

ASS. REC. BY:

REF:

REF: es3/AIG18017450/Gcd3er

Special instruction:

Surveyor's Maxim

Guo Qiang

ASSIGNMENT (Office)

From (Person)

Chin lee Ying

of

Aug

Date/Time

25/9/18 @ 11-08 am

Estimated Cost

Bill to:

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

To Inspect Vehicle No:

WC 4574X

Insured:

SIY 3065T

at Workshop m/s

Ah Zoo Workshop

Tel:

98308432

of

2 Kaki Bkt Ave 2 # 01-05

Policy No.

2100479345

Claim No:

0389111287SG

Sum Insured

Excess.

Make of Veh:

(Client's Record)

D.O.A. 21/09/18

CA / REV / REP. / REV 24 HRS

1 up

H.O.D. Endorsement:

Date/Time:

11.35 am 25/9/18

Person Contacted:

Mr. Lo

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	WC 4574 X-X
	SJY 30657-X

Surveys

PRS
XML

REF:

ALG.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ah loe workshop

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.**

<input checked="" type="checkbox"/>	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt.: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: WC 4574X Yr Regn: Sept 11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or Tanker

Make: ISUZU CYH C.C. 15681

Colour Blue & white A/C: Insured / Std / NI / NA

Sp.Reading 199750 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALCYH528B7000156

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 295/80 R22.5

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. _____ D.O.I. 25-09-18

Survey held at w/s 3pm

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

Wt N/S

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

Date / Time _____ Action / Instruction _____

\$2000 - \$3000

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS \$ _____

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: DAR

Lump Sum / I.B.I: (\$ _____)

180

20

200




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/AIG18017450/Gcd3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 25-09-2018	
		Code : AIG	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SJY 3065T	Veh. Inspected	WC 4574X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	CHIN LEE YING	Assign Date	25/09/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	21/09/2018	Inspection Date	25/09/2018
Survey held at	AH LOO WORKSHOP 2 KAKI BUKIT AVE 2 #01-05 KAKI BUKIT AUTOHUB SINGAPORE 417921		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

- PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURE...

From: Chin, Lee-Ying

To: 'assignments', Admin A

Cc: Fong, Andy-SY

Sent: 25/9/2018 11:08:24 AM

Attachments:  8812 - List of MS 20180921144941.pdf  tmp1399.tif

Hi LKK,

Kindly assist to survey, vehicle in workshop.

Thanks.

Best Regards

Lee Ying, Chin

AIG

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1947 | Fax +(65) 6835 7416

Lee-Ying.Chin@aig.com | www.aig.com.sg

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• Advocates & Solicitors • UEN/GST Reg No. 2009045722

237 Alexandra Road #04-11
The Alexcler, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860
Email: mail@oraclelaw.sg

FACSIMILE TRANSMISSION

To	:	AIG Asia Pacific Insurance Pte Ltd	Date	:	21 st Sept 2018
Attention	:	Motor Claims	From	:	Mr Stanley Bay / Miss Pauline Ong
Your Ref.	:	Insurer of SJY 3065T	Our Ref.	:	SB/PO/Acc/2018-8812
Facsimile	:	6835-7416	No. of Pages	:	5 (including this page)

IMMEDIATE ATTENTION

Dear Sirs

**PRE-REPAIR INSPECTION
ACCIDENT INVOLVING WC 4574X & SJY 3065T & SKN 5877A ALONG BUKIT TIMAH ROAD ON 21-09-2018 @
7.15 A.M.**

We act for the owners of vehicle registration no. WC 4574X.

We are instructed by our clients to notify you of the above accident involving our clients' said vehicle and your insured's vehicle registration no. SJY 3065T driven at the material time. A copy of our clients' motor accident report is enclosed herein.

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

Please note that this notification does not in any way prejudice our clients' right nor shall it be deemed as a waiver of any of their rights, as such our clients' rights are expressly reserved.

Yours faithfully

Mr Stanley Bay / Miss Pauline Ong
Enc

NB: Details of repairers
Ah Loo Workshop,
2 Kaki Bukit Avenue 2 #01-05 Autohub @ Kaki Bukit Singapore 417921
Tel No.: 9830-8432

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	WC4574X		
Vehicle Type :	B69 - Goods (Open) Concrete Mixer/Cement Mixer		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	ISUZU		
Vehicle Model :	CYH52S		
Chassis No. :	JALCYH52SB7000156		
Propellant :	Diesel		
Engine No. :	6WG1415293		
Engine Capacity :	15681 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	34000 kg		
Unladen Weight :	13460 kg		
Year Of Manufacture :	2011		
Original Registration Date :	23 Sep 2011		
Lifespan Expiry Date :	-		
COE Category :	C - Goods Vehicle & Bus		
Quota Premium :	\$31,900.00		
COE Expiry Date :	22 Sep 2021		
Road Tax Expiry Date :	22 Mar 2019		
Inspection Due Date :	22 Sep 2019		
Intended Transfer Date :	26 Sep 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3858G
Vehicle Details	
Vehicle No.:	WC4574X
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2018
Vehicle Make:	ISUZU
Vehicle Model:	CYH52S
Primary Colour:	Blue
Manufacturing Year:	2011
Engine No.:	6WG1415293
Chassis No.:	JALCYH52SB7000156
Maximum Power Output:	-
Open Market Value:	\$138,462.00
Original Registration Date:	23 Sep 2011
First Registration Date:	23 Sep 2011
Transfer Count:	1
Actual ARF Paid:	\$6,924.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Sep 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$31,900.00
COE Rebate Amount:	\$9,541.00
Total Rebate Amount:	\$9,541.00

The information contained herein is correct as at 26 Sep 2018

OK

MKFS*8122409 / Kah Fouk Sing Motor Workshop - Defu
 ENTRY DATE & TIME: 21/09/2018 10:02
 SUBMITTED BY: Margaret Lee

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 21/09/2018 10:02
 Date Of Accident 21/09/2018 07:15
 Exact Location Of Accident BT TIMAH RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number WC4574X
 Insured/Policyholder
 Name Of Registered Owner SKK TANSPORE PTE LTD
 Co Reg No 201323858G
 Email Address JENNYSKK@HOTMAIL.COM
 Mobile Phone No
 Alternative Phone No OFFICE-63818518

Vehicle Particulars

Manufacturer ISUZU
 Model CYH52S-15.7 D (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own Insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy YES
 Policy Number 5094958072
 Cover Note Number

Driver

Name of Driver MURUGAIYAN SURESH
 Passport No/FIN G8014338P
 Date Of Birth 20/07/1981
 Occupation OUTDOOR
 Date Of Driving Pass 07/04/2015
 Driving Experience 3 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-83085118
 Fax Number
 Contact Number
 EMail Address JENNYSKK@HOTMAIL.COM

Address BLK 1 KAMPONG KAYU RD #05-22 S431001
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 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
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 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 ATTACHED 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY3085T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN EE JIA
 NRIC/Passport Number S8404735Z
 Contact Number NA
 Address NA
 Postcode NA
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2
 Passenger 1
 NAME: : CHILD
 GENDER: : FEMALE

Accident Sketch Plan Pg. 1

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 may/are permitted to collect, use, disclose and/or process my Personal Information for 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 loss prevention, 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 qualifying, 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:

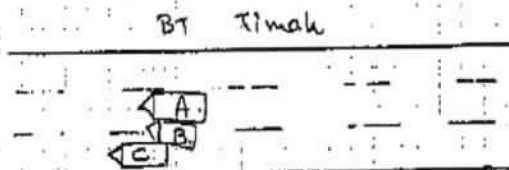
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: WC 4574X

B: 304206ST

C: SKN5877A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along BT Timah Rd, keeping to my lane. Suddenly vehicle B tried to cut into my lane, as a result hit onto my left side, and vehicle B also hit onto vehicle C rear portion.

DECLARATION

I, HEREBY DECLARE that:

1. The reporting centre personnel has explained the above statement & sketch plan to me.
2. I fully understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.

[Signature]
Name, Signature & Company
Stamp (if applicable)

INSURER: NTUC

VEHICLE: WC 4574X

DOA: 21/9/18

CLAIM TYPE: TP

WORKSHOP: Leong Workshop

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

WG 4574X

FA Bumper / RT

FA " cover / RE

FA Headlamp LH / BR

FA signal lamp x2 / CMT

FA Headlamp bracket / BT

FA Step & panel LH / DIS

FA Tyre LH / SCR

FA wheel Arc Charmish / SCR

FA ~~corner~~ corner panel LH Refurb.

~~panel beating : 600~~

~~spray painting : 500~~

~~wiring : 40~~

3 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	21 Sep 2018 Edit Reg		25 Sep 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:	GOH YI'EN IAN , ID: S8127163A								
Main Claimant:	-								
Vehicle Reg. No.:	WC4574X	Date of Loss:	21/09/2018 00:00 - :59 [83 Months and 29 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 0389111287SG	Policy/Cover Note No.:	2100479345 (Comprehensive)						
Vehicle Reg. No. (Insured):	SJY3065T	Policy No. (Claimant):							
		Excess:							
Repairer:	Ah Loo Workshop (Kaki Bukit) 2 Kaki Bukit Avenue 2, # 01-05 Autohub @ Kaki Bukit, 417921 Kaki Bukit - Tel: 67837326								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Ler, Bernard-JQ]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 04/10/2018]								
Claimant's Solicitor:	Oracle Law Corporation								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AIG_SG (26/09/2018): 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

***WC4574X (0389111287SG)**
[SJY3065T]

TP

-
Sep 21 2018 12:00AM
[GOH YI'EN IAN]
Ah Loo Workshop

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	26/09/18 10:20	Accident Statement From: SC - Reg. No: SJY3065T, Claimant: GOH YI'EN IAN										Load HTM		
											3 per page		<input checked="" type="checkbox"/>	
Photos/Images														
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)										Thumbnail	Print	
1	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
2	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
3	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
4	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
5	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
6	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
7	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
8	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
9	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
10	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
11	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
12	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
13	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
14	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
15	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
16	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
17	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
18	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
19	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
20	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
21	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
22	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
23	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
24	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
25	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
26	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
27	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
28	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
29	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
30	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
31	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
32	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	
33	26/09/18 11:23	General View										Load JPG	<input checked="" type="checkbox"/>	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
34	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
35	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
36	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
37	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
38	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
39	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
40	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
41	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
42	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
43	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
44	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
45	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
46	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
47	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
48	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>
49	26/09/18 11:23	General View	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/AIG18017450/GCD3E2

Date: 27/09/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No: 2100479345

Claimant Vehicle No : WC4574X

Insured Vehicle No : SJY3065T

Date of Loss: 21/09/2018

Nature of Claim: TP

Claim No: 0389111287SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: WC4574X

Make & Model: ISUZU CYH52S, 15.7 D (M)

Engine No: 6WG1415293

Reg. Date: 23/09/2011 (Man. Year: 2011)

Chassis No: JALCYH52SB7000156

Colour: White/Blue

Odometer: 199750 km

Engine Capacity: 15681 cc

Market Value/New Car Price: N/A

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

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: 295/80 R22.5

Rear Tyre Size: 295/80 R22.5 (D)

Front Left Side: West Lake 5 mm

Rear Left Side: West Lake 5/5 mm

Front Right Side: West Lake 5 mm

Rear Right Side: West Lake 5/5 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 (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 25/09/2018

Date Inspected: 25/09/2018 Inspected At:

Ah Loo Workshop (Kaki Bukit)
2 Kaki Bukit Avenue 2, # 01-05 Autohub @
Kaki Bukit
Singapore 417921

Estimated Period of Repair: 3.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

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		*FRT BUMPER	Bent	0.00 F	*- F
2	1		*FRT BUMPER COVER	Deformed	0.00 F	*- F
3	1		*FRT HEADLAMP LH	Broken	0.00 F	*- F
4	2		*FRT SIGNAL LAMP	Cut	0.00 F	*- F
5	1		*FRT HEADLAMP BRACKET	Bent	0.00 F	*- F
6	1		*FRT STEP PANEL LH	Distorted	0.00 F	*- F
7	1		*FRT TYRE LH	Scratched	0.00 F	*- F
8	1		*FRT WHEEL ARC GARNISH	Scratched	0.00 F	*- F
9	1		*FRT CORNER PANEL LH	Repair	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 >