

Surveyor

REF: 033/AIG18023117/Gtd302-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): Loh Chee Hong of MIG Date/Time: 28/2/19 @ 2:51pm
Estimated Cost: _____ Bill to: _____

L/S: \$ 3650.00

Third Parties:

Claimant:

Surveyor: Kalvin Automotive Appraisal

Workshop: Apex Motoring

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SME 8907B Insured: YN 6163D
at Workshop m/s Apex Motoring Tel: 91750531 (Dahao)
of 25 Kalki Bkt Rd 4 # 01-55 synergy
Policy No: _____ Claim No: 2136806331
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 19/12/2018
(Client's Record)

12/03/2019 @ 12pm

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 4 days)

Date/Time: 14/3/19 Submit Final Fig 950, 2 days (Red \$ 2100 / 13 %; Original 4 days)

Date/Time	Action/Instruction
	<u>SME8907B-CSS/AIG18023117/Gtd302</u> <u>DoA-19/12/18</u>
	<u>YN6163D-CSS/AIG18023117/Gtd302</u> <u>DoA-19/12/18</u>
	<u>Guo Qiang</u>
	<u>PIS SEE MY REMARKS</u>
	<u>13/3/2019</u>

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 14 MAR 2019

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

200
200

1) Date/Time 14/3/2019 File Pass to Typist

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____

4) Date/Time _____

6) Date/Time _____

File Return to _____

File Return to _____

File Return to _____

Overseas

62

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 at: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lump Sum: 2 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Veh No: SME8907B Yr/Regn 22 oct 2018
 Type: M/Cab / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Vezel C.C. 1496
 Colour: Silver A/C Insured / Std / NI / NA
 Sp Reading: 24885 T/Radio Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU31268951
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inter / Jammed / Leaked / Burnt or
 Brake: Inter / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Al / Rim or
 Tyre Size: F: 215/60 R16
 R: 1

BS / BUS / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front: _____ Rear: _____
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. _____ D.O.I. 12-03-19

Survey held at w/s 12pm
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 w/o/s

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

Date / Time Action / Instruction

Date/Time, File Path to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.T. (S)

☐ : Prel. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (S)
☐ Interview (S)
☐ Tech. Insp (S)
☐ Weekend (S)

Survey Fee
 (Computation)

1. U + B = 12
 2. Photo
 3. Other

1213

13/3/2019

FORM 100

ASS. REC. BY:

REF

ES3/AG18023117/Gcd3et

Special Instruction:

Survivor

From ()

Chin Lee Ying

ASSIGNMENT (Office)

of

AlG

Date/Time:

26/12/18 2:35pm

Estimated Cost:

Bill to:

OD () WS/TP RES / OD RES / EVA / INV / MV7CS

To Inspect Vehicle No:

SME 8907B

Insured:

YN 6163D

at Workshop m/s

Apex Motoring

Tel:

91690825

of

25 Kaki Bukit Rd 1 # 01-55 synergy

Policy No:

Claim No:

213680633186

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19/12/18

CA / REV / REP. / REV 24 HRS

21/12/18

H.O.D. Endorsement

Date/Time:

3:32pm @ 26/12/18

Person Contacted:

pei jie

Vehicle:

NY 0117

Date/Time

Action/Instruction (x) Estimate

SME 8907B - x

YN 6163D - x

Dismantle: 26/12/2018

From

Date: 27/12/18

Veh No: SME8907B

Yt Regn: -

Estimated Cost:

Type: ☒ M/Cat / ☐ M Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover / ☐ Truck / ☐ Trailer or

QD ☒ TP / ☐ WS / ☐ TP RES / ☐ DD RES / ☐ EVA / ☐ INV / ☐ MY

To Inspect Vehicle No: SME 8907B

at Workshop this: Apex Motoring

of: 25 Koki Bukit Rd 4 #01-55 synergy

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Make: Honda vezel

Colour: silver

Sp. Reading: 12080

Eng/No:

Ctno: RU31268951

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: Nil / ☐ S/Rim / ☐ STD / ☒ A/Rim or

Tyre Size: F: 215/60R16

R: 11

BS: ☒ DUM / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI / ☐ TOYO / ☐ YOKO or

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

N/S

O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{hup}

Date: Person Contacted:

Vehicle IN / OUT

Front: R/Bal. 6 mm L/Bal. 6 mm D.O.A. Survey held at: w/s 11:50

Rear: R/Bal. 6 mm L/Bal. 6 mm D.O.A. 27-12-18

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 640/s

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

Date / Time

Action / Instruction

\$ 1000

No GIA.

31/12/2018

Date/Time: File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time: File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 180

Transportation: 20

Other: 200

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech Invs (\$)

☐ Weekend (\$)

Report Format: DAR

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

Nivitha (LKK Auto)

From: Loh, Chee-Heng <Chee-Heng.Loh@aig.com>
Sent: Thursday, 28 February 2019 2:51 PM
To: assignments
Cc: Shirley
Subject: RE: AIG ref: 2136806331SG-003, Your ref: CL/190173/T/APEX.sg, accident involving YN6163D and SME8907B on 19 Dec 2018

Dear LKK,

Kindly assist to arrange for re-inspection of SME8907B and confirm appointment with Shirley.

Details in the email below.

Thank you.

Best regards,
Loh Chee Heng
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd

AIG Building, 78 Shenton Way #08-16 Singapore(079120)
Tel +(65) 6419 1881
Chee-Heng.Loh@aig.com | www.aig.sg

From: Shirley [mailto:info@catherinelimllc.com]
Sent: Thursday, 28 February 2019 2:38 PM
To: Loh, Chee-Heng <Chee-Heng.Loh@aig.com>
Subject: RE: AIG ref: 2136806331SG-003, Your ref: CL/190173/T/APEX.sg, accident involving YN6163D and SME8907B on 19 Dec 2018

Dear Sir,

We refer to your email dated 27.2.19.

We are instructed to arrange for re-inspection as follows:

Date: 12 March 2019, Time: 12 noon,
Venue : 25 Kaki Bukit Road 4 #01-55 Synergy @kb Singapore 417800
Tel: 91750831 (Dahao)

Please confirm so that we can inform our client.

Best Regards,
Shirley Chia
For and on behalf of Catherine Lim LLC
20 Havelock Road #03-01
Central Square
Singapore 059765
Tel: 64385500, Fax: 64380111

From: Loh, Chee-Heng [mailto:Chee-Heng.Loh@aig.com]

Sent: Wednesday, 27 February, 2019 6:40 PM

To: Shirley <info@catherinelimllc.com>

Subject: AIG ref: 2136806331SG-003, Your ref: CL/190173/T/APEX.sg, accident involving YN6163D and SME8907B on 19 Dec 2018

Without Prejudice

Dear Sirs,

Due to the differences between both surveyors repair recommendation, we propose to conduct a re-inspection of your client's vehicle.

Kindly let us have an advance 10 days notice to make arrangement with our surveyor.

Thank you.

Best regards,

Loh Chee Heng

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd

AIG Building, 78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1881

Chee-Heng.Loh@aig.com | www.aig.sg



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6 tampines st 73, #01-03, singapore 528825
tel: 6746 2118 fax: 6746 1148
reg no: 53058468m

Insured
Policy No.
Sum Insured
Excess
Our Reference
Date

KAAS/TA/5304/8907/TP/12 18
12 January 2019

To: Asia Express Car Rental Pte Ltd
c/o 25 Kaki Bukit Road 4
#01-55, Synergy @ Kaki Bukit
Singapore 417800

VEHICLE APPRAISAL REPORT

Name of Workshop : Apex Motoring
Place of inspection : 25 Kaki Bukit Road 4 #01-55, Synergy @ Kaki Bukit, Singapore 417800
Date of Assignment : 26 December 2018
Date of Accident : 19 December 2018
Date of Inspection : 26 December 2018

PARTICULARS OF INSPECTED VEHICLE

Registration No.	SME 8907B	Chassis Frame No.	RU3-1268951
Make / Model	Honda Vezel Hybrid 1.5X (A)	Engine No. (Logcard)	LEB5968970
Year of Manufacture/Reg	2018	Odometer Reading	12,078 KM
Colour	Silver		
Class / Type	SUV		

CONDITION OF VEHICLE DURING SURVEY (Visual & Static Check Only)

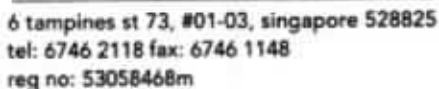
General Condition : Very Good
Paintwork : Very Good
Market Value : -
Scrap Value : -

CONDITION OF TYRES ON VEHICLE

	<u>Make/Size</u>	<u>Thread Balance</u>
Front Left	DUNLOP 215 / 60 R16	8 mm
Front Right	DUNLOP 215 / 60 R16	8 mm
Rear Left	DUNLOP 215 / 60 R16	8 mm
Rear Right	DUNLOP 215 / 60 R16	8 mm

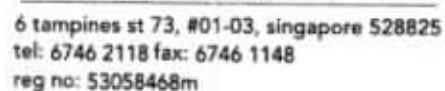
*The above is an estimate of the remaining life of the tyre thread in millimeters

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KAAS/TA/5304/8907/TP/T2.18
SME 8907B

S/N	Qty	Descriptions	Conditions	Repairer's Estimate	Revised Amount
		LIST ITEMS:-			
1	1 pc	Front bumper	Deformed	\$ 727.00	\$ 727.00
2	1 pc	Front bumper rh fog lamp cover	Deformed	\$ 121.00	\$ 121.00
3	1 pc	Front bumper rh side retainer	Necessary	\$ 37.00	\$ 37.00
4	1 set	Front bumper fasteners	Necessary	\$ 35.00	\$ 35.00
5	1 pc	RH headlamp assy	Cracked	\$ 2,032.00	\$ 2,032.00
6	1 pc	RH front fender	Buckled	\$ 488.00	Repair
7	1 pc	RH front fender wheel arch moulding	Deformed	\$ 198.00	\$ 198.00
8	1 set	RH front fender wheel arch moulding fasteners	Necessary	\$ 18.00	\$ 18.00
		Less 20%	1023 20% 818.4	\$ 3,656.00	\$ 3,168.00 \$ 633.60
				\$ 3,656.00	\$ 2,534.40
			Sub - Total	\$ 3,656.00	\$ 2,534.40

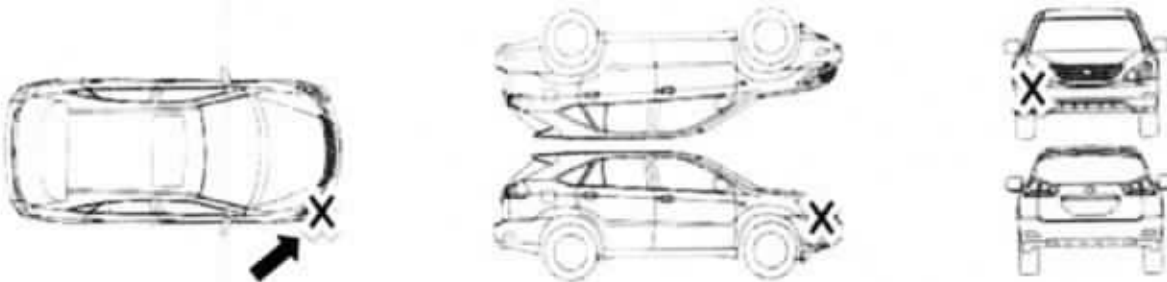


KAAS/TA/5304/8907/TP/12.18
SME 8907B

[illegible]

ASSESSMENT SUMMARY

Damages sustained were consistent with the subject vehicle being involved in a collision with another vehicle and the impact was delivered **Diagonally to the RH Front from rear to front; right to left;** portion of the vehicle.



The general area of damages is at the **RH Front portion**
(Please refer to the parts list and photographs as attached for more information)

ASSESSOR'S RECOMMENDATIONS

The estimated repair costs submitted by Messrs **Apex Motoring** is \$ 5,871.00 .
We have adjusted the cost to \$ 4,544.40 and the repairer has agreed to undertake the repairs at a
Contract Lump Sum of \$ 3,650.00 to a acceptable quality and standards.
However, we have not given authorization and instruction to the repairer to proceed with the repairs.

The repairs should be completed within a reasonable period of **4** working days.

26 photographs were taken at the time of static inspection.

This report is strictly done in a **Without Prejudice Basis**.

We are reverting the matter to you a decision.

We enclose herewith our Invoice No. **5304** for our services rendered and
we thank you for engaging our services.



KELVIN TEO
PRINCIPAL SURVEYOR
Licensed Automotive Appraiser
Certified Crash Investigator & Reconstructionist
Nitec in Automotive Technology
Dip MS
MSAAA, AM SAE-A



TERRENCE HONG
SENIOR SURVEYOR
Certified Crash Investigator & Reconstructionist
Dip, DECC Engineering (SP)
Certs Automotive Technology (NP)
Cert SCI (General Insurance)
AMSAAA, AM SAE-A

NOTE : This revised estimate was from a visual inspection. Should there be any discrepancy or unseen items not listed in this survey, kindly notify the company within Seven (7) days from the date hereof. Otherwise this revised amount shall be treated as valid.

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	20/12/2018 16:51
Date Of Accident	19/12/2018 03:05
Exact Location Of Accident	ALLEY OF SYED ALWI RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME8907B
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	201116882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82224065
Alternative Phone No	OFFICE-82224065
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	HIRER 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089067751-01
Cover Note Number	
Driver	
Name of Driver	LAU KHENG WAH
NRIC No	S6924441F
Date Of Birth	17/07/1969
Occupation	INDOOR
Date Of Driving Pass	23/09/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82224065
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 232 COMPASSVALE WALK #08-464
Postcode	540232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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 ATTACHED

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	YN6163D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE AH CHUN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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 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:

20/11/14 3:55 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20/11/14 3:55 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



A) Sme 8907 B

3) $YN6163D$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I am stationary at the left side of the alley the lorry YN6163I suddenly cut in to my front and scratch the front left of my vehicle.

DECLARATION

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

Policyholder's Signature _____

Date & Time:

2014/14 5-570

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

2012/12/18 17:55 PM

Reporting Centre Personnel's Signature

Flamm:

HRIC/TIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

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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	09/01/2019 10:49
Date Of Accident	19/12/2018 03:00
Exact Location Of Accident	SYED ALWI RD BACK LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN6163D
Insured/Policyholder	
Name Of Registered Owner	CHIANG KANG ENTERPRISE CO P/L
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62981936
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	LEE AH CHUIN
NRIC No	S8030828J
Date Of Birth	02/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2009
Driving Experience	9 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82998050
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 93 PAYA LEBAR WAY #09-3061 S370093
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (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 TO ATTACHED REPORT

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	SME8907B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

Name: : PASSANGER

Gender: : Female

Accident Sketch Plan

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:

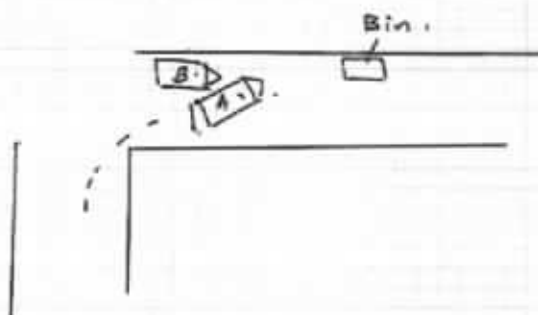
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



A: 4N6163D.
B: SME8907B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was turning into the back lane to Syed Hui's
unload my goods at Sheng Siang I notice veh
B was stationary. As move in to the space
in front of vehicle B, the back of my
vehicle lightly scratch onto veh B front right
side bumper.

also tried to rub off the slight stain & it
went off. & ask him go back & polish it. driver agreed
next day he called & requested for \$150, to settle
I told him to proceed with the claim.

INSURER: AIG.
VEHICLE: SME8907B
DOA: 19/12/18
CLAIM TYPE: Repairing
WORKSHOP: NQ.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

INTERVIEW FORM

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LEE AH CHUIN
VEHICLE NUMBER : YN6163D
DATE/TIME OF ACCIDENT : 19/12/2018 0300HRS
PLACE OF ACCIDENT : SYED ALWI RD BACK LANE
THIRD PARTY VEHICLE (IF ANY) : SME8907

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

WEST COAST RD - AYED ALWI RD

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

COLLIEDED ONTO PARKED VEHICLE

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

LEE AH CHUIN
Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

CERT



HOTLINE TEL: (65) 6415-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1988 (MALAYSIA)

M.L.408

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994530/100772699-00000

OWN DAMAGE EXCESS S\$1,500.00 (I & II)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

YN6163D

2) NAME OF INSURED

CHIANG KANG ENTERPRISES COMPANY PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

20 Jun 2018

4) DATE OF EXPIRY OF INSURANCE

19 Jun 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations 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.

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY Mercedes-Benz Financial Services Singapore Ltd

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 12 Jul 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000
LIEW OOI LIN MAY
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

AUTHORIZED REPRESENTATIVE

ORIGINAL

SSPY1P

NRIC & DL



AR15182



88030828J



20-05-2008
 B+
 APT BLK 53 PATA LEBAR WAT #09-3051
 SINGAPORE 370003
 88030828J
 07/10/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 1B	Motorcycles < 200 CC	Valid Until	14 Feb 2009
Class 1C	Motorcycles > 200 CC and 400 CC	Valid Until	14 Feb 2009
Class 2	Motor cars < 2000 kg with < 7 passengers, exclusive of the driver, and total weight < 2000 kg	Valid Until	28 Mar 2017
Class 3	Heavy motor cars and motor coaches > 2000 kg	Valid Until	02 Apr 2015
Class 4	Motor vehicles > 1200 kg and permitted to carry passengers	Valid Until	28 Mar 2005

14010002
 S/710 0000174405
 AP 425A

 License No: 88030828J

Accident Photo



Accident Photo



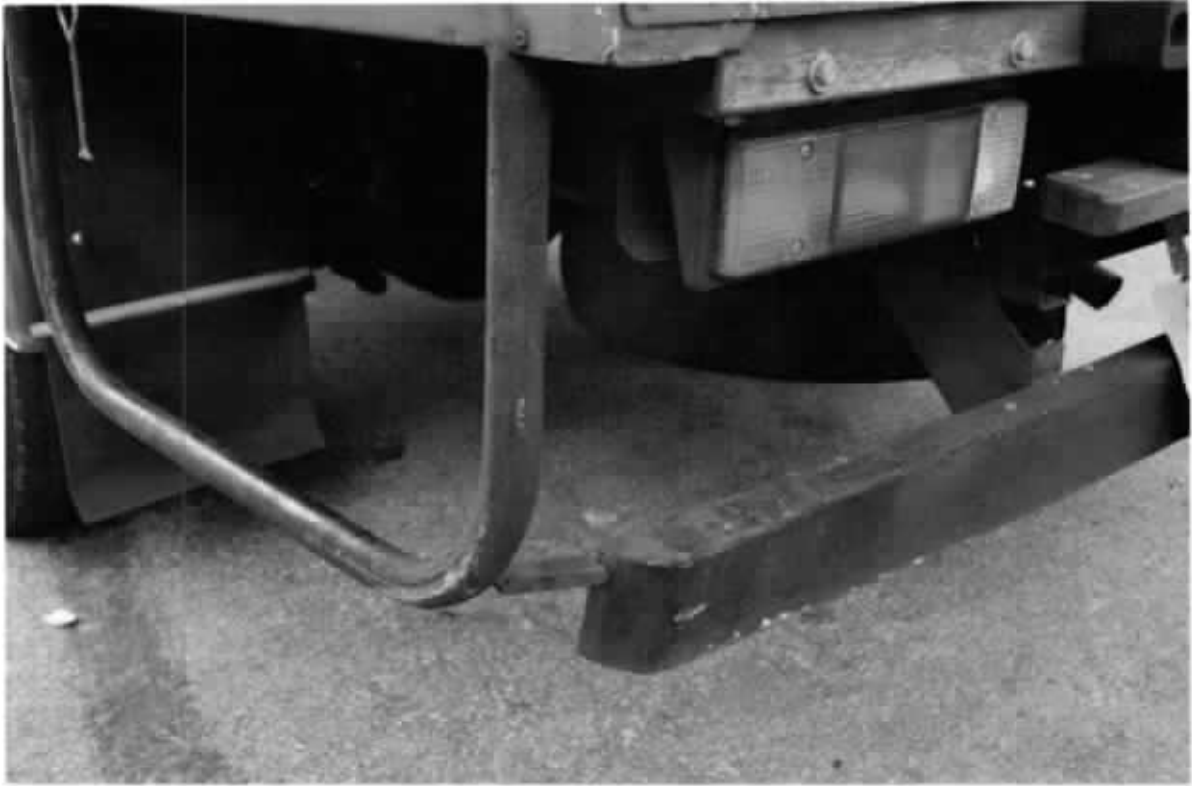
Accident Photo



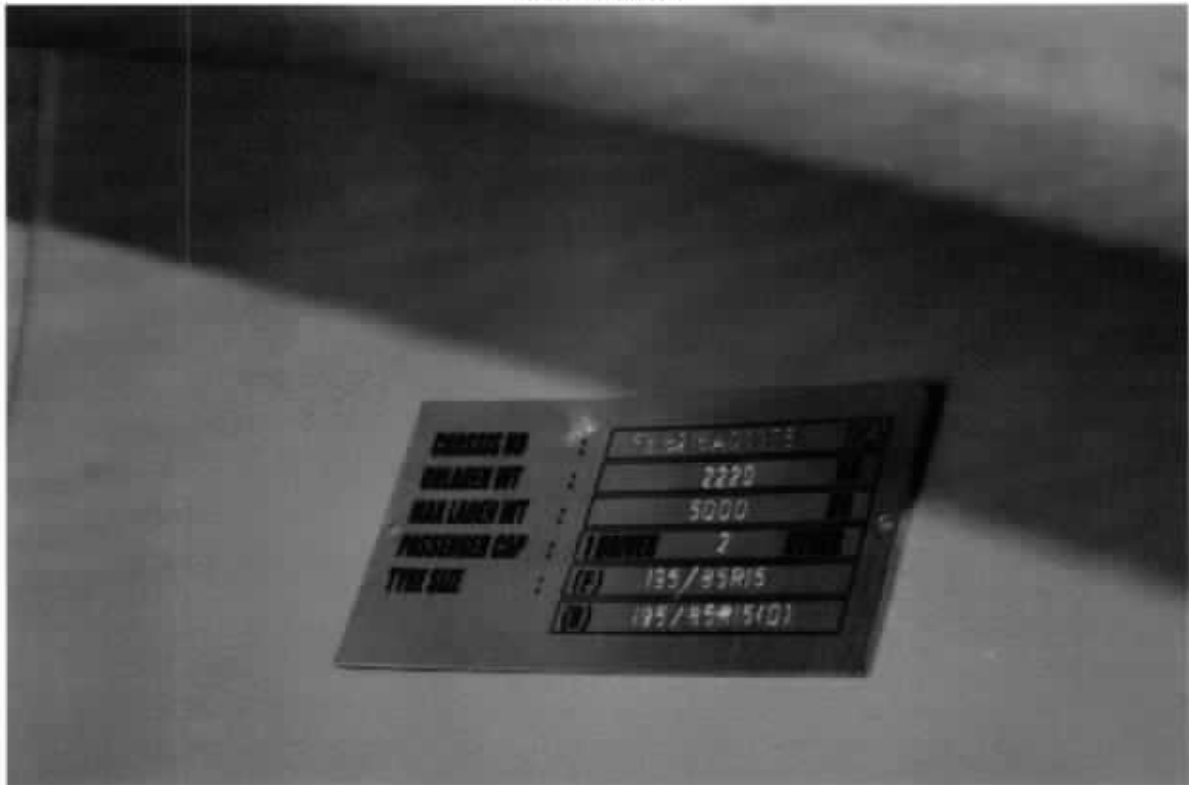
Accident Photo



Accident Photo



Accident Photo






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 : CS3/AIG18023117/Gtd3e2-1	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 15-03-2019	
ATTN : LOH CHEE HENG			Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YN 6163D	Veh. Inspected	SME 8907B	
Policy No.		Coverage (\$)	0.00	
Claim No.	2136806331SG	Excess (\$)	0.00	
Assign From	LOH CHEE HENG	Assign Date	28/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA VEZEL	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	RU31268951	Colour	SILVER	
Odometer	24885	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	DUNLOP	6 mm	
L/H Front Tyre	215/60 R16	DUNLOP	6 mm	
R/H Rear Tyre	215/60 R16	DUNLOP	6 mm	
L/H Rear Tyre	215/60 R16	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.				
REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	19/12/2018	Inspection Date	12/03/2019	
Survey held at	APEX MOTORING 25 KAKI BUKIT ROAD 4 #01-55 SYNERGY @ KB SINGAPORE 417800.			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

**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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SME 8907B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	REPLACED	727.00	727.00
1	FRONT BUMPER RH FOG LAMP COVER	REPLACED	121.00	45.00
1	FRONT BUMPER RH SIDE RETAINER	NOT NECESSARY	37.00	-
1	SET FRONT BUMPER FASTENERS	REPLACED	35.00	35.00
1	RH HEADLAMP ASSY	NOT NECESSARY	2,032.00	-
1	RH FRONT FENDER	REPAIRED SEE LABOUR	488.00	-
1	RH FRONT FENDER WHEEL ARCH MOULDING	REPLACED	198.00	198.00
1	SET RH FRONT FENDER WHEEL ARCH MOULDING FASTENERS	REPLACED	18.00	18.00
	LESS 20% DISCOUNT		-	-204.60
			3,656.00	818.40
LABOUR				
	TO PANEL BEAT AND RENEWAL OF ALL NECESSARY DAMAGED BODY PARTS. INCLUSIVE OF THE REPAIR OF RH FRONT FENDER.		1,040.00	200.00
	TO REALIGN HEADLAMP FOCUS.	NOT NECESSARY	35.00	-
	TO CHECK WIRING AND REWIRE.	NOT NECESSARY	60.00	-
	TO APPLY ANTI-RUST.	NOT NECESSARY	120.00	-
	TO PUTTY AND SPRAY-PAINT OF AFFECTED AREAS.		960.00	200.00
			2,215.00	400.00
GRAND TOTAL			5,871.00	1,218.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				950.00

Report Ref No. CS3/AIG18023117/Gtd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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