

AES. REC. BY:

REF:

ca/AIG19002801/Acts 9

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Azlan Syazairdina of AIG Date/Time: 14/2/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLP7344K Insured: SKZ2184Y

at Workshop m/s Eunos Motor Tel: 67472033 Me Ng
of 1 Kaki Bukit #01-64.

Policy No: _____ Claim No: 506231233666

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/2/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 14/2 Person Contacted: Ms Ng Vehicle IN OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|---------------------------------|
| | <u>SLP7344K - X</u> |
| | <u>SKZ2184Y - X</u> |
| | |
| | |
| | |
| | |

ASS. REC. BY:

REF:

Adrian

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 Velt: _____

(Policy Condition)

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: _____ days Res.: Yes or No
 Lum Sum: _____ % J Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLP7344K Yr Regn: 2017 / June
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Nissan Qashqai cc 1197
 Colour: Grey A/C: Insured / Std / Nil / NA
 Sp. Reading 228161 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: 5JNFEAJ11U1558314
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Braka: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R17
 R: 215/60R17
 BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

| | | |
|---|--|------------------------|
| <u>Front</u> | | <u>Rear</u> |
| R/Bal. <u>06</u> mm | | R/Bal. <u>06</u> mm |
| L/Bal. <u>06</u> mm | | L/Bal. <u>06</u> mm |
| D.O.A. _____ | | D.O.I. <u>13/02/19</u> |
| Survey held at <u>Ennos Motor</u> | | |
| Des. of Damages: Frt / Rear / O/S / <u>N/S</u> / U/C / Rooftop or | | |

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

| Date / Time | Action / Instruction |
|-------------|---|
| | TP AIG. |
| 12/03/19 | Confirmed H/S \$ 3,600/- @ 4 days with Adrian (\$ 4,603.62 Red - 56%) |
| | MV: RECEIVED 12 MAR 2019 |
| | PV: |
| | Nett: |
| | Resurvey No. of Trip - 1 |

| | | | | |
|---|----------------------------|--------------------------------|---|-------|
| Date/Time, File Pass to? 12/03/19 Typ. St | Date/Time, File Return to? | Part Prices Check: IN OUT | Survey Fee: Basic & Add. \$ + RS, \$ Photos Others TOTAL | Date: |
| 1) | 2) | | | |
| 3) | 4) | | | |
| 5) | 6) | | | |
| Preli. Report: | | | | |
| Final Report: | | | | |

Pre repair inspection request - SLP7344K VS SKZ2184Y (OI) DOA 12/02/2019

From: Azlan, Syazairina
To: admin-a@lkkauto.com; assignments@lkkauto.com
Cc: Fong, Andy-SY; Chin, Lee-Ying; Abu Kassim, Noor Mariesa; Md Ishak, Mohd Imran; Lim, Sheng Yang; Mithoosingh, Aashweenjeetkaur; Chan, Yoke Shi; Kaur, Bajjit; Hor, Yinnul
Sent: Thursday, 14 February 2019 3:47:15 PM
Attachments: [CrossBorders - Pre-Repair Inspection Request - SLP7344K VS SKZ2184Y \(OI\) DOA 12/02/2019](#)

Hi,

Please refer to the enclosed request from **CrossBorders LLC**.

Claim no: 5062312336SG
Case Owner: KIAN MENG CHAN

If you have any queries/concerns, please let us know.
Kindly assist to assign Adrian Ling as Single Joint Expert as requested.

Thanks and regards,

Syazira Indira Azlan
AIG
Express Claims Adjuster & Singapore FNOI - Claims Operations - Auto
SG Claims Operations | AIG Shared Services

SyaziraIndira.Azlan@aig.com | www.aig.sg

From: Hui Ting [mailto:huiting@crossbordersllc.com]
Sent: Wednesday, February 13, 2019 4:41 PM
To: Md Ishak, Mohd Imran; Corene
Cc: Fong, Andy-SY; Chin, Lee-Ying; Abu Kassim, Noor Mariesa; Lim, Sheng Yang; Mithoosingh, Aashweenjeetkaur; Chan, Yoke Shi; Kaur, Bajjit; Hor, Yinnul; Azlan, Syazairina
Subject: RE: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SKZ2184Y AND SLP7344K ON 12/02/2019

Your attention is drawn to the CONFIDENTIALITY NOTICE below

WITHOUT PREJUDICE

Dear Mohd Imran,

1. We refer to your email dated 13 February 2019.
2. We are instructed that our client has confirmed Adrian Ling from LKK Auto Consultants Pte Lidas a single joint expert.
3. Please be informed that the said vehicle can be inspected at:

| | |
|----------|---|
| Vehicle: | Eurus Motor Service |
| Address: | Blk C, 1 Kaki Bukit Ave 6 #01-064 Autobay @ Kaki Bukit Singapore 417883 |
| Contact: | Ma Ng (6747 2033) |

4. Please liaise with the above workshop.

Thank You

Regards
Huiting
TEL: 6438 1323 ext 2006

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

*Adrian
Veh In*

CONFIDENTIALITY NOTICE

This e-mail from CrossBorders LLC (including any attachment(s) to it) is confidential and may also be privileged and exempt from disclosure under applicable law. Accordingly, if you are not the intended recipient please notify us immediately, delete this e-mail (including any attachment to it) from your computer system and do not disclose or distribute it to any other person or continue to read this e-mail. Thank you.

CrossBorders LLC DOES NOT ACCEPT SERVICE OF COURT DOCUMENTS OR NOTICE OF ANY PROCEEDINGS BY FACSIMILE OR EMAIL

From: Md Ishak, Mohd Imran <imran.ishak@aig.com>
Sent: Wednesday, 13 February 2019 4:03 PM
To: Hui Ting <huiting@crossbordersllc.com>
Cc: Fong, Andy-SY <Andy-SY.Fong@aig.com>; Chin, Lee-Ying <Lee-Ying.Chin@aig.com>; Abu Kassim, Noor Mariesa <NoorMariesa.AbuKassim@aig.com>; Lim, Sheng Yang <ShengYang.Lim@aig.com>; Mithoosingh, Aashweenjeetkaur <Aashweenjeetkaur.Mithoosingh@aig.com>; Chan, Yoke Shi <yokeshi.chan@aig.com>; Kaur, Bajjit <Bajjit.Kaur@aig.com>; Hor, Yinnul <Yinnul.Hor@aig.com>; Azlan, Syazairina <Syazairina.Azlan@aig.com>
Subject: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SKZ2184Y AND SLP7344K ON 12/02/2019



CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.ES (SLP7344K)
Your Ref: SKZ2184Y

13 February 2019

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16 AIG Building
Singapore 079120
Attn: Motor Claims Department

BY FAX: 6835 7416 & EMAIL

URGENT

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: QUEK CHOR CHYE
TRAFFIC ACCIDENT ON 12 FEBRUARY 2019 AT 14:35 HRS ALONG MOSQUE STREET
INVOLVING VEHICLES NO. SLP7344K & SKZ2184Y

We are instructed by Quek Chor Chye to notify you of a road accident on 12 February 2019 at about 14:35 hrs along Mosque Street involving our client's vehicle registration number SLP7344K and vehicle registration number SKZ2184Y driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Venue: Eunos Motor Service ✓
Address: Blk C, 1 Kaki Bukit Ave 6
#01-064 Autobay @ Kaki Bukit
Singapore 417883
Contact: Ms Ng (6747 2033)

Please liaise with the above workshop directly.

Yours faithfully

Crossborders LLC
Email: corene@crossbordersllc.com /
huiting@crossbordersllc.com
encs

**PLEASE LET US KNOW THE DATE
OF THE PRE-REPAIR INSPECTION**

CONFIDENTIALITY CAUTION
THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION; REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

BRANCH OFFICE
1 JALAN BERSEH
#03-12 NEW WORLD CENTRI
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

MOB16012225 / Han Feok Sing Motor Workshop - Detr
 ENTRY DATE & TIME: 13/02/2019 11:08
 SUBMITTED BY: Yan Woo

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 judgement 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 13/02/2019 11:08
 Date Of Accident 12/02/2019 14:35
 Exact Location Of Accident MOSQUE STREET
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP7344K
 Insured/Policyholder
 Name Of Registered Owner QUEK CHOR CHYE
 NRIC No S1487188I
 Email Address EUGENE988816@GMAIL.COM
 Mobile Phone No (LOCAL) +65-98864275
 Alternative Phone No OTHERS-06884275
 Vehicle Particulars
 Manufacturer NISSAN
 Model QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
 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 PRIVATE CAR
 Insurance Company
 Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 1700017354-01
 Cover Note Number 18/08/2018 TO 15/08/2019
 Driver
 Name of Driver QUEK CHOR CHYE
 NRIC No S1487188I
 Date Of Birth 23/05/1961
 Occupation INDOOR
 Date Of Driving Pass 08/12/1978
 Driving Experience 40 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98864275
 Fax Number
 Contact Number OTHERS-96864275
 Email Address EUGENE988816@GMAIL.COM

Address 250 LORONG CHUAN #13-01 (S) 558748
 Postcode
 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 SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY
 Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 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 with 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 OTHER VEHICLE/PROPERTY 1

Vehicle Registration Number SKZ2184Y
 Vehicle Make/Model/Colour MAZDA
 Details Of Properties
 Vehicle Category PRIVATE HIRE
 Name of Driver CHAN CHEOK YIN (CHEN ZHUORAN)
 NRIC/Passport Number S7912561Z
 Contact Number 97850802
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind or nullify 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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

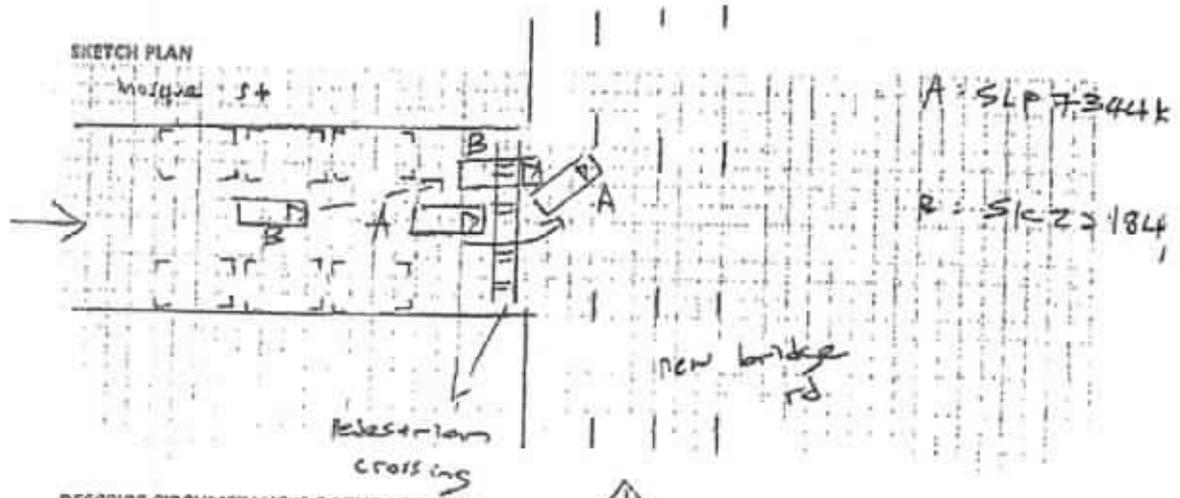
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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/PPN No.:

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

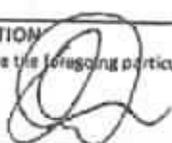
My car SLP 22184 was stopped behind the pedestrian crossing of mosque st waiting for the pedestrian clear.

After the pedestrian crossing clear, I proceed to move - suddenly a car SLP 7344k drove from my rear left & hit back my car left rear partition.

| | |
|-------------------------------------|-------------------|
| Insurance Co. | AS Hone Iron |
| Policy No. | SLP 22184 |
| <input type="checkbox"/> | Reporting Only |
| <input type="checkbox"/> | Own Company Claim |
| <input checked="" type="checkbox"/> | Third Party Claim |
| <input type="checkbox"/> | Other Workshop |

DECLARATION

(We declare the foregoing particulars are true in every respect.)


 Policyholder's Signature
 Date & Time: 13/2/2019
 11:21 AM


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


 Reporting Centre (Insurer's) Signature
 Name:
 NRIC/ID 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 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 | 13/02/2019 11:08 |
| Date Of Accident | 12/02/2019 14:35 |
| Exact Location Of Accident | MOSQUE STREET |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|--------------------------------------|
| Vehicle Registration Number | SLP7344K |
| Insured/Policyholder | |
| Name Of Registered Owner | QUEK CHOR CHYE |
| NRIC No | S1467188I |
| Email Address | EUGENE968616@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96864275 |
| Alternative Phone No | OTHERS-96864275 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR |
| 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 | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1700017364-01 |
| Cover Note Number | 16/06/2018 TO 15/06/2019 |
| Driver | |
| Name of Driver | QUEK CHOR CHYE |
| NRIC No | S1467188I |
| Date Of Birth | 23/05/1961 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/12/1978 |
| Driving Experience | 40 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96864275 |
| Fax Number | |
| Contact Number | OTHERS-96864275 |
| Email Address | EUGENE968616@GMAIL.COM |

Address 250 LORONG CHUAN #13-01 (S) 556748
 Postcode
 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 SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 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 with 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ2184Y
 Vehicle Make/Model/Colour MAZDA
 Details Of Properties
 Vehicle Category PRIVATE HIRE
 Name of Driver CHAN CHEOK YIN (CHEN ZHUORAN)
 NRIC/Passport Number S7912561Z
 Contact Number 97950602
 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 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:

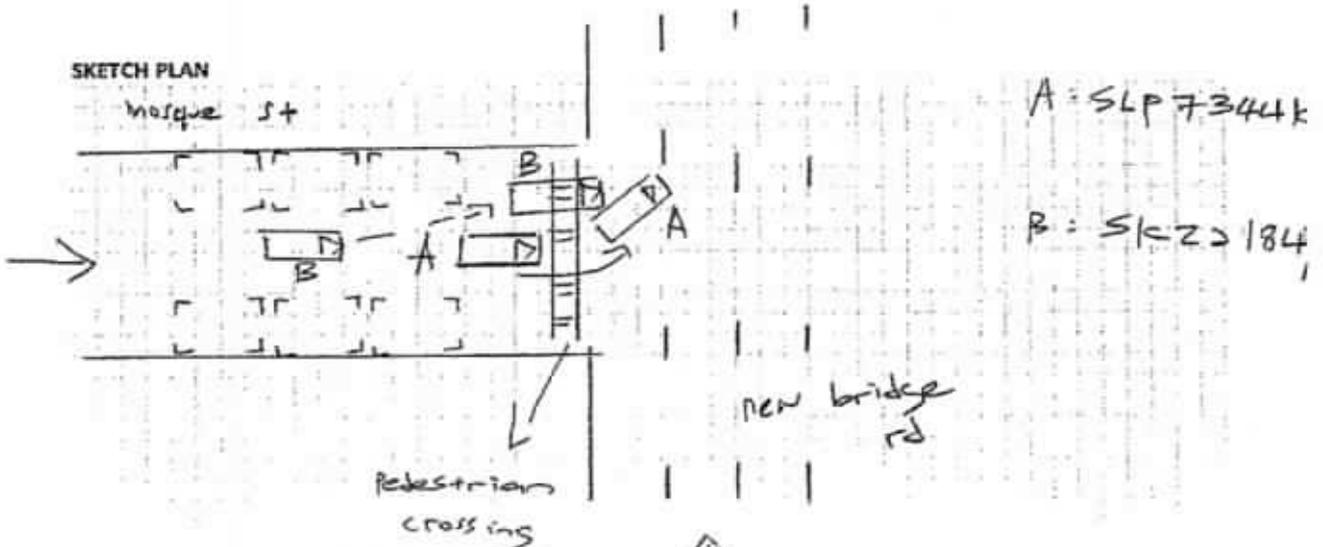
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SLP 7344k was stopped behind the zebra crossing of Mosque St waiting for the pedestrian clear.

After the pedestrian crossing clear, I proceed to move - suddenly a car SK 22184 drove from my rear left & hit onto my car left rear portion.

Insurance Co. AIS HAZ Insurance

Policy No. SLP 7344k Date of Accident 12/2/2019

Reporting Only
 Own Damage Claim
 Third Party Claim
 Other Workshop

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 13/2/2019
11:21 AM

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



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

| CLAIM SUBFOLDER TRACKING | | | | | | | |
|--------------------------|---|---------------|--|--|--|-------------|---|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
| Main | 14 Feb 2019 Edit Reg | | 14 Feb 2019 00:00 Edit Adj Rpt | S\$3,600.00 Edit Estimates | S\$3,600.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|----------------------------------|---|------------------------|--|-----------------------------------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS | | [Created by adjuster] | | | | | | | |
| Insured: | -, ID: - | | | | | | | | |
| Main Claimant: | QUEK CHOR CHYE , ID: S14671881 | | | | | | | | |
| Vehicle Reg. No.: | SLP7344K | Date of Loss: | 12/02/2019 00:00 - :59 [19 Months and 27 Days From LTA Reg Date (Man Yr)] | | | | | | |
| Claim Type: | TP / 5062312336SG | Policy/Cover Note No.: | (Comprehensive) | | | | | | |
| Vehicle Reg. No. (Insured): | SKZ2184Y | Policy No. (Claimant): | | | | | | | |
| | | Excess: | | | | | | | |
| Repairer: | Eunos Motor Service (HQ) 1 Kaki Bukit Ave 6, #01-64 AutoBay @ Kaki Bukit, 417883 Kaki Bukit - Tel: 6747 2033 | | | | | | | | |
| Handling Insurer: | AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 | | | | | | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 20/03/2019] | | | | | | | | |
| ASSOCIATED MAIL RECEIVED | | | View All | Compose Case Mail | | | | | |
| There are no mail for this case. | | | | | | | | | |
| 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

*SLP7344K (5062312336SG)
[SKZ2184Y]
TP
QUEK CHOR CHYE
Feb 12 2019 12:00AM
[-]
Eunos Motor Service

| Upload Documents | | Upload Photos | | Compose New Letter | | Upload Video | | Upload Audio | | View View in Browser | | |
|----------------------|-----------------|-----------------------------------|--|--------------------|--|--------------|--|--------------|----------|---|-------------------------------------|--|
| Photos/Images | | | | | | | | | | 3 per page | <input checked="" type="checkbox"/> | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | | | | | Thumbnail | Print | | | |
| 1 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 2 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 3 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 4 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 5 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 6 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 7 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 8 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 9 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 10 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 11 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 12 | 11/03/19 18:59 | General View | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 13 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 14 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 15 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 16 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 17 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 18 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 19 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 20 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 21 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 22 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 23 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 24 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 25 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 26 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 27 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 28 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 29 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |
| 30 | 11/03/19 18:59 | Reinspection Photo | | | | | | | Load JPG | <input checked="" type="checkbox"/> | | |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset | Save | Print |
|--|-------|------|-------|
| There are no document checklists configured. | | | |

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

Show Remarks To: Handling Insurer

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

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: CS/AIG19002801/ASD3Q2
Date: 18/03/2019

REFERENCE

| | | | |
|--|--------------------------------------|-------------------------------|--|
| Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. | Policy No: | | |
| Claimant Vehicle No : SLP7344K | Insured Vehicle No : SKZ2184Y | | |
| Date of Loss: 12/02/2019 | Nature of Claim: TP | Claim No: 5062312336SG | |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|--|--------------------------------------|--|--|
| Reg No: SLP7344K | | | |
| Make & Model: NISSAN QASHQAI, 1.2 DIG-T CVT ABS 2WD 5DR (A) | Engine No: HRA2426286A | | |
| Reg. Date: 16/06/2017 (Man. Year: 2017) | Chassis No: SJNFEAJ11U1958314 | | |
| Colour: Grey | Odometer: 22816 km | | |
| Engine Capacity: 1197 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: 215/60 R17 | Rear Tyre Size: 215/60 R17 |
| Front Left Side: Dunlop 6 mm | Rear Left Side: Dunlop 6 mm |
| Front Right Side: Dunlop 6 mm | Rear Right Side: Dunlop 6 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--|-----------------|-----------------|-----------------|--------------|
| Parts | 6,058.62 | 3,722.40 | 2,336.22 | 38.56 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 2,150.00 | 800.00 | 1,350.00 | 62.79 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 8,208.62 | 4,522.40 | 3,686.22 | 44.91 |
| Approved Total (Overridden) (S\$) | | 3,600.00 | | |
| Nett Amount (S\$) | 8,208.62 | 3,600.00 | 4,608.62 | 56.14 |

INSPECTION

| | | |
|---|----------------------|--|
| Date of Assignment: 14/02/2019 | | |
| Date Inspected: 13/02/2019 | Inspected At: | Eunos Motor Service (HQ) 1 Kaki Bukit Ave 6, #01-64 AutoBay @ Kaki Bukit Singapore 417883 |
| Estimated Period of Repair: 4.0 days | | |

Adjuster: ADRIAN LING

Manager: Hiew May Fung

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 DR LH | Dented | 1,104.80 FN | *1,104.80 FN | |
| 2 | 1 | | *FRT DR LH LOWER PROTECTOR | Cut | 323.60 FN | *323.60 FN | |
| 3 | 1 | | *FRT DR LH RUBBER | Not Necessary | 205.10 FN | *- FN | |
| 4 | 1 | | *FRT DR LH LOCK | Not Necessary | 307.60 FN | *- FN | |
| 5 | 1 | | *FRT DR LH INNER FINISHER | Not Necessary | 1,267.40 FN | *- FN | |
| 6 | 1 | | *REAR DR LH | Dented | 1,104.80 FN | *1,104.80 FN | |
| 7 | 1 | | *REAR DR LH LOWER PROTECTOR | Cut | 264.80 FN | *264.80 FN | |
| 8 | 1 | | *REAR DR LH RUBBER | Not Necessary | 205.10 FN | *- FN | |
| 9 | 1 | | *REAR DR LH LOCK | Not Necessary | 261.30 FN | *- FN | |
| 10 | 1 | | *REAR DR LH INNER FINISHER | Cracked | 1,204.30 FN | *855.00 FN | |
| 11 | 1 | | *REAR DR LH FENDER SIDE PROTECTOR | Cut | 483.00 FN | *483.00 FN | |
| | | | | | Sub Total (S\$) | 6,731.80 | 4,136.00 |
| | | | | | - Nett Item Discount on N Items 10.00/10.00% (S\$) | 673.18 | 413.60 |
| | | | | | Total Parts (S\$) | 6,058.62 | 3,722.40 |

F=Franchise part. N=NettItemDisc.

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 |
|-------------------------|--|----------|-----------------|---------------|
| <u>Labour Items</u> | | | | |
| 1 | TO SPRAY PAINTING AFFECTED PARTS | New | 950.00 | 400.00 |
| 2 | TO KNOCK ,STRAIGHTEN THE NECESSARY PARTS INCLUDING CHANGING OF THE DAMAGED PARTS | New | 1,200.00 | 400.00 |
| Gross Labour Cost (S\$) | | | 2,150.00 | 800.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >