

INS. CASE OWNER:

Kim Chung CC 4-AIG1601

9040

6/23/22-1
LKK IDAC

ASSIGNMENT

Surveyor:

Xing

DOI:

11/10/16

Date / Time:

12/10/16

Registered in Merimen:

12/10/16

Pre-assign / CCU / FTE

CU 1133A



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

074 857612656

00042774-0000

TOYOTA

AIRPORT RD TOWNS AIR PARK

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

Insured Liability: % Final ? Yes / No

STA 4756E



INSRS:
WSP:
Tel:
Liability:
RMKS:

Motor Stop Services PL



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
10/10/16	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call Of:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: XGQ
Repair Cost:	45 SS 2,100	(4 days) Reduction: 75 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 10-06-19	Confirm with: JUNE	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 21	If NO or B 28, Ass. Lia :
Repair Cost:	SS 2,100.00	AD REPR ENDED TP	
Loss of Rental (LOR):	SS -	(days)	COPY SENT
Loss of Use (LOU):	SS 900.00	(\$100 x 5 days)	
Loss of Income (LOI):	SS -	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	SS 5.35		1) Claim status: Normal/Reject/Private Settle
Medical:	SS -		2) Report Format: TP
Disbursement:	SS -	(e.g. Tow/Independent)	3) Survey fee: REFER TO AC1803526
Legal Cost	SS -		
Total:	SS 2,605.35	Global Sum SS:	
FINAL PAYMENT	Date/Time: 10-06-19	Confirm with: JUNE	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 2,605.35	Name 1: MOTOR STOP SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

No bill



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 : CC4/AIG16019640/Gwg3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 17-10-2016	
		Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GU 1133A	Veh. Inspected	SJA 4755E
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/10/2016
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			
5. General Information			
Accident Date	12/10/2016	Inspection Date	
Survey held at	MOTOR STOP SERVICES PTE LTD 8 KAKI BUKIT AVE 4 #01-52 PREMIER @ KAKI BUKIT SINGAPORE 415875		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	13/10/2016 14:22
Date Of Accident	12/10/2016 18:45
Exact Location Of Accident	AIRPORT RD TWDS AIR FORCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA4755E
Insured/Policyholder	
Name Of Registered Owner	NEO AH THIAM
NRIC No	S1826704G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98457128
Alternative Phone No	Others-98457128

Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK X 2.5 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	Allied World Assurance Company, Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	AVPPSB0521901601
Cover Note Number	

Driver

Name of Driver	NEO AH THIAM
NRIC No	S1826704G
Date Of Birth	06/05/1967
Occupation	Indoor
Date Of Driving Pass	28/11/2003
Driving Experience	12 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-98457128
Fax Number	
Contact Number	Others-98457128
EEmail Address	NOEMAIL

Address	BLK 184C RIVERVALE CRESCENT #07-189
Postcode	543184
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- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
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

PLS REFER TO THE ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU1133A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

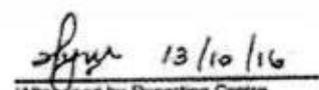
SKETCH PLAN

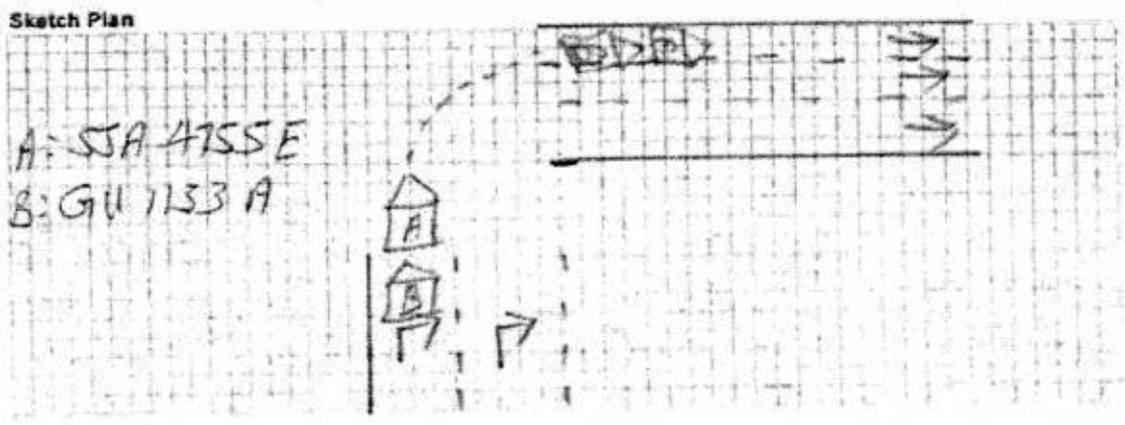
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel



Sketch Plan #2

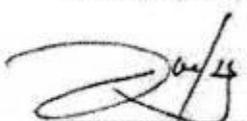
Describe Circumstances of the Accident

On mentioned Date and Time, I was driving along airport Rd. the traffic was slow. suddenly I feel a strong impact from my rear, when I came down and check, then I realised vehicle (B) hit into my rear portion.

A: SJH 4755E
B: GU 1133H

Declaration

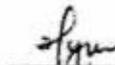
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 13/10/16

Witnessed by Reporting Center Personnel

PRIVATE CAR

8139117

CERTIFICATE OF INSURANCE

MX1
R 52
A4668D1
Cov Type: C
KUKLYBB

THIS POLICY IS ISSUED IN ACCORDANCE WITH THE ROAD TRANSPORT ACT (1961) IN MALAYSIA AND THE ROAD TRANSPORT ACT (1962) IN SINGAPORE. THE POLICY IS VALID IN MALAYSIA AND SINGAPORE. THE POLICY IS VALID IN MALAYSIA AND SINGAPORE. THE POLICY IS VALID IN MALAYSIA AND SINGAPORE.

CERTIFICATE No. AVPPSB0521901401 CHANO: GRL203045529

1. Index Mark and Registration Number of Vehicle **SJA 4755 E**

2. Name of Policyholder **NEO AN THIAM**

3. Effective Date of Commencement of Insurance **11 June 2016**
for the purposes of the Ordinance **10 June 2017**

4. Date of Expiry of Insurance **10 June 2017**

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

A. THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR TO HIS EMPLOYER OR HIS PARTNER.

B. ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

Provided that the person driving is permitted in all instances with the foregoing restrictions or reg. Act to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle and provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

- USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER :
1. USE FOR HIRE OR REWARD.
 2. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
 3. USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
 4. USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Estimated Value : MARKET VALUE WITH COE/PAPF
Hire Purchase Owner : MAYBANK
Type of Cover : Comprehensive

This policy is assigned, registered by Section 79 of the Road Traffic Ordinance 1959 (Malaysia) or Section 79 of the Motor Vehicle (Third Party Risks and Compensation) Ordinance 1962 (Republic of Singapore) and has to be enclosed under the heading.

THIS CERTIFICATE OF INSURANCE IS VALID IN MALAYSIA AND SINGAPORE. THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF PART IV OF THE ROAD TRANSPORT ACT (1961) IN MALAYSIA AND THE MOTOR VEHICLE (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) (REPUBLIC OF SINGAPORE).



WAH HONG ENSURE PTE LTD
Co. Reg. No.: 201017457N
38 Toh Guan Road East
#01-57 Enterprise Hub
Singapore 608561
Tel: 6515 5988 Fax: 6896 6321

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1826704G



Name

NEO AH THIAM

梁亞添

Race

CHINESE

Date of birth

06-05-1967

Sex

M

S1826704G

Country of birth

SINGAPORE

3645588



NRIC No. S1826704G

Date of issue

19-11-2004

Address

APT BLK 184C RIVERVALE CRESCENT
#07-189
SINGAPORE 543184

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1826704G**
 Name: **NEO AH THIAM**
 Birth Date: **06 May 1967**
 Issue Date: **28 Jul 2003**

000692527J



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Oct 1987
Class 2A	Motorcycles between 201 cc and 400 cc	05 Feb 2002
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	29 Nov 2003

S1826704G

S / No. 9000015623

NP 428A

Licence No: S1826704G





Logout

- Pre repair inspection request - SJA4755E VS GU1133A (OI) DOA 12/10/2016

From: MingYao.Lee@aig.com
To: admin.a@lkkauto.com, assignments@lkkauto.com
Cc: Kristelli.Lopez@chartisinsurance.com, Andy.SY.Fong@aig.com, Lily.Tan@aig.com, KahYin.Leong@aig.com, Kunaseelan.Devaseelan@aig.com, BernardJiQian.Ler@aig.com, I
Sent: Monday, 17 October, 2016 8:43:03 AM
Attachments: Fax1213.tif

Hi,

Please refer to the enclosed request from **Motor Stop Services Pte Ltd**

Kindly carry out Policy coverage verification first before conducting the pre-repair inspection within 48 hours

If you have any queries/concerns, please let us know
Kindly assign Henry Ng as Single Joint Expert as requested

Thank you.

Best Regards,
Lee Ming Yao @ George
AIG
Excess Claims Adjuster II
Claims Operations - AIG Shared Services

Gw Wang

Level 7, Menara Worldwide, 190 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia

MingYao.Lee@aig.com / www.AIG.com

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From: motorstopoffice@gmail.com
To: BernardJiQian.Ler@aig.com
Cc: motorstopservices@gmail.com ,Lily.Tan@aig.com ,Kristelli.Lopez@chartisinsurance.com ,Andy-SY.Fong@aig.com ,MingYao.Lee@aig.com ,KahYin.Leong@aig.com ,Kunaseelan.Devaseelan@aig.com ,MohdFitri.Hassim@aig.com ,Bajjit.Kaur@aig.com ,Lee-Ying.Chin@aig.com
Subject: Re: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE GU1133A AND SJA4755E ON 12/10/2016
Date: Fri, 14 Oct 2016 10:32:05 +0000
Dear Bernard,

With reference to your list of proposed surveyors, we are agreeable with the appointment of Henry Ng of LKK Auto Consultants as the SJE for subject claim.

Kindly note our personnel in charge for the survey as follows:-

Contact Person:
Mr. Eric Wang (9725-4442)
Contact Email:
motorstopservices@gmail.com

Thank you for your kind attention to our request.

The above settlement is in respect of our client for damage pertaining to his motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Cheers,
Adel
Motor Stop Services Pte Ltd
Motor Stop Pte Ltd

8 Kaki Bukit Ave 4 #01-07
Premier @ Kaki Bukit
Singapore 415875
Telephone: 6385-1838
Fax : 6386-1838

On Thu, Oct 13, 2016 at 11:35 AM, Ler, Bernard Ji Qian <BernardJiQian.Ler@aig.com> wrote:

Your Reference : SJA4755E
Our Reference : GU1133A

Logout

Dear Sir,

We refer to your Notice of Accident of even date.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert:

Name of Surveyor	Company Name
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon Han Kin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufik	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Henry Ng	LKK Auto Consultants Pte Ltd
Mohammed Rasol	LKK Auto Consultants Pte Ltd
Steven Foong	LKK Auto Consultants Pte Ltd
Wei Jie	LKK Auto Consultants Pte Ltd
Ma Chin Fook	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards,

Bernard Lee
AIG
Express Claims Adjuster II, Claims Operations – Auto
Shared Services – Malaysia | Global Business Services

Menara Worldwize, Level 7, 790 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia
Tel: +6 03 2719 0000 | Ext: 1012125 | Fax: +6 03 2625 5898

Bernard.Lee@aig.com | www.aig.com

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Print Received Message

This mail is associated with :

*SJA4755E (0794876126SG)
[GU1133A]

TP

NEA AH THIAM

Oct 12 2016 12:00AM

[Qi Plumbing Installation Services]
Motor Stop Services Pte Ltd

From **AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG)**, sent on 18/10/2016 13:37 PM.
To LKK_HQ
CC sur@lkkauto.com; assignments@lkkauto.com
Subject OI GIA Report

Hi,

Please be informed that Insured has yet to report to us. Refer below for Insured's details -

Qi Plumbing Installation Services

98 Punggol Drive
#11-19
Singapore 828798

96443419 →. *Mandarin Speaking.*

Thanks,
George
AIG

Our Email: sming@stac.com.sg

Fax no: 6454 3279 (If did not bring your insurance certificate)

Personal Particulars of yourself (Vehicle A)

*Date of Accident: 12/10/2016 (dd/mm/yyyy) *Time of Accident: _____ : _____ (24-HR-FORMAT)

Vehicle No.: SJA 4755E Vehicle Make & Model: _____

*Exact location of Accident: Airport Rd Towards Air Force

Owner or Company Names / IC No.: Neo Ah Thiam / S1826704 G

*Driver's Name / IC No.: _____ (As Above)

*Driver's Contact No.: 98457128 Company Contact No: _____

Insurance Company: _____ Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Sibling / Relative / Employee or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

No. of Passengers (Including Driver): 01

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Was there any video captured by your Car Camera? Yes / No

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No If Yes, which police station? _____ Singapore / Malaysia

Injuries Person Name: _____ Approximate Age: _____

Injuries Sustain: _____ Injured person in which vehicle? _____

The Other Party (Vehicle B) Details:

Driver's Name & IC No: _____ Vehicle No.: GU 1133A

Insurance Company (If Any): _____ Driver's Contact No: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: VEH NO: _____ Driver Name & / IC No: _____

Independent Witness (If any): _____ Contact No: _____

Preferred workshop Name & Ph no or Fax No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be after one week.

Back Page for **Example** Sketch Plan.

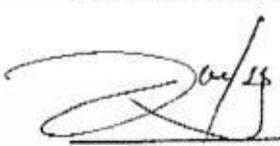
Describe Circumstances of the Accident

On mentioned Date and Time, I was driving along airport Rd, the traffic was slow suddenly I feel a strong impact from my rear, when I came down and check, then I realised vehicle (B) hit into my rear portion.

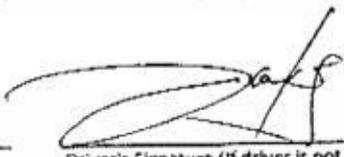
A: SJA 4755E
B: GU 1133A

Declaration

I/V/e 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

Witnessed by Reporting Center Personnel

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 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 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.
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

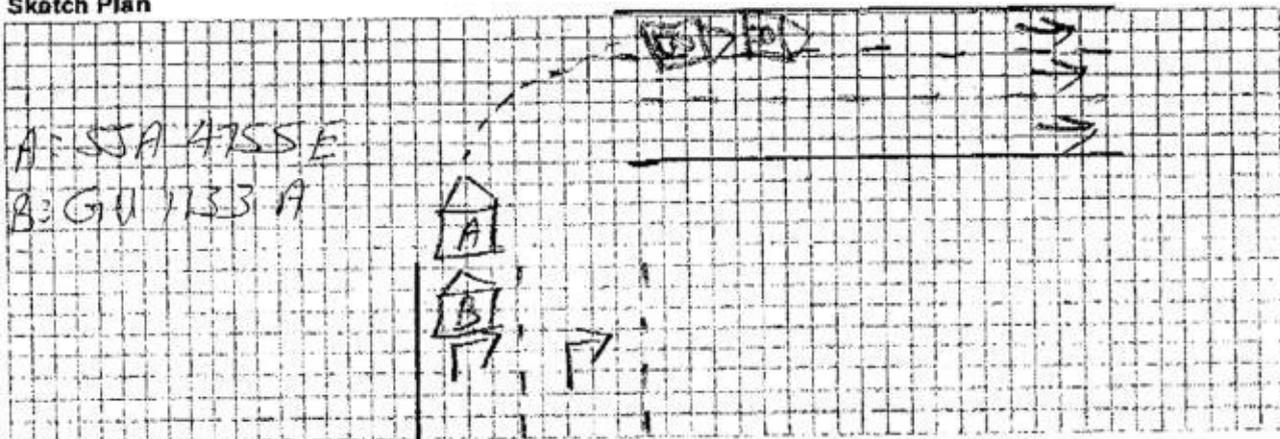
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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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	13/05/2017 11:13
Date Of Accident	11/10/2016 18:50
Exact Location Of Accident	AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU1133A
Insured/Policyholder	
Name Of Registered Owner	QI PLUMBING INSTALLATION
Co Reg No	N/A
Email Address	GUOQI1133@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96443419

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100433725-00000
Cover Note Number	

Driver

Name of Driver	YE GUOQI
NRIC No	S2617652B
Date Of Birth	23/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1996
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96443419
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident UNKNOWN - REFER TO ATTACHMENT
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? 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) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT. STATEMENT RECORDED BY RAVI (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: OBTAIN VIDEO FROM DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJA4755E
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 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.
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- (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")

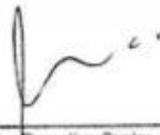
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

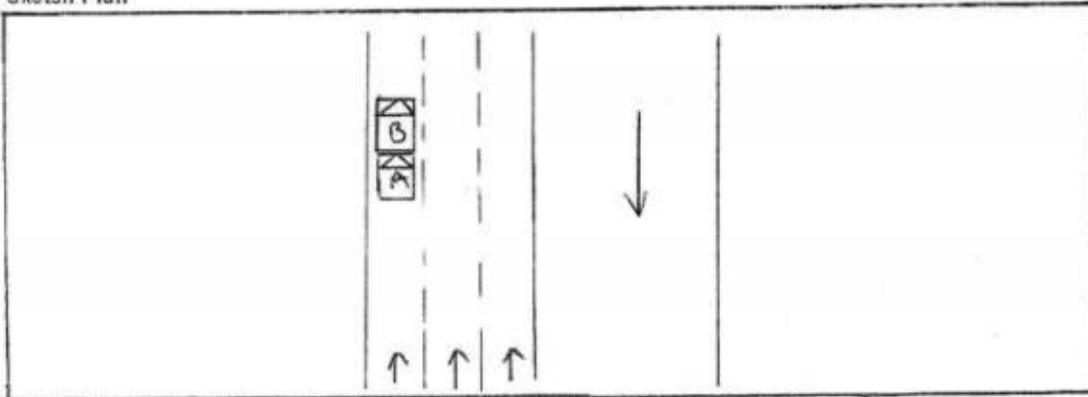
換水安裝服務
GI PLUMBING INSTALLATION SERVICES

.....
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Accidentally hit into car in front rear
portion when it suddenly brake.

Declaration

We declare the foregoing particulars are true in every respect.

Q1 PLUMBING INSTALLATION SERVICES

.....

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No : GU 1133A
Name(as shown in NRIC): YE GUOQI
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S2617152B
Address : Blk 98 Punggol Drive #11-19 Singapore 828748
Contact (Tel) : _____ (M/P) : 9644 3419
(Email) : _____
Date of Accident : 12/10/2016 Time of Accident : _____
Place of Accident : _____
Insurance Company : AlG Asia Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Date of Accident should be 12/10/2016.



Signature of Vehicle Owner / Driver

Date:

Fax : 67414108

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

2	To putty and respray accident affected area.	\$	1,000.00
3	To rust proof accident affected area	\$	60.00
4	To R & R rear boot mechanism	\$	80.00
5	To R & R upholstery, garnish and attachment parts	\$	100.00
6	To R & R reverse sensor and check function	\$	80.00
7			

See
X
60
40
1000

LABOUR	\$2,520.00
PARTS	\$ 5,573.03
S/NETT	\$ 410.00

GRAND TOTAL **\$8,503.03**

9160.02

4 Days

lump sum repair

After repair photos

Eric Qi - 87880282

17/10/16

2628.73

20%: 2100

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:

AUTO M GARAGE PTE LTD

RCB Reg No : 200302749M

Office: 13 Kaki Bukit Road 4
Bartley Bizcentre, #01-05
Singapore 417807
Tel : 6741 6741 Fax : 6746 7939

SJA4755E

Invoice No AMG 126054
Date 20/10/2016
Vehicle No: SJA4755E
Make Model: Toyota MARK-X
Mileage: n.a.

Description	Qty	Unit	Unit Price	Amount
Dismantle, Re Install Audio System & Tuning.			800.00	800.00

100.

Payment Mode : Cash & Cheque.

Total Amount

\$800.00



AUTO M GARAGE PTE LTD

Customer's Signature / Co Stamp



Auto
Consultants
Pte Ltd

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

Our Ref: CC4/AIG16019640/Gwg3

19th October 2016

Qi Plumbing Installation Services
98 Punggol Drive
#11-19 Singapore 828798

Dear Sirs,

**ACCIDENT INVOLVING GU 1133A AND SJA 4755E ON 12.10.2016 ALONG
AIRPORT ROAD TOWARDS AIR FORCE**

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,

Vivian Lau
Claims
Tel : 6841 8625
Fax: 6741 4108
Email : vivianlau@lkkauto.com

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



Auto
Consultants
Pte Ltd

51 UBI AVE L, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408935 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG16019640/Gwg3

25 November 2016

Qi Plumbing Installation Services
98 Punggol Drive
#11-19
Singapore 828798

By Registered Mail

Dear Sirs,

ACCIDENT INVOLVING GU 1133A AND SJA 4755E ON 12/10/2016 ALONG AIRPORT AROD

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

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of AIG reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre..

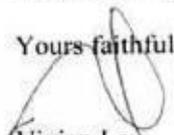
Please note you had been notified via post from our office dated 19 October 2016

To enable us to look into the matter immediately, please let us hear from you within **fourteen (14) days** from date of this letter (by 15/12/2016).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s **AIG Asia Pacific Insurance Pte Ltd** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,


Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108

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



Auto
Consultants
Pte Ltd

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

Our Ref: CC4/AIG16019640/Gwg3

26 January 2017

Qi Plumbing Installation Services
98 Punggol Drive
#11-19
Singapore 828798

By Registered Mail

Dear Sirs,

ACCIDENT INVOLVING GU 1133A AND SJA 4755E ON 12/10/2016 ALONG AIRPORT AROD

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

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of AIG reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre..

Please note you had been notified via post from our office dated 19/10/16 & 25/11/2016

To enable us to look into the matter immediately, please let us hear from you within **fourteen (14)** days from date of this letter (by 17/02/2017).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal **M/s AIG Asia Pacific Insurance Pte Ltd** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108

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

To : Traffic Police – Deputy Head, Investigations Department
Fax : 65474885

ONLY FOR ACCIDENTS IN SINGAPORE

NON-INJURY MOTOR ACCIDENT REPORT SCHEME
FORM ON NON-REPORTING BY INSURED

Please be informed that we have yet to receive a motor accident report from our insured with regard to a non-injury motor accident as follows:-

Date of accident : 12/10/2016
Time of accident : 1845HRS
Place of accident : AIRPORT RD TWDS AIR FORCE
Third Party's name : NEA AH THIAM
Third Party's vehicle number : SJA 4755E
Our insured's name : Qi Plumbing Installation Services
Our insured's vehicle number : GU 1133A
Our insured's NRIC number : 52856062W
Our insured's address : 98 Punggol Drive No. #11-19
Singapore 828798

Our Insured's telephone number : 96443419

A letter dated (26/01/2017) was sent to remind our insured to report the non-injury motor accident to us. No report has yet been made.

Please do not hesitate to contact the following for any clarification on the matter.
(Please cite our reference number : CC4/AIG16019640/Gwb3)

Name and address of insurance company : AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way, #08-16
Singapore 079120

Name of contact person : Vivian Lau
Contact Number : 6841 8625 / Fax: 6741 4108
Date : 04 /04/2017

Vivian Lau (LKKAuto)

From: Vivian Lau (LKKAuto)
Sent: Thursday, 8 March, 2018 8:49 AM
To: 'Chan, Kian-Chuan'
Cc: Joy Irene (LKKAuto)
Subject: Your Ref: 0794876126SG, Our Ref: CC4/AIG16019640/Gwb3, Accident Involving GU 1133A & SJA 4755E on 12/10/2016

Your Ref: 0794876126SG
Our Ref: CC4/AIG16019640/Gwb3

Dear Sir/Madam,

Accident Involving GU 1133A & SJA 4755E on 12/10/2016

We refer to the above matter.

Be informed that till date TP's repairer had finalised with our surveyor since 17/10/2016 after inspection .

TP's repairer did not submit the LOD until now. In view of no further development, we will proceed to temporary close the file and submit the report to your office.

If any new development in future, we will keep you informed for an update and follow up the matter accordingly

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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



Motor Stop Services Pte Ltd

8 Kaki Bukit Ave 4 #01-07

Premier @ Kaki Bukit

Singapore 415875

Tel: 6385-1838 / 9725-4442 Fax: 6386-1838

Email: motorstopservices@gmail.com / motorstopoffice@gmail.com

Co Reg No: 201534353C

BY FAX

Fax: 6415-3727

13th Oct 2016

AI&G Asia Pacific Insurance Pte Ltd

Attn : Motor Claim Department

Dear Sir/Mdm,

Road Traffic Accident Involving SJA 4755E (Our Ref) and GU 1133A (Your Ref)

Dated 23-Oct 2016, Time around 23:10

Airport Road Towards Air Thiam

We represent our client; Neo Ah Thiam, to notify you of the aforesaid road traffic accident involving our client's vehicle registration number: FBE 415L and your insured's vehicle registration number: GU 1133A. Enclosed herewith a copy of the Singapore Accident Statement / Traffic Police Report filed for your reference.

We hereby give you **NOTICE** that we are claiming against GU 1133A for damages, costs and disbursements as a result of the aforesaid road traffic accident.

Please let us know within **2 working days** from today, your insured's and your intention to conduct a pre-repair survey on our client's vehicle, along with your list of at least **ten (10) motor surveyors**.

If we do not receive any reply from you within the stipulated timeline, we shall proceed to appoint our own surveyor and proceed with the necessary repair for our client's vehicle without further reference to your insured or you.

Premises for the Pre-repair Inspection: 8 Kaki Bukit Ave 4 #01-07, Premier @ Kaki Bukit (S' 415875)

Contact Person: Mr. Eric Wang

Contact Email: motorstopservices@gmail.com / motorstopoffice@gmail.com

Kindly cc a copy of this letter to your insured for his/her acknowledgement.



Authorized Signatory

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

Fastlane

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	17 Oct 2016 Edit Reg		17 Oct 2016 00:00 Edit Adj Rpt	S\$2,100.00 Edit Estimates	S\$2,100.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	Qi Plumbing Installation Services , Co. Reg. No.: 52856062W, Tel: +6596443419								
Main Claimant:	NEA AH THIAM , ID: S1826704G								
Vehicle Reg. No.:	SJA4755E	Date of Loss:	12/10/2016 00:00 - :59 [106 Months and 1 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 0794876126SG	Policy/Cover Note No.:	2100433725						
Vehicle Reg. No. (Insured):	GU1133A	Policy No. (Claimant):	AVPPSB0521901601						
		Excess:							
Repairer:	Motor Stop Services Pte Ltd (HQ) NO. 8 KAKI BUKIT AVENUE 4 PREMIER @ KAKI BUKIT #01-07, 415875 Kaki Bukit - Tel:								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Ler, Bernard-JQ]								
Claimant's Insurer:	Allied World Assurance Company, Ltd (HQ) - Tel: 62201188								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 12/06/2019]								
Driver/Custodian (Insured):	YE GUOQI (), NRIC: S2617652B Email:								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> • AIG_SG_EXPRESS (10/06/2019): Report Send Back Alerts - SJA4755E (TP) • AIG_SG (20/12/2016): OI DETAIL • AIG_SG (07/11/2016): OI DETAILED • AIG_SG (18/10/2016): OI 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

***SJA4755E (0794876126SG)**
[GU1133A]
TP
NEA AH THIAM
Oct 12 2016 12:00AM
[Qi Plumbing Installation Services]
Motor Stop Services 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	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement – Payment Breakdown		Edit
Photos/Images			3 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	19/10/16 08:50	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
2	19/10/16 08:50	Chassis Number	 Load JPG	<input checked="" type="checkbox"/>
3	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
4	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
5	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
6	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
7	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
8	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
9	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
10	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
11	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
12	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
13	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
14	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
15	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
16	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
17	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
18	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
19	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
20	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
21	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
22	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
23	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
24	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
25	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
26	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
27	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
28	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
29	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
30	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
31	19/10/16 08:50	General View	 Load JPG	<input checked="" type="checkbox"/>
32	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>

Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
33	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
34	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
35	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
36	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
37	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
38	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
39	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
40	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
41	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
42	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
43	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
44	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
45	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
46	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
47	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
48	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
49	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
50	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
51	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
52	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
53	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
54	29/08/17 10:10	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	17/10/16 15:41	AIL FROM AIG DD 17102016	 Load PDF	
2	17/10/16 15:41	NOTIFICATION FROM WORKSHOP + TP GIA REPORT	 Load PDF	
3	19/10/16 08:34	TP ESTIMATE - MARKED	 Load PDF	
4	19/10/16 08:48	NON REPORTING LETTER	 Load PDF	
5	03/04/17 19:06	Qi Plumbing Installation Services -1ST AR NON REPORTING	 Load DOC	
6	03/04/17 19:06	Qi Plumbing Installation Services -2nd AR NON REPORTING	 Load DOC	
7	03/04/17 19:06	Form to Traffic Police (Non-Reporting)-Qi Plumbing Installation Services	 Load DOC	
8	17/04/17 18:35	Email to AIG, OI non reporting 17.4.17	 Load PDF	
9	24/05/17 11:46	Addendum Form GU 1133A	 Load PDF	
10	08/03/18 08:50	Email to AIG to temporary close file	 Load PDF	
11	12/03/18 09:47	LETTER TO OI	 Load PDF	
12	12/03/18 09:47	REGISTERED MAIL FEE	 Load PDF	
13	25/06/19 13:01	AUTHORISATION TO ACT	 Load PDF	
14	25/06/19 13:01	RELEASE VOUCHER	 Load PDF	
15	25/06/19 13:01	WORKSHOP INVOICE	 Load PDF	
16	25/06/19 13:01	LTA SEARCH	 Load PDF	
17	25/06/19 13:01	REGISTERED MAIL FEE	 Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	16/05/17 15:01	OI REPORT	 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:	GU1133A (Insd veh)	Model:	TOYOTA MARK X 2.5 (A)
	SJA4755E (TP veh)		
Date of Accident:	12/10/2016		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Repair Estimate	:\$		9,160.02	
Final Repair Cost	:\$		2,100.00	
Loss of Use	:\$		500.00	5.00 days at \$100.00 per day
Rental (if any)	:\$			days
LTA / GIA Search Fee	:\$		5.35	
Others:	:\$			
	:\$			
Final Settlement Sum	:\$		2,605.35	
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)	Motor Stop Services Pte Ltd	:\$	2,605.35
2)		:\$	
3)		:\$	
4)		:\$	

NUR SHAQILAH BTE ABDOL WAHAB

LKK Auto Consultants Pte Ltd

25 Jun
2019

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: CC4/AIG16019640/GEB3S2-1
Date: 25/06/2019

REFERENCE

Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	2100433725
Claimant Vehicle No :	SJA4755E	Insured Vehicle No :	GU1133A
Date of Loss:	12/10/2016	Nature of Claim:	TP
		Claim No:	0794876126SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJA4755E	Engine No:	HIDDEEN
Make & Model:	TOYOTA MARK X, 2.5 (A)	Chassis No:	GRX1203045529
Reg. Date:	11/12/2007 (Man. Year: 2007)	Odometer:	181933 km
Colour:	Black		
Engine Capacity:	2499 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	245/40R18	Rear Tyre Size:	245/40R18
Front Left Side:	Bridgestone 6 mm	Rear Left Side:	Bridgestone 6 mm
Front Right Side:	Bridgestone 6 mm	Rear Right Side:	Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,640.02	1,628.72	5,011.30	75.47
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,520.00	1,000.00	1,520.00	60.32
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	9,160.02	2,628.72	6,531.30	71.30
Approved Total (Overridden) (S\$)		2,100.00		
Nett Amount (S\$)	9,160.02	2,100.00	7,060.02	77.07
		+ Loss of Use (5.0 x S\$100.00/day) (S\$)	500.00	
		+ Doc/Search Fee (S\$)	5.35	
		Nett Liability (S\$)	2,605.35	

INSPECTION

Date of Assignment:	17/10/2016	Motor Stop Services Pte Ltd (HQ) NO. 8 KAKI BUKIT AVENUE 4 PREMIER @ KAKI BUKIT #01-07 Singapore 415875
Date Inspected:	17/10/2016 Inspected At:	
Estimated Period of Repair:	4.0 days	

Adjuster: XING GUO QIANG

Manager: Asher Sng Rong Yi

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		*REAR BOOT	Repair	983.40 FL	*- FL
2	1		*REAR BOOT LOGO	Necessary	381.80 FL	*69.30 FL
3	1		*REAR BOOT GARNISH	Necessary	410.00 FL	*381.80 FL
4	1		*REAR BOOT LOCK	Not Necessary	72.00 FL	*- FL
5	1		*REAR BOOT W/STRIP	Not Necessary	29.00 FL	*- FL
6	1		*REAR BUMPER	Deformed	937.00 FL	*937.00 FL
7	2		*REAR BUMPER SCREW COVER L+R	Not Necessary	88.60 FL	*- FL
8	2		*REAR BUMPER RETAINER L+R	Necessary	286.80 FL	*118.20 FL
9	1		*REAR BUMPER BRACKET L+R	N/s Not Necessary / O/s Bent	288.20 FL	*144.10 FL
10	1		*REAR BUMPER EXHAUST CHROME L+R	O/s Cut / N/s Not Necessary	382.60 FL	*86.50 FL
11	1		*REAR BUMPER TOWING CAP	Not Necessary	43.40 FL	*- FL
12	1		*TAIL LAMP L+R	O/s Deformed/N/s Not Necessary	762.80 FL	*381.40 FL
13	2		*TAIL LAMP PANEL L+R	Not Necessary	389.40 FL	*- FL
14	1		*REAR FENDER L+R (NPA)	Not Necessary	0.00 FL	*- FL
15	2		*REAR FENDER COWLING L+R	Not Necessary	362.80 FL	*- FL
16	10		*REAR FENDER COWLING CLIP L+R	Not Necessary	60.00 FL	*- FL
17	2		*REAR FENDER INNER TRIM L+R	Not Necessary	769.40 FL	*- FL
18	10		*REAR FENDER INNER TRIM CLIP L+R	Not Necessary	50.00 FL	*- FL
19	2		*REAR END PANEL	Repair	683.80 FL	*- FL
20	2		*REAR END PANEL TOP GARNISH	Not Necessary	384.70 FL	*- FL
21	2		*SPARE WHEEL PANEL (NPA)	Not Necessary	0.00 FL	*- FL
22	2		*SPARE WHEEL PANEL TOP BOARD	Not Necessary	489.70 FL	*- FL
23	1		*EXHAUST HEAT SHIELD	Not Necessary	180.00 FL	*- FL
24	1		*EXHAUST MOUNTING	Not Necessary	80.00 FL	*- FL
25	2		*EXHAUST CHROME	Not Necessary	191.30 FL	*- FL
26	1		*REVERSE SENSOR	Not Necessary	280.00 FS	*- FS
27	1		*REAR END PANEL SEALANT	Not Necessary	80.00 FS	*- FS
28	10		*REAR BUMPER CLIP	Necessary	50.00 FS	*40.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	8,716.70	2,158.30
- List Item Discount on L Items 25.00/25.00% (\$\$)	2,076.68	529.58
Total Parts (\$\$)	6,640.02	1,628.72

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 R&R ACCIDENT DAMAGE PARTS, TO CUT / WELD, KNOCK AND REALIGN ACCIDENT AFFECTED.	New	1,200.00	400.00
2	TO PUTTY AND RESPRAY ACCIDENT AFFECTED AREA.	New	1,000.00	500.00
3	TO RUST PROOF ACCIDENT AFFECTED AREA.	New	60.00	0.00
4	TO R&R REAR BOOT MECHANISM.	New	80.00	0.00
5	TO R&R UPHOLSTERY, GARNISH AND ATTACHMENT PARTS.	New	100.00	60.00
6	TO R&R REVERSE SENSOR AND CHECK FUNCTION.	New	80.00	40.00
Gross Labour Cost (\$\$)			2,520.00	1,000.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >