

REF: CS /ALH18018258 /Gvber

Special Instruction:

US: \$ 14250.00

Third Parties:

Claimant:

Surveyor: Automax Survey

Workshop: Eng Soon

ASSIGNMENT (Office)

From (Person): Shawn Wui of ALH Date/Time: 08/10/2018
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GW 9138Z Insured: SKG 882D

at Workshop m/s Eng Soun Printing

of Bill 4 Yew Tee Ind Est 393-7

Policy No: _____ Claim No: 006740069975(7-003

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17-07-2018

(Client's Record)

15.10.2018 (Monday) @ 1.30pm

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 1/1/12 Confirmed with 1-1111 Final Fig , days (Red \$ / %; Original 15 days)

Date/Time: 15/10 Submit Final Fig 2450, 6 days (Red \$ 11800 / 83 %; Original days)

[illegible]

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

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

RECEIVED 17 OCT 2018

Para(3) : Nett Value

Market Value :

Salvage Value : _____

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

200

200

1) Date/Time 17/10-12 typist File Pass to

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

Сурзур

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: _____

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

N/S	O/S

Bal. or Market Value:			
IDAC Accident Rpt:		Consistent? :	Yes or No
GIA / PR Seen:		Consistent? :	Yes or No
Est. Repairs:	6	days	Res.: Yes or No
Lum Sum:	200	%	3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: GW91388 Yr Regn: 26 Nov 2015
Type: M/Car / M/Cycle / Bus / Van / CLorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Nissan NV350 C.C. 2488
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 87903 T/Radio: Insured / Std / NI / NA
Eng/No: JN1MC2E2680005342
Gen. Cond: C Good / Fair / Poor / Burnt
Steering: C In order / Jammed / Leaked / Burnt or
Brake: C In order / Jammed / Leaked / Burnt or
Modi: C Nil / S/Rim / STD A/Rim or
Tyre Size: F: 175 R15
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	15-10-18

Survey held at W/S 1:30pm
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

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

Date / Time	Action / Instruction
	J. Manly 16/10/2018

Date/Time, File Pass to?

1) _____
Date/Time. File Return to?

2)

Report Format :

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

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation:

Add Fee: : Site Insp (\$

7) $S + RS \rightarrow SI$

☐ Interview (\$)

) Photos

Tech. Invs (\$)

) Others

☐ Weekend (\$)

TOTAL

[illegible]

Catherine Chong (LKK Auto)

From: Wui, Shawnkaijye <Shawnkaijye.Wui@aig.com>
Sent: Monday, 8 October, 2018 1:20 PM
To: assignments@lkkauto.com; SUR
Cc: Admin A; Admin-D (LKKAuto)
Subject: Assignment for physical reinspection; Our ref.: 0047406997SG-003; Your ref.: BK.18719.18.st; Accident involving SKG882D and GW 9138Z on 17 July 2018
Attachments: Survey Report - 0047406997SG-003.pdf

Dear Sirs,

Please assist to attend RI.

TP survey report attached, please refer to the attachment.

Both party GIA reports will be forwarded in the next encrypt email.

Thanks and Regards,
Shawn Wui
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way, #08-16, Singapore 079120

Tel +(65) 6419 1959 | Fax +(65) 6835 7416

Shawnkaijye.Wui@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.

From: bonnie kwok [mailto:litigation@bonniekwok.com]
Sent: Monday, October 08, 2018 12:21 PM
To: Wui, Shawnkaijye
Subject: Re: Our ref.: 0047406997SG-003; Your ref.: BK.18719.18.st; Accident involving SKG882D and GW 9138Z on 17 July 2018

Dear Sirs,

Kindly have your surveyor attend at Block 4 Yew Tee Industrial Estate 393-J Woodlands Road Singapore 677978 on 15 October 2018 at 1.30 p.m. for the re-survey of our client's vehicle.

Kindly ensure that your surveyor attends punctually.

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

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

Regards,
ST
--

BONNIE KWOK LLC

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

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

-- Email Disclaimer --

This message contains information that may be privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this message in error, please delete it from your system and notify the sender. You are advised to carry out your own checks on this message for computer viruses and other defects. Please note that we disclaim liability for any loss or damage caused by computer viruses and/or other defects.

On Mon, 1 Oct 2018 at 11:50, Wui, Shawnkaijye <Shawnkaijye.Wui@aig.com> wrote:

WITHOUT PREJUDICE

Dear Sirs,

We refer to aforementioned accident and your letter of claim dated 12 September 2018.

We would like to re-inspection your client vehicle. Downtime for re-inspection at \$40.00/ per session.

Please advise on the arrangement.

Thanks and Regards,

Shawn Wui

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way, #08-16, Singapore 079120

Tel +(65) 6419 1959 | Fax +(65) 6835 7416

Shawnkaiye.Wui@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.

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.

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.

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	18/07/2018 16:43
Date Of Accident	17/07/2018 16:40
Exact Location Of Accident	ALONG ECP TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW9138Z
Insured/Policyholder	
Name Of Registered Owner	SEAH'S SPICES FOOD INDUSTRIES PTE LTD
Co Reg No	200512270E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96607175
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100440708-02
Cover Note Number	26/11/2017-25/11/2018
Driver	
Name of Driver	CHUA KOK CHING
NRIC No	S7028931H
Date Of Birth	14/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96607175
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 194B BUKIT BATOK WEST AVENUE 6 12-243
Postcode	652194
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	-
	-
	-
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	
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 THE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	CHNG WUI HUAN
Phone Number	81218978
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG882D
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VICTORIA TEO PUAY KOON
NRIC/Passport Number	S7000987J
Contact Number	81218978
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 report 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) 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

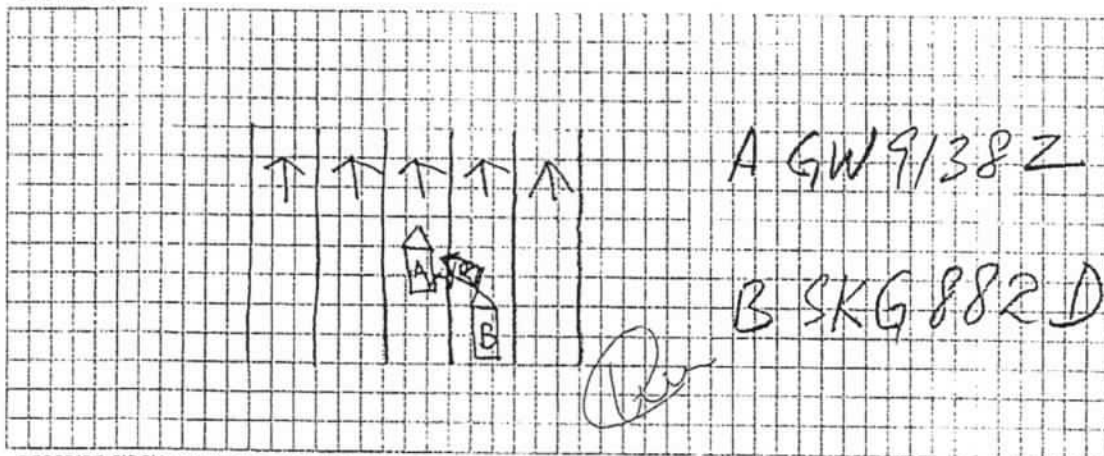


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/7/18 4:40pm


Reporting Centre's Signature
Name: Kenneth
NRIC/IN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ON THE 3rd LANE ALONG GCD TOWARDS CHARGE1 WHEN VEHICLE B (SKG882D) SUDDENLY SWERVED AND HIT ONTO MY RIGHT SIDE OF MY VAN. I HAVE ATTACHED THE FRONT IN-CAR CAMERA FOOTAGE TO PROOF THAT I WAS ON MY LANE WHEN VEHICLE B HIT MY RIGHT SIDE.

[Signature]

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- <u>Claim TP</u>
		- Claim OD/ TP at other workshop

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time

[Signature]
 Driver's Signature
 (if driver not the policyholder)
 Date & Time 18/11/18 4:40pm

[Signature]
 Reporting Centre Personnel's Signature
 Name: Kenneth
 Nric/Fin No.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	19/07/2018 12:15
Date Of Accident	17/07/2018 16:40
Exact Location Of Accident	ECP TOWARDS CHANGI BEFORE FORT ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG882D

Insured/Policyholder	
Name Of Registered Owner	KOK HON POR
NRIC No	S1768300D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93860803
Alternative Phone No	Office-93860803

Vehicle Particulars	
Manufacturer	NISSAN
Model	ELGRAND-2.5 HIGHWAY STAR (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	2100301684-06
Cover Note Number	

Driver	
Name of Driver	VICTORIA TEO PUAY KOON
NRIC No	S7505649D
Date Of Birth	21/02/1975
Occupation	INDOOR
Date Of Driving Pass	06/08/2008
Driving Experience	9 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97501746
Fax Number	
Contact Number	
EMail Address	VICTORiate0@gmail.com
Address	84 JALAN DAUD #04-03
Postcode	419593
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : SCOTT XANDER KOK Gender: : Male

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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

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	GW9138Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

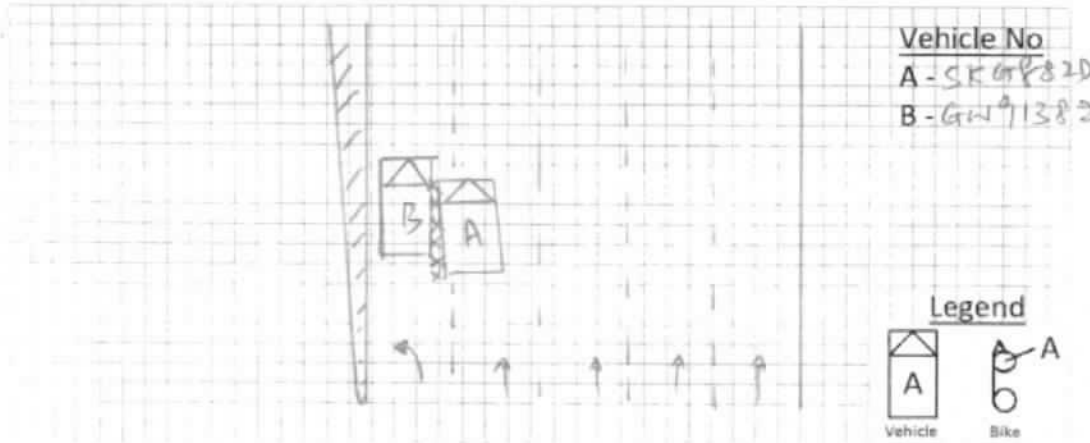
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along ECP when I was about to change lane to my left side and I hit the van. My mirror hit the side of the van and it broke while the front left corner of my bumper hit the rear right corner of the van.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

ISSUE DATE: 20/01/2019



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kok Hon Por
Period of Insurance : 21 May 2018 To 20 May 2019
Engine No. : QR25944619Q
Chassis No. : JN1TBAE52Z0800018

Vehicle No. : SKG882D
Policy No. : 2100301684-06
Endorsement No. :
Issued Date : 02 May 2018

ABOUT THE COVER

Make/Model : NISSAN ELGRAND E52
Engine Capacity/Tonnage : 2,488.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2012
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.
You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc + 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Kok Hon Por - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

- 1 TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 62009 62622212
- 2 Autolux Industrial Add: 13 Ubi Road 4 Singapore 408623 64906666
- 3 TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
- 4 Tan Cheng Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64894091 64894092 64894093
- 5 Tan Cheng Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500510422

TAN CHONG CREDIT PTE LTD-WTZ
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Signature

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPOCC

78 Shenlon Way #07-16 AIG Building 5079120 | T: 65 6419 3000 | F: 65 6415 3721 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

DRIVER IC/DL

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7505649D**

Name
**VICTORIA TEO PUAY KOON
(ZHANG PEIJUN)**

Birth Date **21 Feb 1975**
Issue Date **06 Aug 2008**

0016356601

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7505649D**

Name
**VICTORIA TEO PUAY KOON
(ZHANG PEIJUN)**
张沛君

Race
CHINESE

Date of birth **21-02-1975** Sex **F**

Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

PASS DATE
06 Aug 2008



MP 428A

3653845

NRIC No: **S7505649D**

Date of issue
07-03-2005

**84 JALAN DAUD #04-Q3
SINGAPORE 419593**

NRIC No: **S75056480** Date: **22/02/2017**

ACCIDENT INTERVIEW FORM



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Victoria Teo Puay Koon
VEHICLE NUMBER : SKG 882D
DATE/TIME OF ACCIDENT : 17/7/18 @ 1640
PLACE OF ACCIDENT : Ecp to Changi before Fort Rd Exit
THIRD PARTY VEHICLE (IF ANY) : Gm 91582

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Anglo-Chinese Primary going to Jalan David.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Change lane. My vehicle left portion and the other party's right portion of the vehicle.

WERE YOU OR YOUR PASSENGERS INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No



Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



AUTOMAX SURVEY

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

Report Ref : TP18070031

Date 07 SEPT 2018

SEAH'S Spices Food Industries Pte Ltd
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

THIRD PARTY SURVEY
ACCIDENT OCCURED ON 17 July 2018

Workshop Name and Address

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

As per your instruction dated 26 July 2018
We have carried out a physical inspection on the said
We enclosed herewith our report and findings as follows:

with regard to the above matter.
GW9138Z

1. VEHICLE PARTICULARS

Registration No : GW9138Z
Model : NISSAN NV350 PANEL VAN
Year / Capacity : 2015 / 2488 cc
Chassis No : JN1MC2E26Z0005342

Engine No : YD25383619A
Mileage : 082 235 km
Colour : Multi colour

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S :	195/50/R15	Bridgestone	9.00 mm	Normal
REAR O/S :	195/50/R15	Bridgestone	9.00 mm	Normal
FRONT N/S :	195/50/R15	Bridgestone	9.00 mm	Normal
REAR N/S :	195/50/R15	Bridgestone	9.00 mm	Normal

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

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

4. Estimated normal period of repair : 15 working days to complete
5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

Disclaimer

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

Vehicle Number : GW9138Z

SPARE PARTS

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

List Items

1 pc	Rear bumper	bent	\$ 662.70	\$ 662.70
1 pc	Rear fender assy *	distorted	\$ 2,010.50	\$ X 2,010.50 Repair
1 pc	Sliding door RH *	distorted	\$ 1,257.90	\$ X 1,257.90
List Parts Sub-Total			\$ 3,931.10	\$ 3,931.10
Less 30% discount			\$ 1,179.33	\$ 1,179.33
Discounted sub-total			\$ 2,751.77	\$ 2,751.77

Nett Items

1 pc	Rear tail lamp *	cracked	\$ 565.00	\$ X 565.00
2 pcs	Tail lamp clips	necessary	\$ 38.00	\$ X 38.00
2 pcs	Rear bumper side retainer	bent	\$ 21.60	\$ 21.60
10 pcs	Rear bumper clips	necessary	\$ 65.00	\$ 65.00
1 pc	Rear leaf spring (Complete) *	dent/distorted	\$ 1,289.90	\$ 1,289.90
1 pc	Sliding door weatherstrip	deformed	\$ 289.90	\$ 289.90
1 pc	Sliding door roller (Center)	distorted	\$ 161.60	\$ 161.60
1 pc	Sliding door roller (Lower)	distorted	\$ 289.90	\$ 289.90
1 pc	Sliding door roller runner (lower)	distorted	\$ 182.10	\$ 182.10
1 pc	Sliding door stopper (Male & female)	bent/distorted	\$ 123.50	\$ 123.50
1 pc	Sliding door outer handle *	grazed/distorteted	\$ 281.75	\$ 281.75
List Parts Sub-Total			\$ 3,308.25	\$ 3,308.25
Less 10% discount			\$ 330.83	\$ 330.83
Discounted sub-total			\$ 2,977.43	\$ 2,977.43

SPARE PARTS

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

Special Nett Items

1 pc	Rim assy *	bent/distorted	\$ 450.00	\$ 450.00
1 pc	Tyre assy	bent/distorted	\$ 360.00	\$ 300.00
1 pc	Fuel lip cover	distorted	\$ 121.25	\$ 121.25
1 pc	Fuel lip lock	jammed	\$ 101.90	\$ 101.90
1 pc	Fuel tank cap	deformed	\$ 13.05	\$ 13.05
1 pc	Rear wheel bearing hup	bent/distorted	\$ 579.80	\$ 579.80
1 pc	Rear absorber *	bent/distorted	\$ 223.70	\$ 223.70

Special Nett Sub-Total \$ 1,849.70 \$ 1,789.70

Spare Parts Total \$ 7,578.90 \$ 7,518.90

LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (\$)	Our Revised Estimation (\$)
------	------------------	--------------------------	-----------------------------

	Spare Parts	Total c/f	\$ 7,578.90	\$ 7,518.90	
1	Towing	\$ 120.00	\$ X 120.00	NR	
2	To remove/reinstall upholstery, trims & garnish to assist repairs.	\$ 180.00	\$ 150.00	120	
3	Labour charges to repair and panel beat rear fender inner structures, chassis members, boot/floor cutting/welding and replacing the above-mentioned parts.	\$ 2,400.00	\$ 2,200.00	600	
4	To check wiring functions & conduct water leakage test	\$ 180.00	\$ 150.00	30	
5	To putty, apply primer & spray-paint the affected areas.	\$ 2,000.00	\$ 1,800.00	800	
6	To apply rust-proofing on repaired/replaced panels.	\$ 200.00	\$ 180.00	X	
7	To check & adjust computer wheel alignment (before & after)	\$ 240.00	\$ 220.00	X	NR
8	To remove & replace rear undercarriage	\$ 380.00	\$ 350.00	X	
9	To remove & replace rear sliding door mechanism	\$ 400.00	\$ 380.00	X	
10	To supply and install company advertisement logo	\$ 4,500.00	\$ 4,500.00	1000	
11	To remove & refix fuel tank to assist repairs.	250.00	240.00	X NR	
Total		\$ 18,428.90	\$ 17,808.90	2550	

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

\$ 14,250.00


Fong Kok Heng
Qualified Appraiser

3091.83
20% : 2450




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/AIG18018258/Gvbe2		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 19-10-2018		
ATTN : SHAWN WUI		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SKG 882D	Veh. Inspected	GW 9138Z	
Policy No.	2100301684-06	Coverage (\$)	0.00	
Claim No.	0047406997SG-003	Excess (\$)	0.00	
Assign From	SHAWN WUI	Assign Date	08/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN NV350	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JN1MC2E26Z0005342	Colour	SILVER	
Odometer	87903	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	17/07/2018	Inspection Date	15/10/2018	
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GW 9138Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	REPLACED	662.70	662.70
1	REAR FENDER ASSY	REPAIRED SEE LABOUR	2,010.50	-
1	SLIDING DOOR RH	REPAIRED SEE LABOUR	1,257.90	-
	LESS 30% DISCOUNT		-1,179.33	-198.81
			2,751.77	463.89
<u>NETT ITEMS</u>				
1	REAR TAIL LAMP (N)	NOT NECESSARY	565.00	-
2	TAIL LAMP CLIPS (N)	NOT NECESSARY	38.00	-
2	REAR BUMPER SIDE RETAINER (N)	REPLACED	21.60	21.60
10	REAR BUMPER CLIPS (N)	REPLACED	65.00	65.00
1	REAR LEAF SPRING (COMPLETE) (N)	NOT NECESSARY	1,289.90	-
1	SLIDING DOOR WEATHERSTRIP (N)	NOT NECESSARY	289.90	-
1	SLIDING DOOR ROLLER (CENTER) (N)	NOT NECESSARY	161.60	-
1	SLIDING DOOR ROLLER (LOWER) (N)	NOT NECESSARY	289.90	-
1	SLIDING DOOR ROLLER RUNNER (LOWER) (N)	NOT NECESSARY	182.10	-
1	SLIDING DOOR STOPPER (MALE & FEMALE) (N)	NOT NECESSARY	123.50	-
1	SLIDING DOOR OUTER HANDLE (N)	NOT NECESSARY	281.75	-
	LESS 10% DISCOUNT		-330.83	-8.66
			2,977.42	77.94
<u>SPECIAL NETT ITEMS</u>				
1	RIM ASSY (SN)	NOT NECESSARY	450.00	-
1	TYRE ASSY (SN)	NOT NECESSARY	360.00	-
1	FUEL LIP COVER (SN)	NOT NECESSARY	121.25	-
1	FUEL LIP LOCK (SN)	NOT NECESSARY	101.90	-
1	FUEL TANK CAP (SN)	NOT NECESSARY	13.05	-
1	REAR WHEEL BEARING HUP (SN)	NOT NECESSARY	579.80	-
1	REAR ABSORBER (SN)	NOT NECESSARY	223.70	-
			1,849.70	-

Report Ref No. CS/AIG18018258/Gvbe2

**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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TOWING.	NOT NECESSARY	120.00	-
	TO REMOVE / REINSTALL UPHOLSTERY, TRIMS & GARNISH TO ASSIST REPAIRS.		180.00	120.00
	LABOUR CHARGES TO REPAIR AND PANEL BEAT FENDER INNER STRUCTURES, CHASSIS MEMBERS, BOOTFLOOR CUTTING / WELDING AND REPLACING THE ABOVE-MENTIONED PARTS.		2,400.00	600.00
	TO CHECK WIRING FUNCTIONS & CONDUCT WATER LEAKAGE TEST.		180.00	30.00
	TO PUTTY, APPLY PRIMER & SPRAY-PAINT THE AFFECTED AREAS.		2,000.00	800.00
	TO APPLY RUST-PROOFING ON REPAIRED / REPLACED PANELS.	NOT NECESSARY	200.00	-
	TO CHECK & ADJUST COMPUTER WHEEL ALIGNMENT (BEFORE & AFTER)	NOT NECESSARY	240.00	-
	TO REMOVE & REPLACE REAR UNDERCARRIAGE.	NOT NECESSARY	380.00	-
	TO REMOVE & REPLACE REAR SLIDING DOOR MECHANISM.	NOT NECESSARY	400.00	-
	TO SUPPLY AND INSTALL COMPANY ADVERTISEMENT LOGO. INCLUSIVE OF THE REPAIR OF REAR FENDER ASSY AND SIDING DOOR RH.		4,500.00	1,000.00
	TO REMOVE & REFIX FUEL TANK TO ASSIST REPAIRS.	NOT NECESSARY	250.00	-
			10,850.00	2,550.00
	GRAND TOTAL		18,428.89	3,091.83
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,450.00

Report Ref No. CS/AIG18018258/Gvbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.