

ASS. REC. B3

REF CS/AIG/19005083/ d3

Special Instruction:

SMV 09/01

ASSIGNMENT (Office)

From (Person):

Chin Lee Ying

of

AIG

Date/Time:

20/3/19 @ 10:11 am.

Estimated Cost:

Will to:

☒ OD / ☐ TP / ☐ WS / ☐ TR RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV / ☐ CS

To Inspect Vehicle No:

SJC 2698P

Insured:

at Workshop no:

Motor Image

Tel:

86113195

of

191 Lorong 8 for payoh

Policy No:

Claim No:

Sum Insured:

Excess:

TBA

Make of Veh.

(Client's Record)

D.O.A. 16/3/19

CA / REV / REP. / REV 24 HRS

21/3/19

H.O.D. Endorsement

Date/Time:

11:48am @ 20/3/19

Person Contacted:

Daniel

Vehicle IN/OUT

Date/Time

Action/Instruction (—) Estimate

19/7/19

SJC 2698P - NBA/INC 19004287/Y

D.O.A. - 16/3/2019

called Jeff and confirmed with him that this vehicle already survey by AIG IHS.

19/7/19

Revert through email to licensee. ~~Call~~ 2/8/19

Nivitha (LKK Auto)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Friday, 19 July 2019 5:06 PM
To: 'Chin, Lee-Ying'; assignments
Cc: 'Fong, Andy-SY'; SUR
Subject: RE: - SJC2698P - OD CLAIM - AIG INSURED - ARRANGE SURVEY - 21/03/2019 - 1100HRS

Dear Lee Ying,

Please be informed that according to the repairer vehicle already have been surveyed by the AIG HIS.

No survey was done for this case.

We will close this file at our end without billing.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 20 March 2019 12:03 PM
To: 'Chin, Lee-Ying' <Lee-Ying.Chin@aig.com>; assignments <assignments@lkkauto.com>
Cc: 'Fong, Andy-SY' <Andy-SY.Fong@aig.com>; SUR <sur@lkkauto.com>
Subject: RE: - SJC2698P - OD CLAIM - AIG INSURED - ARRANGE SURVEY - 21/03/2019 - 1100HRS

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle not in the workshop, repairer will arrange.

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Chin, Lee-Ying [mailto:Lee-Ying.Chin@aig.com]
Sent: Wednesday, 20 March 2019 10:12 AM
To: assignments@lkkauto.com; admin-a@lkkauto.com
Cc: Fong, Andy-SY <Andy-SY.Fong@aig.com>
Subject: - SJC2698P - OD CLAIM - AIG INSURED - ARRANGE SURVEY - 21/03/2019 - 1100HRS



This is a secure, encrypted message. To read it, open the attachment.

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นี่คือการรักษาความปลอดภัยข้อความที่เข้ารหัสลับ
เพื่ออ่านมันให้เปิดไฟล์ที่แนบมา

이것은 안전하고 암호화된 메시지입니다. 그것을
읽으려면 첨부 파일을 엽니다.

Ini adalah pesan, aman terenkripsi. Untuk membacanya,
membuka attachment.

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After that, open the attachment.

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www.avg.com

- SJC2698P - OD CLAIM - AIG INSURED - ARRANGE SURVEY - 21/0...

From: Chin, Lee-Ying
To: assignments@lkkauto.com, admin-a@lkkauto.com
Cc: Fong, Andy-SY
Sent: 20/3/2019 10:11:42 AM
Attachments:  SJC2698P ESTIMATE - OD.PDF  SJC2698P GIA REPORT - OD.PDF

Hi LKK,

Kindly assist to survey.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

From: Daniel Jude [<mailto:danieljude@motorimage.net>]
Sent: Wednesday, March 20, 2019 8:42 AM
To: AIG SGP, Claims-Survey
Cc: TPY Insurance Team; Mohamed Isman
Subject: SJC2698P - OD CLAIM - AIG INSURED - ARRANGE SURVEY - 21/03/2019 - 1100HRS
Importance: High



Hi Claims Team,

Kindly assist to arrange survey for the above mentioned

21/03/2019 – 1100hrs

Thank You.

Best Regards
Daniel A Jude
Service Executive
Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh Singapore 319255
HP: 8611 3195
Email: danieljude@motorimage.net
Website: www.tanchong.com : www.motorimage.net



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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	18/03/2019 22:01
Date Of Accident	18/03/2019 14:00
Exact Location Of Accident	JURONG WEST STREET 74
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC2698P
Insured/Policyholder	
Name Of Registered Owner	TAY KONG JOO
NRIC No	S7502312Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92728763
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100504516-01
Cover Note Number	

Driver

Name of Driver	CHUA GAUT LENG
NRIC No	S7523450C
Date Of Birth	06/08/1975
Occupation	INDOOR
Date Of Driving Pass	20/12/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97649523
Fax Number	
Contact Number	
E-Mail Address	GAUT75@YAHOO.COM

Address	APT BLK 766 JURONG WEST STREET 74 #13-29
Postcode	640766
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	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

PLEASE REFER TO THE ATTACHED DOCUMENTS

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBA881U
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RIZAM BIN JASIR
NRIC/Passport Number	S8911199D
Contact Number	93200964
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBA881U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode