

INSURANCE

INS. CASE OWNER:

CC 6 /AIG1802

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

Date / Time:

15/03/19

Registered in Merimen:

15/03/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMD 2477X

Claim No.:

62716704954

Name of Insured:

MILHARD GEORGE STERNE

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$5

D.O.A.:

15/03/19

Place of Accident:

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

CMA 37877



INSRS:
WSP:
Tel:
Liability:
RMKS:

251
Autoworks



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting 1st (1st)

Non-Reporting 1st (2nd)

Non-Reporting 1st (Final)

Notification 1st (if non-pickup)

Call OI

After call 1st to OI:

15/03/19 - JK

Documentation Check List: Handler Typist

Notification 1st (if non-pickup)

After call 1st 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:

\$5 1,181.00

1

days

Reduction:

89

%

Email

Call

FINAL SETTLEMENT

Date/Time:

15/03/19

Confirm with

RONNIE

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

(OI RENEWED)

Repair Cost: (w/ GPR)

\$5 1,263.67

Loss of Rental (LOR):

\$5

1

days

Loss of Use (LOU):

\$5

60

days

x 1

days

Loss of Income (LOI):

\$5

5

x 1

days

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$5

-

Medical:

\$5

-

Disbursement:

\$5

-

(e.g. Tow/ Independent)

Legal Cost:

\$5

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

\$5 1,523.67

Global Sum \$5:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5 1,523.67

Name 1:

1st AUTOWORKS PTB LTD

Payee 2: (Strike if N.A.)

\$5

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$5

-

Name 3:

-

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. SMA3787J Yr Regn: 2018 JuneType: M.Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Opel Crossland C.C. 1199Colour: White A/C: Insured / Std / NI / NASp. Reading: 27286 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W0V7H9E24J4143234Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/50R17R: 215/50R17BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 19/12/18Survey held at 1st Auto worksDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP Alh.

P/P \$1,181.00

C.R.D. \$9,729.00 / 89%.

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

\$ + P/L \$

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$



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 : CC6/AIG18022766/Ahb3

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 19-12-2018



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMD 2433X	Veh. Inspected	SMA 3787J
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/12/2018

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

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5. General Information

Accident Date	15/12/2018	Inspection Date	19/12/2018
Survey held at	1ST AUTOWORKS PTE LTD 23 KAKI BUKIT AVE 4 #04-01 (SOUTH WING) SINGAPORE 415933		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

FIRST AUTOWORKS

Repair Estimate

Date : 15/12/2018

Reference: SMA 3787J
Make: Opel
Crossland

To Whom It May Concern

Dear Sir,

RE: VEHICLE.: SMA 3787J
CHASSIS NO.: W0V7H9ED4J4143234
ENGINE NO.: 10XVA10916074

TP A16
Vic

Name of insured.: Amour Ventures
Date of accident.: 15/12/2018

We append hereunder the estimated cost of repairs to be carried out to the above vehicle.

Parts

No.	Qty	Part Description	Price (SGD)
1	1	FRT BUMPER UPPER	2,400.00 *
2	1	FRT BUMPER CLIP SET	60.00 *
3	1	RHF FOG LAMP COVER	250.00 *
4	1	RHF H/LAMP	4,300.00 *
5	1	FRT TOP GRILLE	590.00 ✓
Parts Total:			\$7,600.00
Less 10%:			\$760.00
Total :			\$6,840.00

Labour

No.	Labour Description	Price (SGD)
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate and align repair / replacement parts.	2200.00 650
2	Carry out spray painting on accident affected area. (Frt Bumper)	1500.00 *
3	To disconnect wire harness of electrical component to facilitate repairs, reconnect and check electrical function after repair	80.00 *
4	To conduct 4 wheel alignment	180.00 *
5	To conduct H/Light alignment	120.00 *
Labour Total :		\$4,080.00

Total : \$10,920.00
Gst (7%) : \$764.40
GRAND TOTAL: \$11,684.40

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS. EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN. PARTS PRICES ARE SUBJECT TO CHANGES.

Yours faithfully,

Service Advisor
Ronnie Tan
DID: 6844 1985 Fax: 6844 5185

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Adrian S
P/P 19/12/18

04 Day
Total 1181

1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Next to Vicom Building, Singapore 415933 Tel : 6844 1985 Fax : 6844 5185

1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933 Tel: 68441985 Fax: 68445185

TAX INVOICE

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way
#07-16, Singapore 079120

GST Ref. No: M2-0111811-E

Vehicle No: SMA 3787J
Chasis No : W0V7H9ED4J4143234
Engine No: 10XVA10916074

Invoice No:

Invoice Date:

DESCRIPTION	AMOUNT SGD
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Parts

<u>No.</u>	<u>Qty.</u>	<u>Description</u>	<u>Price (SGD)</u>
1	1	FRT TOP GRILLE	590.00

Total: 590.00
Less 10%: 59.00
Parts Total : 531.00

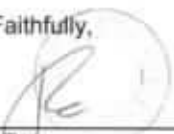
Labour

<u>No.</u>	<u>Description</u>	<u>Price (SGD)</u>
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate and align repair	650.00

Labour Total : 650.00

Sub Total : 1181.00
GST (7%) 82.67
Grand Total: 1263.67

Yours Faithfully,


Ronnie Tan
Service Advisor
Tel: 68441985 Fax: 68445185

E & O E

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "1ST AUTOWORKS PTE LTD".
- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Letter of Demand

To : _____

Re : Accident involving my vehicle no. SMA 3787J and vehicle no. SMD 2433X on 15/12/2018 at 14.05 HRS PM/AM along VIVA BUSINESS PARK DRIVEWAY

- 1) I/We, the owner of vehicle no. SMA 3787J hereby appoint 1ST AUTO WORKS PTE LTD ("the workshop") to act for me/us to recover damages sustained in the above accident from the third party driver and/or insurers. Claims are as follows :

Vehicle Repair cost / Excess	\$ 1263.67
Vehicle Rental Fee for _____ days @	
\$ _____ per day	\$ 80.00
Loss of use/rental for <u>1</u> days @	
\$ <u>80</u> per day	\$
Loss of income for _____ days @	
\$ _____ per day	\$
Police search fee/police report fee/LTA search fees	\$
Others	\$
Total :	\$ 1343.67

Signature of vehicle owner



Name - AMOUR VENTURES

Address : 34 TAMAH MEKAH

KECIL ROAD #01-30 L51 465560

Tel : 92329495

Witnessed by :

AMOUR





Auto
Consultants
Pte Ltd

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

15 MAY 2019

MICHAEL GEORGE STERNE
21 FORT ROAD
#05-03
SINGAPORE 439089

By Post & By Email

Dear Sir/Madam,

OUR REF : CC6/AIG18022766/Ahb3
YOUR REF : SMD 2433X
ACCIDENT INVOLVING SMD 2433X AND SMA 3787J ALONG VIVA BUSINESS
DRIVEWAY ON 15.12.2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AIG Asia Pacific Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from Body Repairer/Workshop acting on behalf of the owner of SMD 2433X against your motor insurance policy.

Based on the accident report, accident scenario and available evidence at hand, it was reported that your vehicle had collided to the Third-Party vehicle SMA 3787J. As such, liability may not be on your favour.

Please be informed that your No Claim Discount (NCD – if any) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defense, please reply to us within 10 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 10 days from the date of this letter **if not provided at AIG's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)



Auto
Consultants
Pte Ltd

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

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AIG's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AIG of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AIG shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vic Alpeh
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

mikesterne@hotmail.co.uk
(Email)

Vic (LKKAuto)

From: Vic (LKKAuto)
Sent: Wednesday, 15 May, 2019 2:40 PM
To: mikesterne@hotmail.co.uk
Cc: Admin A; Vic (LKKAuto)
Subject: YOUR REF: SMD 2433X_ACCIDENT INVOLVING SMD 2433X AND SMA 3787J
ALONG VIVA BUSINESS DRIVEWAY ON 15.12.2018



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

15 MAY 2019

MICHAEL GEORGE STERNE
21 FORT ROAD
#05-03
SINGAPORE 439089

By Post & By Email

Dear Sir/Madam,

OUR REF : CC6/AIG18022766/Ahb3
YOUR REF : SMD 2433X
ACCIDENT INVOLVING SMD 2433X AND SMA 3787J ALONG VIVA BUSINESS DRIVEWAY ON 15.12.2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AIG Asia Pacific Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from Body Repairer/Workshop acting on behalf of the owner of SMD 2433X against your motor insurance policy.

Based on the accident report, accident scenario and available evidence at hand, it was reported that your vehicle had collided to the Third-Party vehicle SMA 3787J. As such, liability may not be on your favour.

Please be informed that your No Claim Discount (NCD – if any) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defense, please reply to us within 10 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 10 days from the date of this letter **if not provided at AIG's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AIG's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AIG of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AIG shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



AIG
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.



**"SIGNED WITHOUT PREJUDICE FOR
ANY PERSONAL INJURY CLAIM"**

AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, AMOUR VENTURES ("the third party claimant")
of 34 TAMAN MERAH KECIL ROAD #01-30 (S) 465560 (address),
owner of SMA 3787J (vehicle no.) hereby authorize
BT AUTOWORKS PTE LTD
("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle no. SMA 3787J that was
damaged pursuant to the accident which occurred on 15/12/18 (date) along
VIA BUSINESS PARK DRIVEWAY (location)
involving vehicle no/s SMD 2433K ("the accident").

I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my
behalf is on a without prejudice and without admission of liability basis insofar
as the driver/owner/insurers of the other vehicle/s is concerned.

Date this 19 day of DEC (month) 20 18 (year)



Signed by "the third party claimant"

Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident Involving Vehicle no. SMA 3787J and SMD 24334 On 15/12/2018

At VIVA BUSINESS PARK DRIVEWAY -

1. I/We, the owner of vehicle no. SMA 3787J hereby instruct and authorize FIRST AUTOWORKS PTE LTD ("the workshop") to commence repairs to the said vehicle. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional costs and disbursement for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on our behalf.
5. I/we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
6. In the event that I/we am/are required to attend at my/our solicitors office or to attend court in connection with my/our claim, I/we shall render full co-operation.
7. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under policy of insurance shall be borne by me/us.
8. If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this _____ day of _____ 20__

Signature of vehicle owner

Name - AMOUR VENTURES

IC No : 53316317W

(Company stamp, if applicable)

Address : 34 TANAH MERAH KECIL

ROAD #01-30 (S) 465560

Tel : 92329495

Witnessed by :

Renee



Authorization To Act

I, AMOUR VENTURES ("the third party claimant") of
34 TANAH MEKAR KECIL RD #01-30 (S) 465560
(address), owner of SMA 3787J (vehicle no.) hereby
authorize 1ST AUTO WORKS PTE LTD.
("the workshop") to act for me with respect to my claim for repair
costs and/or rental and/or loss of use ("claim") for my vehicle
no. SMA 3787J that was damaged pursuant to the accident which
occurred on 15/12/2018 (date) along VIVA BUSINESS PARK
171100 WAY (location) involving
vehicle no/s SMD 2423X
("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this _____ day of _____ (month) 20 _____ (year)



[Signature]

Signed by "the third party claimant"

[Signature]

Signed by "the workshop"



RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

"We/I, **1ST AUTOWORKS PTE LTD** ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$1,263.67** (Repair Cost), **S\$60.00** (Loss of Rental/Use), **S\$ -** (Disbursement), for vehicle no. **SMA 3787J** that was damaged pursuant to the accident which occurred on **15/12/2018** (date) along **VIVA BUSINESS PARK DRIVEWAY** (location) involving vehicle no/s **SMD 2433X**. This is pursuant to the inspection conducted on **19/12/2018** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **AMOUR VENTURES** ("the third party claimant") of vehicle no. **SMA 3787J** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to **SMA 3787J** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 15 (day) of 05 (month) 2019 (year)

 LKK
Lwp

Signed by appointed surveyor



Signed by "the workshop" (with chop)

**"SIGNED WITHOUT PREJUDICE FOR
ANY PERSONAL INJURY CLAIM"**

...CLAIM SUBFOLDER...(Pending for Survey Report)

Fastlane

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Dec 2018 Edit Reg		19 Dec 2018 00:00 Edit Adj Rpt	S\$1,181.00 Edit Estimates	S\$1,181.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured: Michael George Sterne , ID: S7987082Z									
Main Claimant: AMOUR VENTURES , Co. Reg. No.: S3316317W									
Vehicle Reg. No.: SMA3787J		Date of Loss: 15/12/2018 14:00 - :59 [6 Months and 10 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / 6371670049SG		Policy/Cover Note No.: 1800091528 (Comprehensive)							
Vehicle Reg. No. (Insured): SMD2433X		Policy No. (Claimant): 5101305805							
		Excess:							
Repairer: 1st Autoworks Pte Ltd (HQ) 23 Kaki Bukit Ave 4, #04-01, 415933 Kaki Bukit - Tel: 68441985									
Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Foo, Chit Yan] Chityan.Foo@aig.com									
Claimant's Insurer: NTUC Income Insurance Co-operative Ltd (HQ) - Tel:									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 31/12/2018]									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AIG_SG (13/03/2019): Re: RE : No OI GIA Report AIG_SG (20/12/2018): No OI GIA Report AIG_SG (20/12/2018): 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

***SMA3787J (6371670049SG)**
[SMD2433X]
TP
AMOUR VENTURES
Dec 15 2018 2:00PM
[Michael George Sterne]
1st Autoworks Pte Ltd

Upload Documents | Upload Photos | Compose New Letter | Upload Video | Upload Audio

View View in Browser

Letters/Correspondences				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	(Draft)	Third Party Express Settlement - Payment Breakdown	1	Edit	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	13/03/19 15:59	Accident Statement <small>From: SC - Reg. No: SMD2433X, Claimant: MICHAEL GEORGE STERNE</small>	1	Load HTML	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder			Thumbnail	Print
1	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	14/01/19 14:33	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	14/01/19 14:34	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	14/01/19 14:34	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	14/01/19 14:34	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	14/01/19 14:34	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	14/01/19 14:34	General View	1	Load JPG	<input checked="" type="checkbox"/>
14	14/01/19 14:34	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
15	14/01/19 14:34	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
16	14/01/19 14:34	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
17	14/01/19 14:34	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder			Thumbnail	Print
1	20/12/18 09:20	TP GIA REPORT	1	Load PDF	
2	21/12/18 10:09	Non reporting letter	1	Load PDF	
3	15/05/19 14:27	TP ESTIMATE - MARKED	1	Load PDF	
4	15/05/19 14:47	EMAIL TO OI	1	Load PDF	
5	15/05/19 14:47	LETTER TO OI	1	Load PDF	
6	28/05/19 09:01	WORKSHOP INVOICE	1	Load PDF	
7	28/05/19 09:01	AUTHORISATION TO ACT FORM	1	Load PDF	
8	28/05/19 09:01	Release Voucher	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST[Reset](#)[Save](#)[Print](#)

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

**THIRD PARTY EXPRESS SETTLEMENT
(PAYMENT BREAKDOWN)**

Vehicle No:	SMD2433X (Insd veh)	Model:	OPEL CROSSLAND 1.2 (A)
	SMA3787J (TP veh)		
Date of Accident:	15/12/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	11,684.40
Final Repair Cost	:	\$	1,263.67
Loss of Use	:	\$	60.00
Rental (if any)	:	\$	0.00
LTA / GIA Search Fee	:	\$	0.00
Others:	:	\$	0.00
	:	\$	
Final Settlement Sum	:	\$	1,323.67

1.00 days at \$60.00 per day
days

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability ____ 100 ____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: ____

BOLA Liability: ____ (%) Assessed Liability (*): ____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks _____

Payment Instruction: Payee's Breakdown			
1)	1ST Autoworks Pte Ltd	:	\$ 1,323.67
2)		:	\$

JOANNE LEE KHANG MIN

28 May
2019

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

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: CC6/AIG18022766/AHB3Q2

Date: 28/05/2019

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 1800091528
Claimant Vehicle SMA3787J **Insured Vehicle No :** SMD2433X
No :
 Date of Loss: 15/12/2018 Nature of Claim: TP Claim No: 6371670049SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SMA3787J**
 Make & Model: OPEL CROSSLAND, 1.2 (A) Engine No: 10XVA10916074
 Reg. Date: 05/06/2018 (Man. Year: 2018) Chassis No: W0V7H9ED4J4143234
 Colour: White Odometer: 27286 km
 Engine Capacity: 1199 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): **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: 215/50 R17 Rear Tyre Size: 215/50 R17
 Front Left Side: Michelin 6 mm Rear Left Side: Michelin 6 mm
 Front Right Side: Michelin 6 mm Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,840.00	531.00	6,309.00	92.24
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,080.00	650.00	3,430.00	84.07
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	10,920.00	1,181.00	9,739.00	89.18
+ GST 7.00/7.00% (S\$)	764.40	82.67	681.73	89.18
Nett Amount (S\$)	11,684.40	1,263.67	10,420.73	89.18
+ Loss of Use (1.0 x S\$60.00/day) (S\$)		60.00		
	Nett Liability (S\$)	1,323.67		

INSPECTION

Date of Assignment: 19/12/2018
 Date Inspected: 19/12/2018 Inspected At: 1st Autoworks Pte Ltd (HQ)
 23 Kaki Bukit Ave 4, #04-01
 Singapore 415933
 Estimated Period of Repair: 1.0 days

Adjuster: ADRIAN LING

Manager: VIC ALPEH

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 UPPER	Not Necessary	2,400.00 FL	*- FL
2	1		*SET FRT BUMPER CLIP	Not Necessary	60.00 FL	*- FL
3	1		*RHF FOG LAMP COVER	Not Necessary	250.00 FL	*- FL
4	1		*RHF H/LAMP	Not Necessary	4,300.00 FL	*- FL
5	1		*FRT TOP GRILLE	Cracked	590.00 FL	*590.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	7,600.00	590.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	760.00	59.00
Total Parts (\$\$)	6,840.00	531.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO DISMANTLE /RENEW THE ACCIDENT DAMAGED PORTION ,TO PANEL BEATING ,RESHAPE ,STRAIGHTEN ,ORIENTATE AND ALIGN REPAIR/REPLACEMENT PARTS	New	2,200.00	650.00
2	CARRY OUT SPRAY PAINTING ON ACCIDENT AFFECTED AREA (FRT BUMPER)	New	1,500.00	0.00
3	TO DISCONNECT WIRE HARNESS OF ELECTRICAL COMPONENT TO FACILITATE REPAIRS ,RECONNECT AND CHECK ELECTRICAL FUNCTION AFTER REPAIR	New	80.00	0.00
4	TO CONDUCT 4 WHEEL ALIGNMENT	New	180.00	0.00
5	TO CONDUCT H/LIGHT ALIGNMENT	New	120.00	0.00
Gross Labour Cost (S\$)			4,080.00	650.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >