

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SBR1628P



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

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INSRS:

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Liability:

RMKS:

Date / Time

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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	16/10/2018 15:44
Date Of Accident	15/10/2018 12:15
Exact Location Of Accident	CARPARK BLK 202 HOUGANG ST 21 (S530202)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR1628P
Insured/Policyholder	
Name Of Registered Owner	CHEANG CHIN NEO
NRIC No	S0015671Z
Email Address	FCHEANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98326530
Alternative Phone No	OTHERS-98326530

Vehicle Particulars

Manufacturer	BMW
Model	523
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B28779106TMP
Cover Note Number	

Driver

Name of Driver	CHEANG CHIN NEO
NRIC No	S0015671Z
Date Of Birth	23/10/1947
Occupation	INDOOR
Date Of Driving Pass	19/09/1975
Driving Experience	43 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98326530
Fax Number	
Contact Number	OTHERS-98326530
Email Address	FCHEANG@GMAIL.COM

Address	10 RICHARDS AVENUE
Postcode	546406
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	0

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 ATTACH.

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 Witness 1

Name	DID NOT TAKE DETAILS
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBV1398G
Vehicle Make/Model/Colour	ELANTRA RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEE LING
NRIC/Passport Number	S7313855H
Contact Number	97474388
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKL2976C ✓

Vehicle Make/Model/Colour

TOYOTA WISH

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

20 Sep, 2018 11:27 AM

SKETCH PLANIMPORTANT 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:

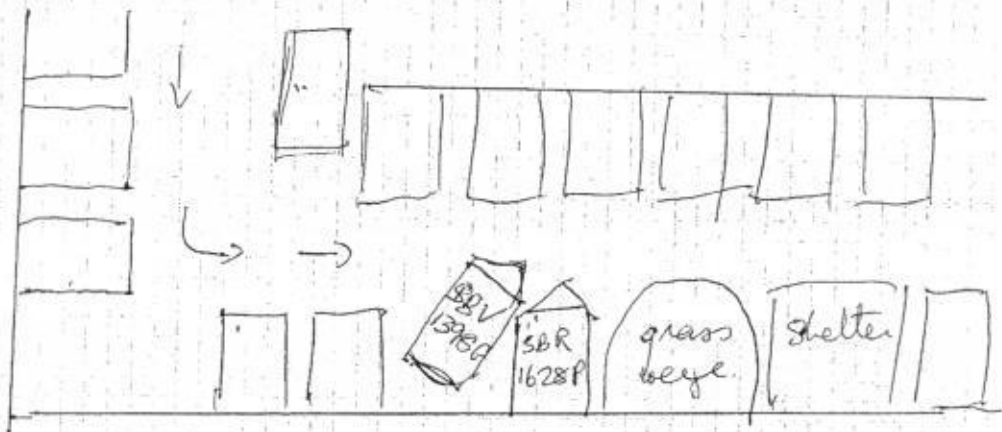
16/10/18 (3.27pm)



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

20 Sep, 2018 11:27 AM

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at the car park of Bkt 202 Hong Kong St 21 S 53 0202 to go to NTUC Finest Supermarket at about 11:15am. When I returned to my car the driver of vehicle SBV 1398 G, a red Elantra, the Lim Wee Ling informed me that she had hit my car. She was parked on my left. When she was driving out, to avoid an oncoming vehicle, she hit the left front bumper of my car.

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:

16/10/18 (3.27pm)


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



Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number

S2019227E

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3

Expiry Date

Valid for life unless revoked,suspended or disqualified

Provisional Driving Licence

You are not a valid Provisional Driving Licence Holder.

HOME (<https://www.police.gov.sg/>)

ABOUT US (<https://www.police.gov.sg/about-us>)

SGSECURE (<https://www.police.gov.sg/sgsecure>)

I-WITNESS (<https://www.police.gov.sg/iwitness>)

COMMUNITY PROGRAMMES (<https://www.police.gov.sg/community-programme>)

RESOURCES (<https://www.police.gov.sg/resources>)

NEWS & PUBLICATIONS (<https://www.police.gov.sg/news-and-publications>)

JOIN US (<https://www.police.gov.sg/join-us>)

FAQS (<https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx>)

CONTACT US (<https://www.police.gov.sg/content/contact-us>)

E-FEEDBACK (/content/policehubfeedback/efeedback.html)

SITEMAP (<https://www.police.gov.sg/sitemap>)

Privacy Statement (<https://www.police.gov.sg/content/privacy-statement>) | Terms of Use

(<https://www.police.gov.sg/content/terms-of-use>) | Rate this Service

(<https://form.gov.sg/forms/spf/5b90934f64567e000fb2d9a6>) . © 2018 Singapore Police Force. A Member of The Home Team (<https://www.mha.gov.sg>).

Asher Sng (LKKAuto)

From: Wui, Shawnkaijye <Shawnkaijye.Wui@aig.com>
Sent: Monday, 19 November 2018 8:36 AM
To: Asher Sng (LKKAuto)
Cc: Md Noor, Norsiah
Subject: RE: Your ref: 5678575761SG, ACCIDENT INVOLVING SKL 2976C (OI) & SBR 1628P (TP) ON 15/10/2018

Follow Up Flag: Follow up
Flag Status: Completed

Dear Asher,

Please re-direct claims to NTUC.

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

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From: Md Noor, Norsiah
Sent: Friday, November 16, 2018 11:52 AM
To: Wui, Shawnkaijye
Subject: FW: Your ref: 5678575761SG, ACCIDENT INVOLVING SKL 2976C (OI) & SBR 1628P (TP) ON 15/10/2018

Dear Shawn,

As spoken, please refer to LKK's email.

Thank you

Norsiah Md Noor
AIG
Complex Claims Examiner

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From: Asher Sng (LKKAuto) [<mailto:AsherSng@lkkauto.com>]

Sent: Friday, November 16, 2018 11:28 AM

To: Md Noor, Norsiah

Subject: Your ref: 5678575761SG, ACCIDENT INVOLVING SKL 2976C (OI) & SBR 1628P (TP) ON 15/10/2018

Your ref: **5678575761SG**

Our Ref: CC3/AIG18020346/ea3

Dear Sir/Madam,

ACCIDENT INVOLVING SKL 2976C (OI) & SBR 1628P (TP) ON 15/10/2018

We refer to the above matter.

TP reported that SBV 1398G exit from parking lot collided into his parked vehicle.

OI reported that SBV 1398G exit from parking lot collided with OI, which in turn collided into the TP parked vehicle.

Based on the above accident scenario insured shall not be liable for this accident.

In view of the above, we are intending to reject TP claim and redirect the claim to SBV 1398G.

For your approval/ comments/ instruction.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

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Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Saturday, 24 November 2018 2:53 PM
To: PBSP
Subject: RE: REQUEST FOR DIRECT SETTLEMENT - SBR1628P & SBV1398G (ntuc) & SKL2976C (AIG) ON 15/10/2018

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Hi Caroline,

We refer to the above matter.

Based on the above accident scenario insured shall not be liable for this accident.

Under such a circumstances, we regret to inform you that we have our principal instruction to deny liability and unable to look into your client's claim.

Please redirect the claim to SBV 1398G.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

From: PBSP <pml-pbsp@simedarby.com.sg>
Sent: Friday, 9 November 2018 4:37 PM
To: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: REQUEST FOR DIRECT SETTLEMENT - SBR1628P & SBV1398G (ntuc) & SKL2976C (AIG) ON 15/10/2018

Dear Sirs

We refer to the above matter and NTUC advised us to claim against your insured SKL2976C.

We have instructions from our client to seek repair cost and loss of use/car rental from you through Direct Settlement.

Attached is the estimates and supporting documents for your consideration.

Please let us have your confirmation that you agree that liability is clear and we may proceed with Direct Settlement.

If Direct Settlement is approved, kindly let us have your offer for LOU / rental.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint
303 Alexandra Road Singapore 159941
DID: 6319 0174 Fax: 6479 4601

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