to your instructions on 14/03/2018 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	SKF 7777 J
Make & Model	:	MERCEDES BENZ E200
Year of Registration	:	19/01/2017
Engine Capacity (cc)	:	1991
Chassis No.	:	WDB2130422A057979
Engine No.	:	27492030744899
Colour	:	Black
Mileage (km)	:	105429

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	DUNLOP 245/40R19 - 70%
LH Make/Size	:	DUNLOP 245/40R19 - 70%

Rear

RH Make/Size	:	DUNLOP 245/40R19 - 70%
LH Make/Size	:	DUNLOP 245/40R19 - 70%

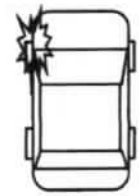
Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

Our Reference TP/018/0167SK
Vehicle No. SKF 7777 J

4.DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the LEFT side front portion and undercarriage (suspension system)
Please see attached schedule for details.



Estimated Amount : S$15,782.60
Adjusted Amount : S$12,100/-
Estimated Repair Days : 6 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a **"Without Prejudice"** basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

S K AUTO CONSULTANTS

Our Reference TP/018/0167SK
Vehicle No. SKF 7777 J

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S$)	OUR ASSESSMENT(S$)
	PARTS (LIST ITEMS)			
1	Front Bumper	Deformed	1790.00	1790.00
1	Front Bumper centre chrome moulding	Necessary	283.00	283.00
1	Front Bumper inner frame	Deformed	321.00	321.00
1	Front Bumper reinforcement	Bent	560.00	560.00
1	Front Bumper under cover	Torn	345.00	345.00
1	LHS Front bumper fog lamp cover	Deformed	136.00	136.00
1	Front Bonnet *dented @edge	Dented*	1952.00	1952.00
1	LHS Headlamp	Cracked	2450.00	2450.00
1	LHS Front Fender	Distorted	885.00	885.00
1	LHS Front Fender Inner Shield	Deformed	447.00	447.00
1	Horn	Damaged	215.00	215.00
1	LHS Front shock absorber	Damaged	692.00	692.00
1	LHS Front lower arm	Damaged	298.00	298.00
1	LHS Front trailer arm	Damaged	315.00	315.00
1	LHS Link bar	Damaged	155.00	155.00
1	LHS Front wheel bearing	Damaged	378.00	378.00
1	LHS Front knuckle arm	Damaged	392.00	392.00
			11614.00	11614.00
		less 10%	1161.40	10% 1161.40
			10452.60	10452.60
	SPECIAL NETT ITEMS			
1set	LHS Front fender inner shield clips	Necessary	60.00	50.00
1	LHS Front Sports Rim	Damaged/Grz.	1280.00	1280.00
2	Front PDC Sensor @ $245	Damaged	490.00	490.00
		TOTAL PARTS	12282.60	12272.60

S K AUTO CONSULTANTS

Our Reference TP/018/0167SK
Vehicle No. SKF 7777 J

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S$)	OUR ASSESSMENT (S$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	1200.00	1000.00 400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	1200.00	900.00 500
3	To clear fault code with diagnostic computer and reset to specification	350.00	350.00 150
4	To remove and replace LHS front undercarriage parts (suspension system)	300.00	250.00 220
5	To conduct full computerised wheel alignment test	120.00	100.00 80
6	To perform anti-rust treatment on affected areas	150.00	120.00 X
7	To remove, refix wiring system at accident damaged areas and check for proper function- focus headlamp beam	180.00	150.00 30
	Labour Total :	3500.00	2870.00
	TOTAL (PARTS & LABOUR):	15782.60	15142.60

Note: (For Lump Sum Repair)
The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.
The final adjusted Lump Sum contract amount is S$12,100/-

1380

S.Kumanan
Motor Surveyor

total 8579.80
H/S: 6.8K
05Dmp

JOB SUMMARY REPORT

ACE AUTOLUTION PTE LTD
13 ,KAKI BUKIT ROAD 4
BARTLEY BIZ CENTRE #03-29,
SINGAPORE 417807.

BILLING

BILL to -

Vehicle NO :		SKF 7777 J	
Repair Type :		LUMPSUM	
Repair As Per Surveyor Report:	$	12,100.00	
Material Cost :			
Less Repair Items/Adjustment			
Special Nett Items :			
Total Repair Cost :	**$**	**12,100.00**	
Final Repair Cost :	**$**	**12,100.00**	

Others

Search Fees (LTA)		-	
Surveyor Fees	$	450.00	
Loss of Rental		-	
Loss Of Use	$	480.00	4 DAYS(Include Saturday)
Total Amount Bill :	**$**	**13,030.00**	

Approved By : QUEK YONG PHENG Signature:

Date : 15/9/17

ACE AUTOLUTION PTE LTD

13,KAKI BUKIT ROAD 4 ,BARTLEY BIZ CENTRE #03-29,SINGAPORE 417807.
COMPANY REG. NO : 201403869W
EMAIL: admin@aceauto.com.sg
TEL: 6844 1184
FAX: 6702 4202

NAME	:	E CAPITAL ASIA PTE LTD	DATE :	19/4/18
			PROFORMA INVOICE :	ACE-204-2018
			JOB NO .	-
ADDRESS	:	60 PAYA LEBAR ROAD #10-22 PAYA LEBAR SQUARE SINGAPORE 409051	VEHICLE NO.	SKF 7777J
			MAKE & MODEL :	MERCEDES BENZ

ITEM	*DESCRIPTION*	*QTY*	*RATE*	*AMOUNT*
1	COST OF REPAIR			*$ 12,100.00*
		TOTAL		*$12,100.00*

IMPORTANT
Please remit payment within 7 days from the due date
An interest of 1.5% per month will be levied on all overdue amounts
All cheques must be made payable to ***ACE AUTOLUTION PTE LTD***
(WE ARE NOT GST REGISTERED)
This a computer generated document.No signature is required.

Enquire Vehicle & Owner Information (Vehicle No. SKU5662R As At 10 Mar 2018 / 10:45:00)

Law Firm Search Details

Search Reason:	Insurance claim in relation to traffic accident
Law Firm Case No.:	180590

Current Owner Details

Owner ID Type:	Company
Owner ID:	201624597K
Owner Name:	LCRF PTE LTD
Registered Address Type:	Private Residential (non-Condo Apt / non-House)
Registered Block/House No.:	60
Registered Street Name:	ANSON ROAD
Registered Unit No.:	# 11 - 01
Registered Building Name:	MAPLETREE ANSON
Registered Postal Code:	079914

Current Vehicle Details

Vehicle No.:	SKU5662R
Make Description/Model:	TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT
Insurance Company Name:	AIG ASIA PACIFIC INSURANCE PTE. LTD.

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CS/AIG18009497/Arbe2

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 08-08-2018

ATTN: ANGIE GAN

Code : AIG

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

	Insured Veh.	SKU 5662R	**Veh. Inspected**	SKF 7777J
	Policy No.		**Coverage ($)**	0.00
	Claim No.	7363288279SG-003	**Excess ($)**	0.00
	Assign From	ANGIE GAN	**Assign Date**	14/05/2018

2. Vehicle Particulars & Condition

	Make & Model	MERCEDES BENZ	**c.c**	1991
	Engine No.	HIDDEN	**Year of Reg.**	2017
	Chassis No.	WDD2130422A057979	**Colour**	BLACK
	Odometer	124252	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	245/40 R19	DUNLOP	6 mm
	L/H Front Tyre	245/40 R19	DUNLOP	6 mm
	R/H Rear Tyre	245/40 R19	DUNLOP	6 mm
	L/H Rear Tyre	245/40 R19	DUNLOP	6 mm

4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.

REPAIR CONDITION SEE DETAILS.

5. General Information

	Accident Date	10/03/2018	**Inspection Date**	25/05/2018
	Survey held at	ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4 #03-22 BARTLEY BIZ CENTRE SINGAPORE 417807		

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: **5 Working Days**

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKF 7777J

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	REPLACED	1,790.00	1,350.00
1	FRONT BUMPER CENTRE CHROME MOULDING	NOT CHANGED	283.00	-
1	FRONT BUMPER INNER FRAME	REPLACED	321.00	321.00
1	FRONT BUMPER REINFORCEMENT	REPLACED	560.00	560.00
1	FRONT BUMPER UNDER COVER	NOT CHANGED	345.00	-
1	LHS FRONT BUMPER FOG LAMP COVER	REPLACED	136.00	136.00
1	FRONT BONNET *DENTED @EDGE	REPAIRED SEE LABOUR	1,952.00	-
1	LHS HEADLAMP	REPLACED	2,450.00	2,450.00
1	LHS FRONT FENDER	REPLACED	885.00	885.00
1	LHS FRONT FENDER INNER SHIELD	NOT CHANGED	447.00	-
1	HORN	NOT CHANGED	215.00	-
1	LHS FRONT SHOCK ABSORBER	NOT CHANGED	692.00	-
1	LHS FRONT LOWER ARM	NOT CHANGED	298.00	-
1	LHS FRONT TRAILER ARM	NOT CHANGED	315.00	-
1	LHS LINK BAR	NOT CHANGED	155.00	-
1	LHS FRONT WHEEL BEARING	REPLACED	378.00	378.00
1	LHS FRONT KNUCKLE ARM	REPLACED	392.00	392.00
	LESS 10% DISCOUNT		-1,161.40	-647.20
			10,452.60	5,824.80
	SPECIAL NETT ITEMS			
1	SET LHS FRONT FENDER INNER SHIELD CLIPS (SN)	REPLACED	60.00	30.00
1	LHS FRONT SPORTS RIM (SN)	REPLACED	1,280.00	900.00
2	FRONT PDC SENSOR @$245.00 (SN)	REPLACED (1 PC ONLY)	490.00	245.00
			1,830.00	1,175.00
	LABOUR			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS;REPLACE DAMAGED PARTS AND COMPONENTS.INCLUSIVE OF THE REPAIR OF FRONT BONNET *DENTED @EDGE.		1,200.00	400.00

Report Ref No. CS/AIG18009497/Arbe2

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

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	TO SUPPLY PAINT MATERIALS,EXPANDABLE ITEMS & PUTTY,RESPRAY PAINT ON PARTS REPLACED.		1,200.00	500.00
	TO CLEAR FAULT CODE WITH DIAGNOSTIC COMPUTER AND RESET TO SPECIFICATION.		350.00	150.00
	TO REMOVE AND REPLACE LHS FRONT UNDERCARRIAGE PARTS (SUSPENSION SYSTEM).		300.00	220.00
	TO CONDUCT FULL COMPUTERISED WHEEL ALIGNMENT TEST.		120.00	80.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.	NOT NECESSARY	150.00	-
	TO REMOVE,REFIX WIRING SYSTEM AT ACCIDENT DAMAGED AREAS AND CHECK FOR PROPER FUNCTION -FOCUS HEADLAMP BEAM.		180.00	30.00
			3,500.00	1,380.00
	GRAND TOTAL		**15,782.60**	**8,379.80**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**6,800.00**

Report Ref No. CS/AIG18009497/Arbe2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser