Surveyor

REF: CS3/AIG1801663 2/GSD3-1

Special Instruction: L/S: $ 8,400.00

**ASSIGNMENT (Office)**

From (Person): Loh chee Heng of AIG Date/Time: 12/3/2018@1.50pm

Estimated Cost: Bill to:

*Third Parties:*

Claimant:

Surveyor: Sincere Appraisal Services

Workshop: A-Tec Automotive

**OD/TP Re-inspection / Evaluation**

To Inspect Vehicle No: SJR 1033K Insured: SICM8108Y

at Workshop m/s A-Tec Automotive Tel: 9850 9051

of 8 Kaki Bkt Ave 4 #01-20

Policy No: Claim No: 1013070815G-003

Sum Insured: Excess:

Make of Veh: D.O.A. 9/9/2018

(Client's Record)

29/03/2019@ 3pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig , days (Red $ / %; Original 10 days)

Date/Time: 29/3 Submit Final Fig ~~4500~~ 4250, 6 days (Red $ ~~1,350~~ 1,150/ ~~30~~ 25%; Original 0 days)

| Date/Time | Action/Instruction |
|---|---|
| | |

RECEIVED 03 APR 2019

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

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

**Para(3) : Nett Value**

Market Value :

Salvage Value :

Nett Value :

Inspected/ Evaluated by:

| Fee Charged: | Date: |
|---|---|
| Basic & Add | 200 |
| Transport | |
| Photos | |
| Others | |
| Total | 200 |

1) Date/Time File Pass to 2) Date/Time File Return to

3) Date/Time File Pass to 4) Date/Time File Return to

5) Date/Time File Pass to 6) Date/Time File Return to

Surname:

REF:

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle M/s:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: $11500

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 6 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SJR1033K Yr Regn: Jun 2009

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai Avante c.c 1591

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 229292 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KMHDU41BR-9477678

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 195/60 R15

R: "

**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO** or NEXTON

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 8 mm | R/Bal. | 8 mm |
| L/Bal. | 8 mm | L/Bal. | 8 mm |
| D.O.A. | | D.O.I. | 29-03-19 |

Survey held at W/S 3pm

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

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

| Date / Time | Action / Instruction |
|---|---|
| | |

1/4/2019.

Date/Time. File **Pass** to?

1)

Date/Time. File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

**Days Of Repair:**

**Resurvey No. of Trip:**

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

**Report Format :**

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

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| S + RS SI | |
| Photos | |
| Others | |
| TOTAL: | |

ASS. REC. BY: | REF: CS3/AIG18016532/Acd3 | Special Instruction:

Surveyor: Adrian

**ASSIGNMENT (Office)**

From (Person): Chin Lee Ying of AIG Date/Time: 11/9/18 10:52am

Estimated Cost: Bill to:

**OD / TP / WS / TP RES / OD RES / EVA / INV / MV 7 CS**

To Inspect Vehicle No: SJR 1033K Insured: SKM8108Y

at Workshop m/s: A-Tec Automotive Tel: 6384 5206

of: 8 Kaki Bkt Ave 4 # 05-27

Policy No: 2100351924 Claim No: 101307018186

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 9/9/18

**CA / REV / REP. / REV 24 HRS (up)**

Date/Time: 11:47am 11/9/18 Person Contacted: Peggie H.O.D. Endorsement:

Vehicle: IN / OUT

| Date/Time | Action/Instruction ( x ) Estimate |
|---|---|
| | SJR 1033K - CC6/AxA1706 3170/Ue63g2 DOA: 21/02/17 |
| | SKM 8108Y - CC3/A1618001727/Kwb3g2 DOA: 25/01/2018 |
| | Dismantle: 12/9/2018 |
| | After repair: 20/9/2018 |
| | |
| | |

ASS. REC. BY: Adrian Ling

REF:

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 8 days Res.: **Yes** or **No**

Lum Sum: % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SJR1033K Yr Regn: 2009 June

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or

Make: Hyundai Avante cc 1591

Colour: Black. A/C: **Insured / Std / NI / NA**

Sp.Reading: 177960 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: KMHJU41BR9477678

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi: **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 185/60R15

R: 185/60R15

**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO** or Falken.

| Front | | | Rear | | |
|---|---|---|---|---|---|
| R/Bal. | 06 | mm | R/Bal. | 06 | mm |
| L/Bal. | 06 | mm | L/Bal. | 06 | mm |

D.O.A: D.O.I. 11/09/18

Survey held at A-Tec.

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

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

| Date / Time | Action / Instruction |
|---|---|
| | TP A/G PRS. |
| | MV : 11.5K. |
| | PV : 6.5K |
| | NOH : 5K. |

Date/Time, File Pass to: ☐ : Preli. Report

Date/Time, File Return to: ☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 3.

Add Fee: ☐ Site Insp ($ )

☐ Interview ($ )

☐ Tech. Insp ($ )

☐ Weekend ($ )

Survey Fee: 181

Transportation:

Phone:

Others: 20

TOTAL: 201

Report Format: DAR

Lump Sum / I.B.I. to:

## Nivitha (LKK Auto)

**From:** Loh, Chee-Heng <Chee-Heng.Loh@aig.com>
**Sent:** Tuesday, 12 March 2019 1:50 PM
**To:** assignments
**Cc:** Roy
**Subject:** RE: AIG ref: 1013070181SG-003, Your ref: AS.182164.RM, accident involving SKM8108Y and SJR1033K on 9 Sep 2018

Dear LKK,

Kindly assist to arrange for re-inspection of SJR1033K, and confirm appointment with Roy.

Documents will be sent in a separate encrypted email.

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


**Follow us:**



---

**From:** Roy [mailto:roy@chiaarul.com]
**Sent:** Tuesday, 12 March 2019 9:00 AM
**To:** Loh, Chee-Heng <Chee-Heng.Loh@aig.com>
**Subject:** RE: AIG ref: 1013070181SG-003, Your ref: AS.182164.RM, accident involving SKM8108Y and SJR1033K on 9 Sep 2018

Dear Mr Loh,

We refer to the above matter and email below.

Arrangements on the re-inspection of our client's vehicle has been made.

The details are as follows:

Date/Time: 29 Mar 2019, 3pm
Workshop: **A-Tec Automotive Pte Ltd**, 8 Kaki Bukit Avenue 4 Premier #04-20, Singapore 415875
Contact Person: LOH JUN LYNN, HP: 9850 9051

Please confirm your surveyor's attendance at the earliest so we may convey the same to our client.

Please do not hesitate to contact me should you have any queries.

Thank you and Best regards,

**Roy Marhoum (Mr.)**
Paralegal
M/s Chia S Arul LLC
151 Chin Swee Road
#03-09
Manhattan House
Singapore 169876
Tel: (65) 6733 4647 Fax: (65) 6733 8183

SINCERE
APPRAISAL SERVICES PTE LTD

# VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 635/TP/2018 Date: 26/9/2018

## REFERENCE

Date of loss: 9/9/2018
Claimant: Dream Carz Leasing Pte Ltd

## DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|---|---|---|---|
| Reg No: | SJR1033K | Make & | Hyundai |
| Reg date: | 9/6/2009 | Model | HD Avante 1.6A |
| Colour: | Black | Engine No: | G4FC9U661943 |
| Type: | Motor Car | Chassis No: | KMHDU41BR9U771678 |
| Type of Claims: | Third Party | Odometer No: | 177960km |
| | | Engine Cap: | 1591cc |

## CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

| | | | | | |
|---|---|---|---|---|---|
| General Condition: | Good | Steering: | Good | Engine Modification: | Nil |
| Paint work: | Good | Handbrake: | Good | Pre-accident | |
| | | Footbrake: | Good | Damage: | Nil |

## CONDITION OF TYRES

| | | | |
|---|---|---|---|
| Front Left Size: | Michelin 195/60R15 70% | Front Right Size: | Michelin 195/60R15 70% |
| Rear Left Size: | Michelin 195/60R15 70% | Rear Right Size: | Michelin 195/60R15 70% |

*The above percentages represent the remaining life of the tyre threads*

## COST OF REPAIRS

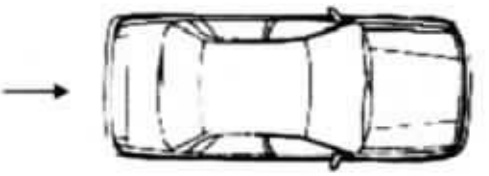
| | Repairer S$ | Adjuster S$ |
|---|---|---|
| Parts | $ 7,179.60 | $ 7,179.60 |
| Labour | $ 3,850.00 | $ 3,310.00 |
| Calculated Cost (S$) : | $ 11,029.60 | $ 10,489.60 |

**Recommended Lump Sum Repair Cost (S$) : $ 8,400.00**

Date of Assignment: 10/9/2018
Date Inspected: 10/9/2018
Est. repair Period: 10 days

Inspected At: A-Tec Automotive Pte Ltd
8 Kaki Bukit Avenue 4
#05-27 Premier
Singapore 415875

## POINT OF IMPACT

| | |
|---|---|
| Damaged at the rear portion |  |

## BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Eu Tong Sen Street.

## GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the rear portion.

## SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is $11,029.60. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of $8,400.00.

We have not authorised the repair. Under normal circumstances, estimated **10** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.

SINCERE APPRAISAL SERVICES PTE LTD

**Dave Chang**
*Automotive Appraiser*
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

*Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.*

ANNEX A

**REPAIR DETAILS**

Recommended Parts

| No | Qty | Description | Condition | Amount | Amount |
|---|---|---|---|---|---|
| 1 | 1 | Rear bumper assy | dented | $ 668.00 | $ 668.00 |
| 2 | 2 | Rear bumper bracket | bent/necessary | $ 66.00 | $ 66.00 |
| 3 | 2 | Rear bumper side retainer | bent/necessary | $ 76.00 | $ 76.00 |
| 4 | 1 | Rear bumper reinforcement | broken | $ 364.00 | $ 364.00 |
| 5 | 1 | Rear bumper sponge | cracked | $ 178.00 | $ 178.00 |
| 6 | 1 | Rear bootlid assy | dented | $ 787.00 | $ 787.00 |
| 7 | 1 | Rear bootlid centre logo | necessary | $ 42.00 | $ 42.00 |
| 8 | 1 | Rear bootlid 'avante' emblem | necessary | $ 38.00 | $ 38.00 |
| 9 | 1 | Rear bootlid 's' emblem | necessary | $ 36.00 | $ 36.00 |
| 10 | 1 | Rear bootlid inner trim board | warped | $ 163.00 | $ 163.00 |
| 11 | 1 | Rear bootlid lock mechanism | bent | $ 115.00 | $ 115.00 |
| 12 | 1 | Rear bootlid lock catch | bent | $ 46.00 | $ 46.00 |
| 13 | 2 | Rear bootlid hinges | bent/necessary | $ 161.00 | $ 161.00 |
| 14 | 2 | Rear bootlid rubber stopper | necessary | $ 36.00 | $ 36.00 |
| 15 | 1 | Rear bootlid weatherstrip | warped | $ 162.00 | $ 162.00 |
| 16 | 1 | Rear bootlid left taillamp | bent/cut | $ 387.00 | $ 387.00 |
| 17 | 1 | Rear bootlid right taillamp | bent/cut | $ 387.00 | $ 387.00 |
| 18 | 1 | Rear right taillamp | bent/cut | $ 465.00 | $ 465.00 |
| 19 | 1 | Rear left taillamp | bent/cut | $ 465.00 | $ 465.00 |
| 20 | 1 | Rear left fender side inner garnish | warped/necessary | $ 352.00 | $ 352.00 |
| 21 | 1 | Rear right fender side inner garnish | warped/necessary | $ 352.00 | $ 352.00 |
| 22 | 1 | Rear end lower panel | dented | $ 489.00 | $ 489.00 |
| 23 | 1 | Rear end lower panel top garnish | bent/warped | $ 116.00 | $ 116.00 |
| 24 | 1 | Rear floor panel assy | buckled | $ 982.00 | $ 982.00 |
| 25 | 1 | Rear exhaust muffler assy | bent | $ 893.00 | $ 893.00 |
| 26 | 2 | Rear exhaust muffler rubber mounting | necessary | $ 36.00 | $ 36.00 |
| | | | | $ 7,862.00 | $ 7,862.00 |
| | | Less 20% | | $ 1,572.40 | $ 1,572.40 |
| | | | | $ 6,289.60 | $ 6,289.60 |

3710.2

20%: 2968.16

ANNEX A

Recommended Parts

| No | Qty | Description | Condition | Amount | Amount | |
|---|---|---|---|---|---|---|
| | | Special Nett Items | | | | |
| 1 | 10 | Rear bumper clips | necessary | $ 50.00 | $ 50.00 | 40 |
| 2 | 8 | Rear bootlid inner trim board clips | necessary | $ 30.00 | $ 30.00 | 20 |
| 3 | 6 | Rear left fender side inner garnish clips | necessary | $ 30.00 | $ 30.00 | X 5 NN |
| 4 | 6 | Rear right fender side inner garnish clips | necessary | $ 30.00 | $ 30.00 | X 5 NN |
| 5 | 6 | Rear end lower panel top garnish clips | necessary | $ 30.00 | $ 30.00 | 10 |
| 6 | 1 | Rear end lower panel sealant | necessary | $ 120.00 | $ 120.00 | 50 |
| 7 | 1 | Rear floor panel sealant | necessary | $ 120.00 | $ 120.00 | X 5 NN |
| 8 | 1 | Rear floor panel insulator pad | necessary | $ 150.00 | $ 150.00 | X 5 NN |
| 9 | 2 | Rear bumper reverse sensor | malfunction | $ 250.00 | $ 250.00 | 200 |
| 10 | 1 | Rear no plate with garnish | necessary | $ 80.00 | $ 80.00 | X NN |
| | | | | $ 890.00 | $ 890.00 | |
| | | | | | | 320 |
| | | **Total Parts** | | **$ 7,179.60** | **$ 7,179.60** | |

ANNEX B

[redacted]

Recommended Labour

| No | Description | | |
|---|---|---|---|
| 1 | Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts. | $ 1,600.00 | $ 1,400.00 |
| 2 | To putty and spray painting rear portion. | $ 1,600.00 | $ 1,400.00 |
| 3 | To check rear lighting and wiring. | $ 50.00 | $ 30.00 |
| 4 | To remove and install rear bootlid lock mechanism. | $ 60.00 | $ 40.00 |
| 5 | To remove and install rear exhaust muffler. | $ 100.00 | $ 80.00 |
| 6 | To remove and install rear inner garnish and trim to facilitate the repair. | $ 140.00 | $ 120.00 |
| 7 | To apply anti rust proofing to rear affected area. | $ 120.00 | $ 100.00 |
| 8 | To remove and install rear bumper reverse sensor. | $ 80.00 | $ 60.00 |
| 9 | Towing service. | $ 100.00 | $ 80.00 |
| | **Total labour :** | **$ 3,850.00** | **$ 3,310.00** |

ANNEX C

[redacted]

Adjusted Repair Cost

[redacted]

| | | |
|---|---|---|
| **Total parts :** | **$ 7,179.60** | **$ 7,179.60** |
| **Total labour :** | **$ 3,850.00** | **$ 3,310.00** |
| **Total repair cost :** | **$ 11,029.60** | **$ 10,489.60** |

| | |
|---|---|
| **Adjusted Repair Cost (Lump Sum Repair)** | **$ 8,400.00** |

MVA318117230 / VAC - Kaki Bukit
ENTRY DATE & TIME: 10/09/2018 15:55
SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

# 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 willful misrepresentation or witholding 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 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 | 10/09/2018 15:55 |
| Date Of Accident | 09/09/2018 15:35 |
| Exact Location Of Accident | EU TONG SEN STREET |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SJR1033K |
| **Insured/Policyholder** | |
| Name Of Registered Owner | DREAM CARZ LEASING PTE LTD |
| Co Reg No | 20143303R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63845206 |
| **Vehicle Particulars** | |
| Manufacturer | HYUNDAI |
| Model | AVANTE-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| **Insurance Company** | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5098642708 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | LOH JUN LYNN |
| NRIC No | S8370462D |
| Date Of Birth | 19/12/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/02/2004 |
| Driving Experience | 14 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98509051 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | 8 KAKI BUKIT AVENUE 4 #05-27 PREMIER @ KAKI BUKIT |
| Postcode | 415875 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

**Other Information**

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| 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 BELOW STATEMENT/SKETCH PLAN

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

| | |
|---|---|
| Vehicle Registration Number | SKM8108Y |
| Vehicle Make/Model/Colour | JAGUAR |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE ENG SENG |
| NRIC/Passport Number | S1732888C |
| Contact Number | 93865468 |
| Address | 15 WEST COAST WALK #2128 |
| Postcode | 127162 |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

**DETAILS OF INJURED PERSON 1**

| | |
|---|---|
| Name | LOH JUN LYNN |

| | |
|---|---|
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SJR1033K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | |
| Address | |
| Postcode | |

## 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.

10 SEP 2018

Policyholder's Signature
Date & Time:

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

JDAC KAKI BUKIT(VAC)
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Singapore 415933
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

## Accident Sketch Plan Pg. 1

**SKETCH PLAN**

Eu Tong Sen Street


(A) SJR1033K.
(B) SKM8108Y.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was travelling along Eu Tong Sen Street while vehicle in front stop. I also stopped in time and stationary. Suddenly vehicle B came from behind and hit into the rear portion of my vehicle

**DECLARATION**

I/We declare the foregoing particulars are true in every respect. 10 SEP 2018

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

**Accident Photo**

Accident Photo

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

Accident Photo

Accident Photo

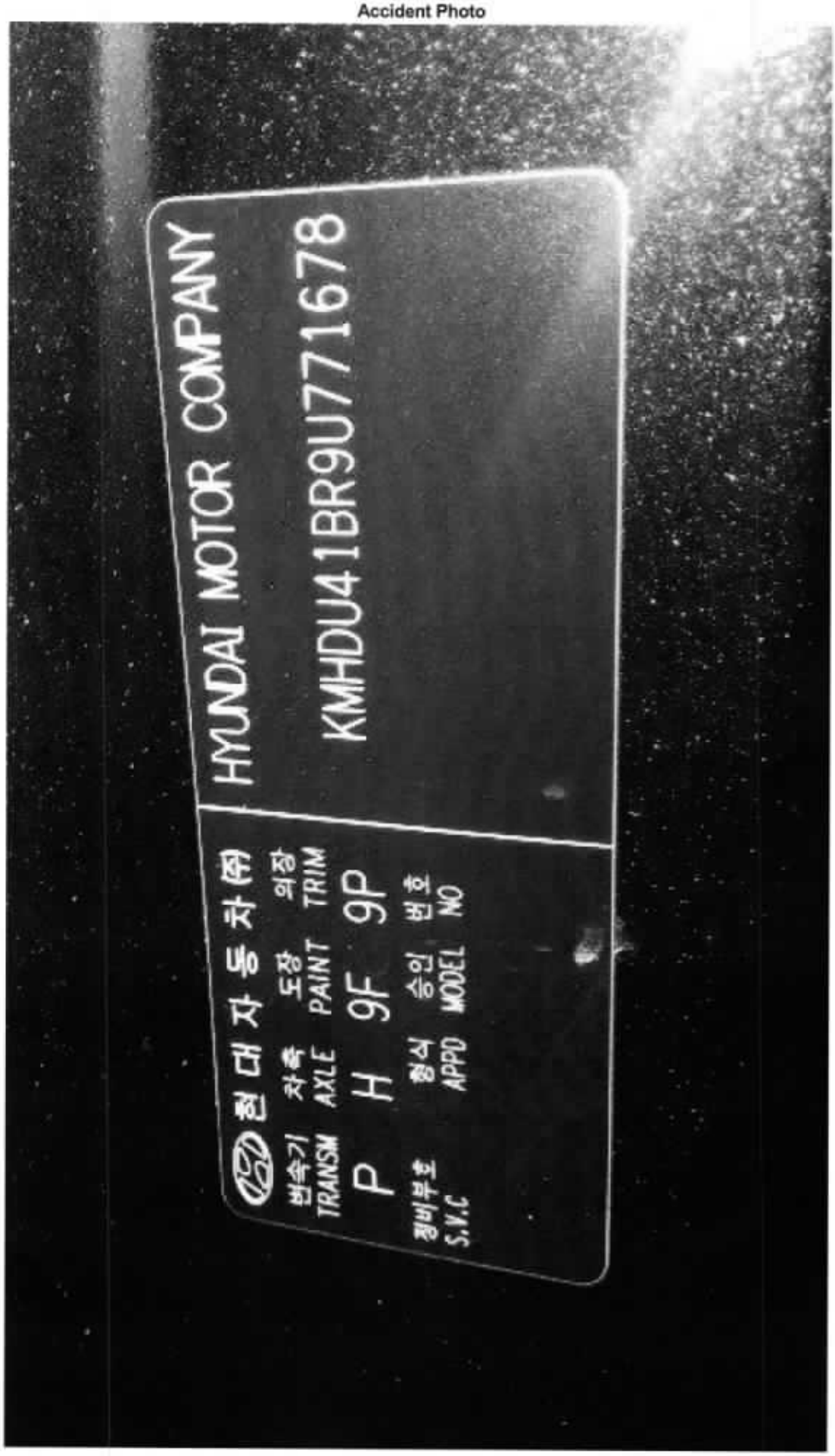
**Accident Photo**

**Accident Photo**

Accident Photo

Accident Photo

Accident Photo



MMOV18117957 / Mova Automotive Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 11/09/2018 15:50
SUBMITTED BY: Enny

**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 11/09/2018 16:52**

# 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 witholding 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 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 | 11/09/2018 15:50 |
| Date Of Accident | 09/09/2018 15:35 |
| Exact Location Of Accident | EU TONG SENG STREET |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SKM8108Y |
| **Insured/Policyholder** | |
| Name Of Registered Owner | CHAN SIEW HIANG |
| NRIC No | S1812813F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96230521 |
| Alternative Phone No | Others-96230521 |
| **Vehicle Particulars** | |
| Manufacturer | JAGUAR |
| Model | XF 2.0L GTDI |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |
| **Insurance Company** | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100354924 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | LEE ENG SENG |
| NRIC No | S1732888C |
| Date Of Birth | 27/09/1965 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/09/1994 |
| Driving Experience | 23 YEARS AND 11 MONTHS |

| | |
|---|---|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93865468 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | 15 WEST COAST WALK<br>#21-28 |
| Postcode | 127162 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | WET |

**Other Information**

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| 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 SKETCH PLAN

**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 | SJR1033K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

      (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

      (ii) investigating the accident and/or my claims;

      (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

      (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

      (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")

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

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

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

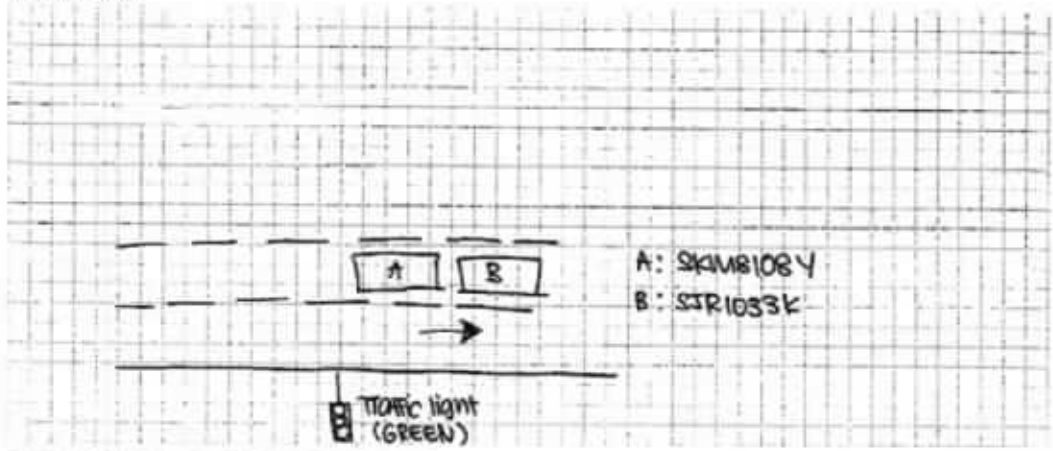
   (e) the information so collected under (d) above may be shared / disclosed:

      (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

      (ii) for complying with requirements under any regulations, laws or court orders.

| | | |
|---|---|---|
| Policyholder's Signature:<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

| | |
|---|---|
| LICENSE PLATE: SKM8108Y | ACCIDENT DATE & TIME: 09-09-18, 1535 |
| CONTACT NUMBER: 93865468 | E-MAIL ADDRESS: – |
| LOCATION: Eu Tong Sen St towards Bugis. | |
| I am driving along Eu Tong Sen St (central mall) just pass by the traffic | |
| light when it turn green. The vehicle in front of me suddenly e-brake causing | |
| me to hit the back of his vehicle. I DO not know why he brake as the | |
| traffic was smooth on that day. I did not notice any vehicle in front of | |
| his vehicle. | |

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

(✓) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

**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:

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

Accident Photo

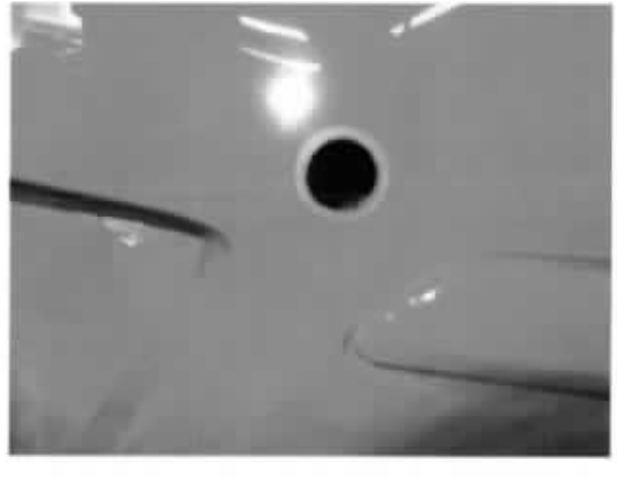
Accident Photo

Accident Photo


SC2196J


SC2196J


SKC2196J



# 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

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Ref : CS3/AIG18016532/Gsd3e2-1

Date : 03-04-2019

Code : AIG

**1. Policy Particulars :- THIRD PARTY CLAIM**

| | | | | |
|---|---|---|---|---|
| | **Insured Veh.** | SKM 8108Y | **Veh. Inspected** | SJR 1033K |
| | **Policy No.** | 2100354924 | **Coverage ($)** | 0.00 |
| | **Claim No.** | 103070181SG-003 | **Excess ($)** | 0.00 |
| | **Assign From** | LOH CHEE HENG | **Assign Date** | 12/03/2019 |

**2. Vehicle Particulars & Condition**

| | | | | |
|---|---|---|---|---|
| | **Make & Model** | HYUNDAI AVANTE | **c.c** | 1591 |
| | **Engine No.** | HIDDEN | **Year of Reg.** | 2009 |
| | **Chassis No.** | KMHDU41BR9U771678 | **Colour** | BLACK |
| | **Odometer** | 229292 | **Steering** | IN ORDER |
| | **Brakes** | IN ORDER | **Modification** | STANDARD ALLOY RIM |
| | **General** | GOOD | | |

**3. Conditions of Tyres**

| | | **Size** | **Make** | **Balance** |
|---|---|---|---|---|
| | **R/H Front Tyre** | 195/60 R15 | NEUTON | 8 mm |
| | **L/H Front Tyre** | 195/60 R15 | NEUTON | 8 mm |
| | **R/H Rear Tyre** | 195/60 R15 | NEUTON | 8 mm |
| | **L/H Rear Tyre** | 195/60 R15 | NEUTON | 8 mm |

**4. Description of Damages**

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.

REPAIR CONDITION SEE DETAILS.

**5. General Information**

| | | | | |
|---|---|---|---|---|
| | **Accident Date** | 09/09/2018 | **Inspection Date** | 29/03/2019 |
| | **Survey held at** | 8 KAKI BUKIT AVE 4 #04-20 | | |
| | **Repairer** | A-TEC AUTOMOTIVE PTE LTD | | |

**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: **6 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




**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJR 1033K**

| Qty | Description of Parts | Condition | Estimate By Workshop ($)) | Our Adjusted ($) |
|---|---|---|---|---|
| | **REPLACEMENT OF PARTS** | | | |
| 1 | REAR BUMPER ASSY | REPLACED | 668.00 | 486.90 |
| 2 | REAR BUMPER BRACKET | REPLACED | 66.00 | 66.00 |
| 2 | REAR BUMPER SIDE RETAINER | REPLACED | 76.00 | 76.00 |
| 1 | REAR BUMPER REINFORCEMENT | REPLACED | 364.00 | 270.00 |
| 1 | REAR BUMPER SPONGE | REPLACED | 178.00 | 145.30 |
| 1 | REAR BOOTLID ASSY | REPLACED | 787.00 | 787.00 |
| 1 | REAR BOOTLID CENTRE LOGO | REPLACED | 42.00 | 25.80 |
| 1 | REAR BOOTLID 'AVANTE' EMBLEM | REPLACED | 38.00 | 30.80 |
| 1 | REAR BOOTLID 'S' EMBLEM | REPLACED | 36.00 | 28.20 |
| 1 | REAR BOOTLID INNER TRIM BOARD | NOT NECESSARY | 163.00 | - |
| 1 | REAR BOOTLID LOCK MECHANISM | REPLACED | 115.00 | 115.00 |
| 1 | REAR BOOTLID LOCK CATCH | NOT NECESSARY | 46.00 | - |
| 2 | REAR BOOTLID HINGES | NOT NECESSARY | 161.00 | - |
| 2 | REAR BOOTLID RUBBER STOPPER | NOT NECESSARY | 36.00 | - |
| 1 | REAR BOOTLID WEATHERSTRIP | REPLACED | 162.00 | 162.00 |
| 1 | REAR BOOTLID LEFT TAILLAMP | REPLACED | 387.00 | 189.60 |
| 1 | REAR BOOTLID RIGHT TAILLAMP | REPLACED | 387.00 | 189.60 |
| 1 | REAR RIGHT TAILLAMP | REPLACED | 465.00 | 266.50 |
| 1 | REAR LEFT TAILLAMP | REPLACED | 465.00 | 266.50 |
| 1 | REAR LEFT FENDER SIDE INNER GARNISH | NOT NECESSARY | 352.00 | - |
| 1 | REAR RIGHT FENDER SIDE INNER GARNISH | NOT NECESSARY | 352.00 | - |
| 1 | REAR END LOWER PANEL | REPLACED | 489.00 | 489.00 |
| 1 | REAR END LOWER PANEL TOP GARNISH | REPLACED | 116.00 | 116.00 |
| 1 | REAR FLOOR PANEL ASSY | REPAIRED SEE LABOUR | 982.00 | - |
| 1 | REAR EXHAUST MUFFLER ASSY | NOT NECESSARY | 893.00 | - |
| 2 | REAR EXHAUST MUFFLER RUBBER MOUNTING | NOT NECESSARY | 36.00 | - |
| | LESS 20% DISCOUNT | | -1,572.40 | -742.04 |
| | | | 6,289.60 | 2,968.16 |
| | **SPECIAL NETT ITEMS** | | | |
| 10 | REAR BUMPER CLIPS (SN) | REPLACED | 50.00 | 40.00 |

Report Ref No. CS3/AIG18016532/Gsd3e2-1

# 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




| Qty | Description of Parts | Condition | Estimate By Workshop ($)) | Our Adjusted ($) |
|---|---|---|---|---|
| 8 | REAR BOOTLID INNER TRIM BOARD CLIPS (SN) | REPLACED | 30.00 | 20.00 |
| 6 | REAR LEFT FENDER SIDE INNER GARNISH CLIPS (SN) | NOT NECESSARY | 30.00 | - |
| 6 | REAR RIGHT FENDER SIDE INNER GARNISH CLIPS (SN) | NOT NECESSARY | 30.00 | - |
| 6 | REAR END LOWER PANEL TOP GARNISH CLIPS (SN) | REPLACED | 30.00 | 10.00 |
| 1 | REAR END LOWER PANEL SEALANT (SN) | REPLACED | 120.00 | 50.00 |
| 1 | REAR FLOOR PANEL SEALANT (SN) | NOT NECESSARY | 120.00 | - |
| 1 | REAR FLOOR PANEL INSULATOR PAD (SN) | NOT NECESSARY | 150.00 | - |
| 2 | REAR BUMPER REVERSE SENSOR (SN) | REPLACED | 250.00 | 200.00 |
| 1 | REAR NO PLATE WITH GARNISH (SN) | NOT NECESSARY | 80.00 | - |
| | | | 890.00 | 320.00 |
| | **LABOUR** | | | |
| | LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN REAR AFFECTED AREA AND REPLACE REAR DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR FLOOR PANEL ASSY. | | 1,600.00 | 800.00 |
| | TO PUTTY AND SPRAY PAINTING REAR PORTION. | | 1,600.00 | 1,000.00 |
| | TO CHECK REAR LIGHTING AND WIRING. | | 50.00 | 30.00 |
| | TO REMOVE AND INSTALL REAR BOOTLID LOCK MECHANISM. | | 60.00 | 40.00 |
| | TO REMOVE AND INSTALL REAR EXHAUST MUFFLER. | NOT NECESSARY | 100.00 | - |
| | TO REMOVE AND INSTALL REAR INNER GARNISH AND TRIM TO FACILITATE THE REPAIR. | | 140.00 | 60.00 |
| | TO APPLY ANTI RUST PROOFING TO REAR AFFECTED AREA. | | 120.00 | 60.00 |
| | TO REMOVE AND INSTALL REAR BUMPER REVERSE SENSOR. | | 80.00 | 40.00 |
| | TOWING SERVICES. | NOT NECESSARY | 100.00 | - |
| | | | 3,850.00 | 2,030.00 |
| | **GRAND TOTAL** | | **11,029.60** | **5,318.16** |

| | | | | |
|---|---|---|---|---|
| | **RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)** | | | **4,250.00** |

Report Ref No. CS3/AIG18016532/Gsd3e2-1

**XING GUO QIANG**

**M.MATAI, AMSAE-A**

**Automotive Assessor**

**ADRIAN LING WAI PING**

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

**Licensed Appraiser**