

INS. CASS OWNER:

CC3 / AG 180 19065,

ua3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

19-10-18

Registered in Merimen:

19-10-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLN1924L

Claim No.:

Name of Insured:

BLW Rent. A Car p/c

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A:

19/10/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLA564S



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premium



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

23/10/18

SLA564S-X; SLN1924L-X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Cancel case.

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 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. 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	19/10/2018 18:13
Date Of Accident	19/10/2018 13:20
Exact Location Of Accident	916 TAMPINES ST 91
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA564A
Insured/Policyholder	
Name Of Registered Owner	KEE RUI YANG
NRIC No	S8717769F
Email Address	RUIYANG.KEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81181696
Alternative Phone No	OTHERS-81181696

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	
Cover Note Number	

Driver

Name of Driver	KEE RUI YANG
NRIC No	S8717769F
Date Of Birth	23/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81181696
Fax Number	
Contact Number	OTHERS-81181696
EEmail Address	RUIYANG.KEE@GMAIL.COM

Address	13 TAMPINES CENTRAL 7 #05-06
Postcode	528770
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : TAN SIN YEE GENDER: : FEMALE
Passenger 2	NAME: : TITIE ZUL 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

WAS PICKING SOMEONE UP AT THE SPECIFIED LOCATION. AFTER THE PASSENGER BOARDED AT THE LEFT BACK SEAT, THE CAR (3RD PARTY), REVERSED AND KNOCKED INTO MY CAR'S REAR (LEFT).

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	
Phone Number	93374763
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1924L
Vehicle Make/Model/Colour	HYUNDAI / ELANTRA / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	JANGA VENKATA SANILYA
NRIC/Passport Number	S8262149J
Contact Number	92320189
Address	89 TAMPINES AVE 1 #03-36
Postcode	528689
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

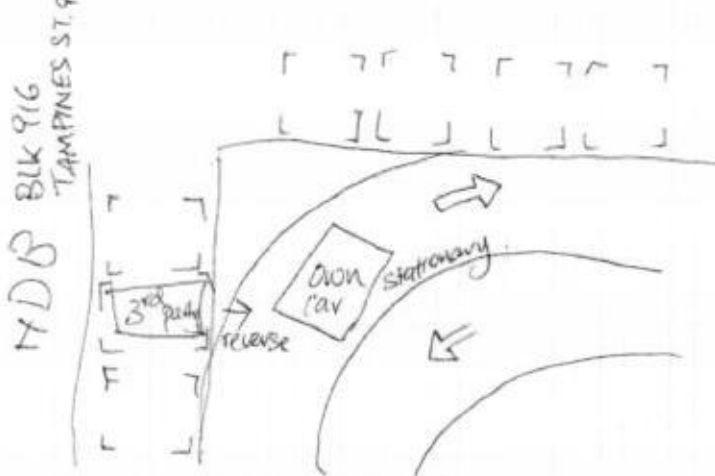

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: Tan / Fay
NRIC/FIN No.: G 204047X

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Was Picking someone up at the specified location.
- After the passenger boarded at the left back seat, the car (3rd party) reversed and knocked into my car's rear (left).

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: Tony Frone

NRIC/FIN No.: 62040147A

View Received Message

This mail is associated with :

***SLA564S (2950597720SG)**
[SLN1924L]

TP
KEE RUI YANG
Oct 19 2018 1:00PM
[BKW RENT- A - CAR PTE LTD]
Premium Automobiles Pte Ltd

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on **22/10/2018 09:56 AM**.
To LKK_HQ
Subject No OI GIA Report

Hi,

Please be advise that no OI GIA report received.
Please find OI details below for your further actions.

OI Name: BKW RENT- A - CAR PTE LTD

Address: 120 Lower Delta Road #02-15 Singapore 169208

Mobile No : 62728888

Thanks & Regards,
Yin Rul, Hor (Viviane)

DOCUMENTS SUMMARY

There are no documents.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG18019065/ua3

23 October, 2018

BKW RENT-A-CAR PTE LTD

120 Lower Delta Road

#02-15

Singapore 169208

Dear Sirs,

**ACCIDENT INVOLVING SLN 1924L AND SLA 564S ON 19/10/2018 ALONG /
AT 916 TAMPINES ST 91**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Thin Thin

Claims

Tel : 6841 2360

Fax: 6741 4108

Email : thinthin@lkkauto.com

c.c. *Claims Manager*
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

Report Remarks Entry - CC3/AIG18019065/pa3

Remarks

Remarks

Add

Remarks 1	By	On
<input type="checkbox"/> SLA 564A ; SLN 1924L	HMK	19/10/2018 7:41:34 PM
<input type="checkbox"/> EST : \$ --- SUR : ? --- WKSP : PREMIUM AUTOMOBILES PTE LTD	HMK	19/10/2018 7:41:48 PM
<input type="checkbox"/> OINR *** SENT OUT FIRST NON-REPORTING LETTER *** FILE PASS TO ACCOUNT.	HMK	23/10/2018 8:22:26 AM
<input type="checkbox"/> FILE PASS TO TTH	HMK	23/10/2018 4:49:43 PM
<input type="checkbox"/> Dear All, Kindly be inform. Our client private settle with your insured and we will proceed close file on our end. Thank you. Best Regards, Tony Foong Claims Advisor	HMK	31/10/2018 7:29:14 PM
<input type="checkbox"/> File transfer to HT	TTH	30/11/2018 10:11:57 AM