INS. CASE OWNER: Ahmad | CC 3 /AIG1600 4063, Kh 3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 29/2/16 Date / Time: 29/2/16

Registered in Merimen: 2/3/16

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKV 7054C	Claim No. :	30312011315G
Name of Insured :	Kim H. San Angela	Policy No. :	21004 21380
Insured Tel No. :	HP: 98915586	Make / Model :	Mazda Biante
Excess Sec II :S$	D.O.A: 28/2/16	Place of Accident :	Open carpark infront of Blk 191 Lor Toa Payoh.
Is driver the owner? (YES / NO)	Nature of Accident :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
If NO, Driver Name / Age :		Insured Liability : %	**Final ? Yes / No**
Driver Tel No. :	(V/L: YES / NO)		

SHF 616Y → ______ → ______ → ______

INSRS: WSP: Tel: Liability: RMKS: Trans-cab	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
2/3/16	SHF616Y: (3) TP 1402073 2/19 5h2 DOF 19/10/16
KL	SKV 7054C - ☒
	- FINALISED.
08/04/16 @ 11.09pm	CALLED OI NO ANSWER.
11/04/16 @ 11.57am	CALLED OI NO RESPONSE.
12/04/16 @ 3.18pm	CALLED OI NO RESPONSE.
	- LETTER SENT TO OI FOR BULK SETTLEMENT
14/07/16	- RTUM @ TC. KIV FOR DOCS.
	KIV
17-10-17	WHAT O/I DESCRIBED IS RIGHT I DO NOT THINK O/I NEED TO CHANGE OR CUT LANE WHICH IS ONE WAY DRIVEWAY, 2 MINOR LOTS ON THE RIGHT ARE MEANT FOR EXISTING NO ENTRY, PLEASE CHECK WITH O/I'S COUNTER CLAIM STATUS. I BELIEVE 5050 AS BOTH PARTIES WITHOUT EVIDENCE & CONFLICTING VERSIONS.
17/10/17	- TEMP. CLOSE. TP UNKNOWN

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	12/4/16 - ASHIKE
After call ltr to OI:	SYCOM B/4

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup):		
After call ltr to OI:	✓	
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice:		
LTA / GIA:		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 1B1 S$ 744.82 (1.5 days) Reduction: 90 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No.: NIL (SIDE SWIPE)	If NO or B 28, Ass. Lia:
Repair Cost:	S$	"LOTTLED, TP UNKNOWN" SUBMIT WP REPORT
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	COPY SENT 17/10/17
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$	3) Survey fee: $320.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

ASS. REC. BY: Kenneth

REF: A/G/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 02 ~~HR~~ days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHF6167 Yr Regn: 06; 14

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

Truck / Trailer or A1

Make: Renault Latitude c.c 1995

Colour M.White IRel A/C: Insured / Std / NI / NA

Sp.Reading 300765 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AVC 778497

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: Rovelo 215/60R16

R: Falken

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	28/2/16	D.O.I.	29/2/16

Survey held at _____

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

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

Date / Time	Action / Instruction
29/2	GIA & Est not ready
2/3	$ 744.82 Texel
"	File pass to Catherine
14/7	$ 744.82 Ce, Firma Jasmine (2 X 132.68 + 100)
	KIV (Need: $ 7,019.65 / 90%)
	Global Sup $ 590.00 KIV

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: ___ $ + RS ___ $

Photos: _____

Others: _____

TOTAL: _____

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 : CC3/AIG16004063/Khg3

Date : 02-03-2016

Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SKV 7054C	Veh. Inspected	SHF 616Y
	Policy No.		Coverage ($)	0.00
	Claim No.		Excess ($)	0.00
	Assign From		Assign Date	02/03/2016

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	28/02/2016	Inspection Date	29/02/2016
	Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

TRANS-CAB AUTO SERVICES PTE LTD
NO.2 ANG MO KIO ST 63 SINGAPORE 569111
TEL NO.6287 6666 FAX NO.6257 1330
CO/GST REG NO.201019626G
SHF 616Y - AIG

Not Anthony
I.B.I $744.82
DONE

RIZA

Vehicle No.:	**SHF 616Y - RIZA**
Chassis No.:	VF1ABL15AUC278497
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	28.02.16
Third Party Insurer :	**AIG**

		PART		**LIST**
1	1	BUMPER COVER FRT	$	R 968.78 X
2	1	BUMPER RETAINER FRT LH	$	D.I 116.47 ✓
3	1	HEADLALMP LH	$	Sn 911.10 X
4	1	FENDER PANEL FRT LH	$	R 602.95 X
5	1	FENDER WHEELARCH FRT LH	$	Sn 107.33 X
6	1	FENDER PANEL FRT RH	$	R 602.95 X
7	1	AIR CLEANER LOWER	$	Sn 271.26 X
8	1	AIR CLEANER HOSE	$	Sn 58.57 X

TOTAL	**$**	**3,639.42**
10%	**$**	**363.94**
	$	**3,275.47**

Specical Nett

1	1SET	FRONT BUMPER CLIP	$	NN 66.00 X
2	1SET	FRONT WHEELARCH CLIP LH	$	NN 30.50 X
3	1SET	BUMEPR RETAINER FRT CLIP LH	$	NN 12.50 X
4	1	RIM RH FRT	$	Sn 385.00 X
5	1	TYRE RH FRT	$	Sn 330.00 X
6	1	CAP HUB RH FRT	$	Sn 35.00 X

TOTAL	**$**	**859.00**
TOTAL PARTS	**$**	**4,134.47**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	1,400.00 200
To Check Electrical Lighting Concerned.	$	NN 170.00 X
Putty and spray painting of the affected portion.	$	1,500.00 440
To rust-proofing of the affected areas.	$	NN 170.00 X

TRANS-CAB AUTO SERVICES PTE LTD
NO.2 ANG MO KIO ST 63 SINGAPORE 569111
TEL NO.6287 6666 FAX NO.6257 1330
CO/GST REG NO.201019626G

SHF 616Y - AIG

RIZA

To check steering geometry and computer wheel alignment	$	220.00 X
To transfer of tire, rim and on wheel balancing.	$	170.00 X

TOTAL	**$**	**3,630.00**
Over All Total	**$**	**7,764.47**

(PARTS BY PARTS) Repair Days **5 Days**

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:

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHF616Y
Vehicle to be Exported:	Yes
Intended De-registration Date:	29 Feb 2016
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001423
Chassis No.:	VF1ABL15AUC278497
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	$19,998.00
Original Registration Date:	27 Jun 2014
First Registration Date:	27 Jun 2014
Transfer Count:	0
Actual ARF Paid:	$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2022
PARF Rebate Amount:	$9,373.00

Intended COE Rebate Details

COE Expiry Date:	26 Jun 2022
COE Category:	A - Car (up to 1600cc & 97kW (130bhp))
COE Period(Years):	8
PQP Paid:	$57,338.00
COE Rebate Amount:	$45,312.00
Total Rebate Amount:	**$54,685.00**

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 29 Feb 2016

OK

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	29/02/2016 09:17
Date Of Accident	28/02/2016 12:20
Exact Location Of Accident	LOR 6 TOA PAYOH turning LOR 4 1ST CARPARK
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHF616Y
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
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	Taxi
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	NG HUNG HANG
NRIC No	S1448955Z
Date Of Birth	06/12/1960
Occupation	Outdoor
Date Of Driving Pass	05/03/1983
Driving Experience	32 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-86782318
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 31 DOVER ROAD #12-107
Postcode	130031
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
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
Number of Passengers (Including Driver)	2

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

On 28/02/2016 at about 1220 hours, I was travelling along Lorong 6 Toa Payoh making a left turn towards Lorong 4 on the first carpark. After passing the gantry gate, Vehicle B (SKV7054C) suddenly swerved into my lane without checking for oncoming vehicles. Thus resulted, Vehicle B's right rear side portion had collided onto my taxi's left front portion.

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV7054C
Vehicle Make/Model/Colour	MAZDA BIANTE 5-DOOR
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

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 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.

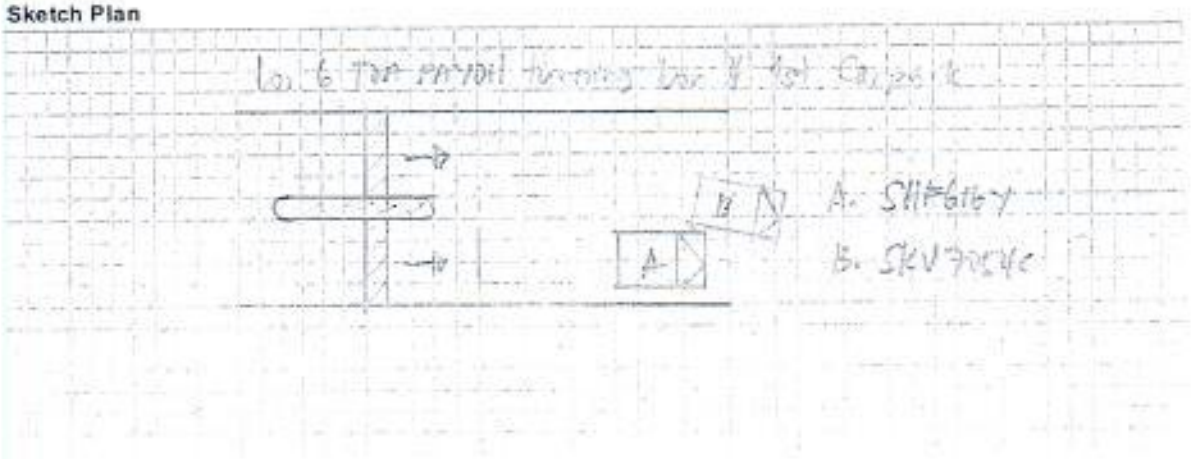
(collectively the "**Purposes**")

(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



Describe Circumstances of the Accident

Please refer to GIA report

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

RJ78

Witnessed by Reporting Centre Personnel

MTE116025583 / Trans Eurokars Pte Ltd - Sungei Kadut
ENTRY DATE & TIME: 29/02/2016 14:48

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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 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	29/02/2016 14:48
Date Of Accident	28/02/2016 12:25
Exact Location Of Accident	OPEN CARPARK INFRONT OF BLK 191 LOR 4 TOA PAYOH
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV7054C
Insured/Policyholder	
Name Of Registered Owner	LIM LI SAN ANGELA
NRIC No	S7714704G
Email Address	angelalim888@hotmail.com
Mobile Phone No	(LOCAL) +65-96915586
Alternative Phone No	Others-96915586
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA BIANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100421300
Cover Note Number	
Driver	
Name of Driver	LIM LI SAN ANGELA
NRIC No	S7714704G
Date Of Birth	02/06/1977
Occupation	Indoor
Date Of Driving Pass	15/04/1997
Driving Experience	18 Years And 10 Months
Gender	Female
Mobile Number	(Local) +65-96915586
Fax Number	
Contact Number	Others-96915586
EMail Address	angelalim888@hotmail.com

Address	54 LAKESIDE DRIVE #15-22
Postcode	648317
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
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
Number of Passengers (Including Driver)	5

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 THE ATTACHED SKETCH PLAN.

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF616Y
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Name of Driver	NG HUNG HANG
NRIC/Passport Number	S1448955Z
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

IMPORTANT NOTICE

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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.
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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.

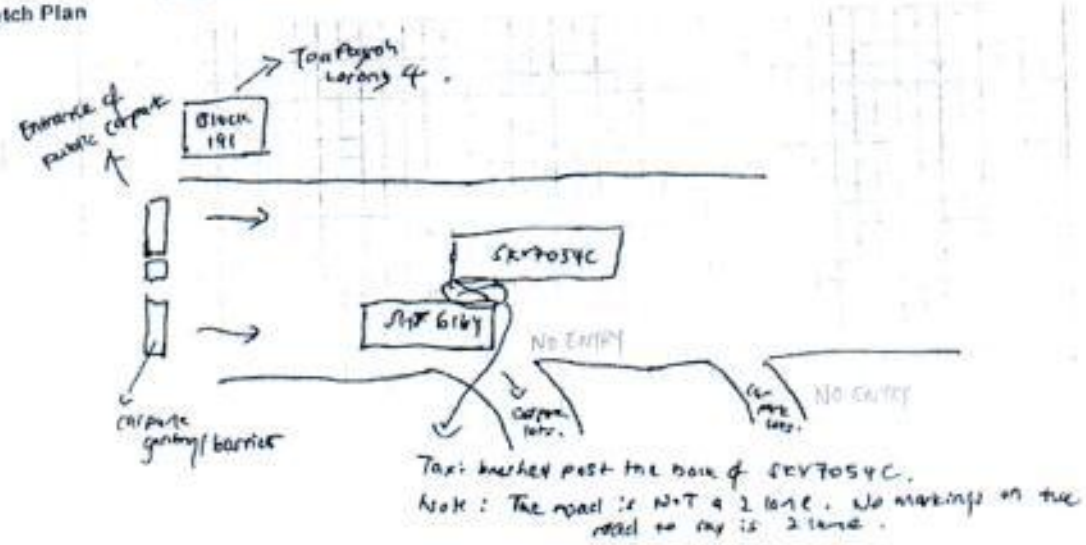
29/2/16

Policyholder's Signature / Date & Time 11:45 am

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

Accident happened on 28th February 2016 @ approximately 12:25 p.m. after my entrance to public carpark. Carpark is located in front of Block 191 at Toa Payoh Lorong 4.

After entering the gantry, cars merged into a lane. I was one of these cars and planning to turn to lanes on right side to get to carpark lots available for cars that are not season parking. Suddenly a red colour taxi (cab type) knocked into my right side behind. The taxi was trying to move forward from behind my car to "cut" lanes, ~~[illegible]~~ three causing the bump. My car was travelling at very slow speed, less than 20km/h at that point. This happened to be the side where my 6 months old baby was (seated on car seat). I also have elderly parents sitting at the back of my car.

We got down and exchanged details with taxi driver and took pictures of each others damaged car area.

Declaration

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

29th Feb 2016
11:45am

Policyholder's Signature / Date & Time

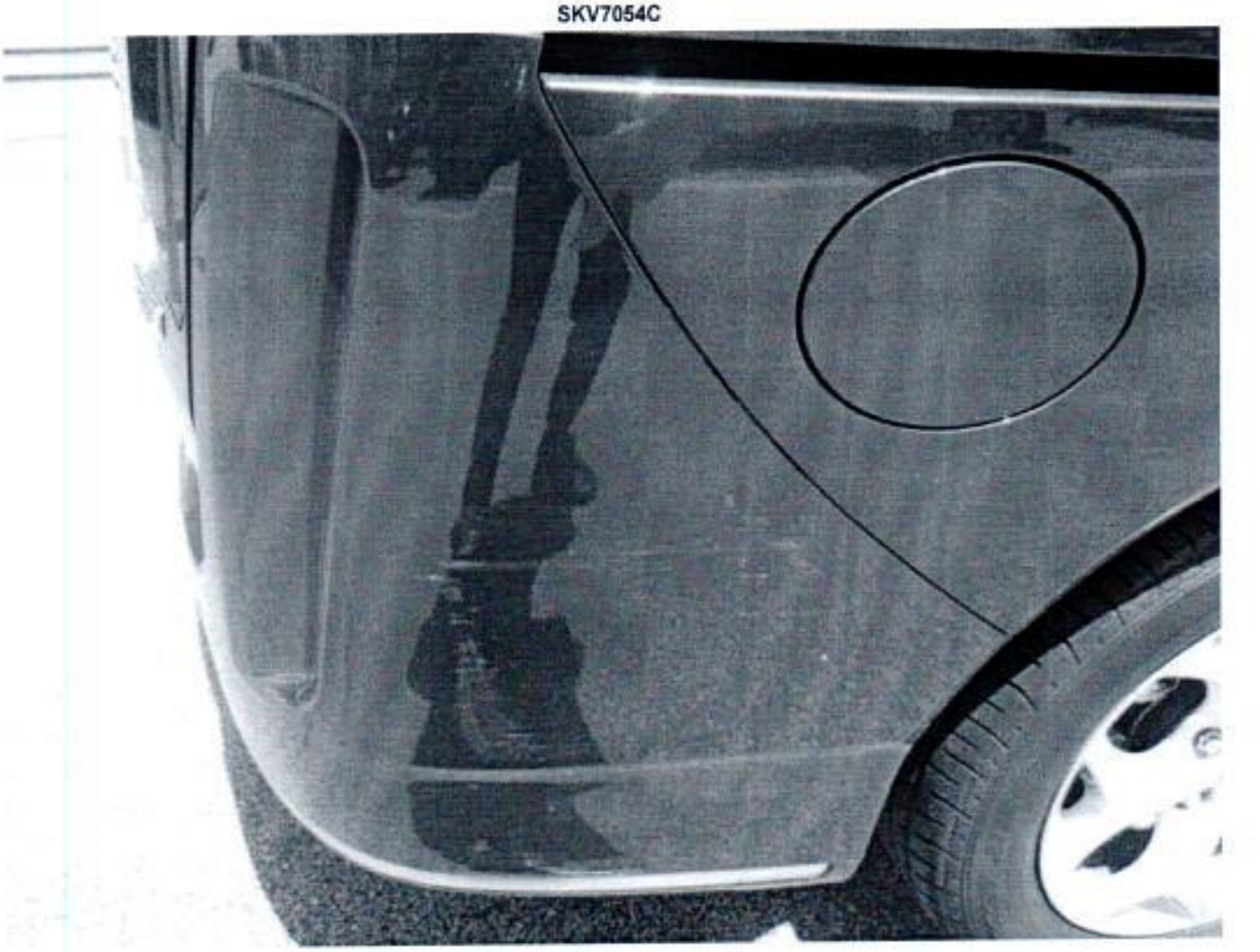
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
29-02-2016

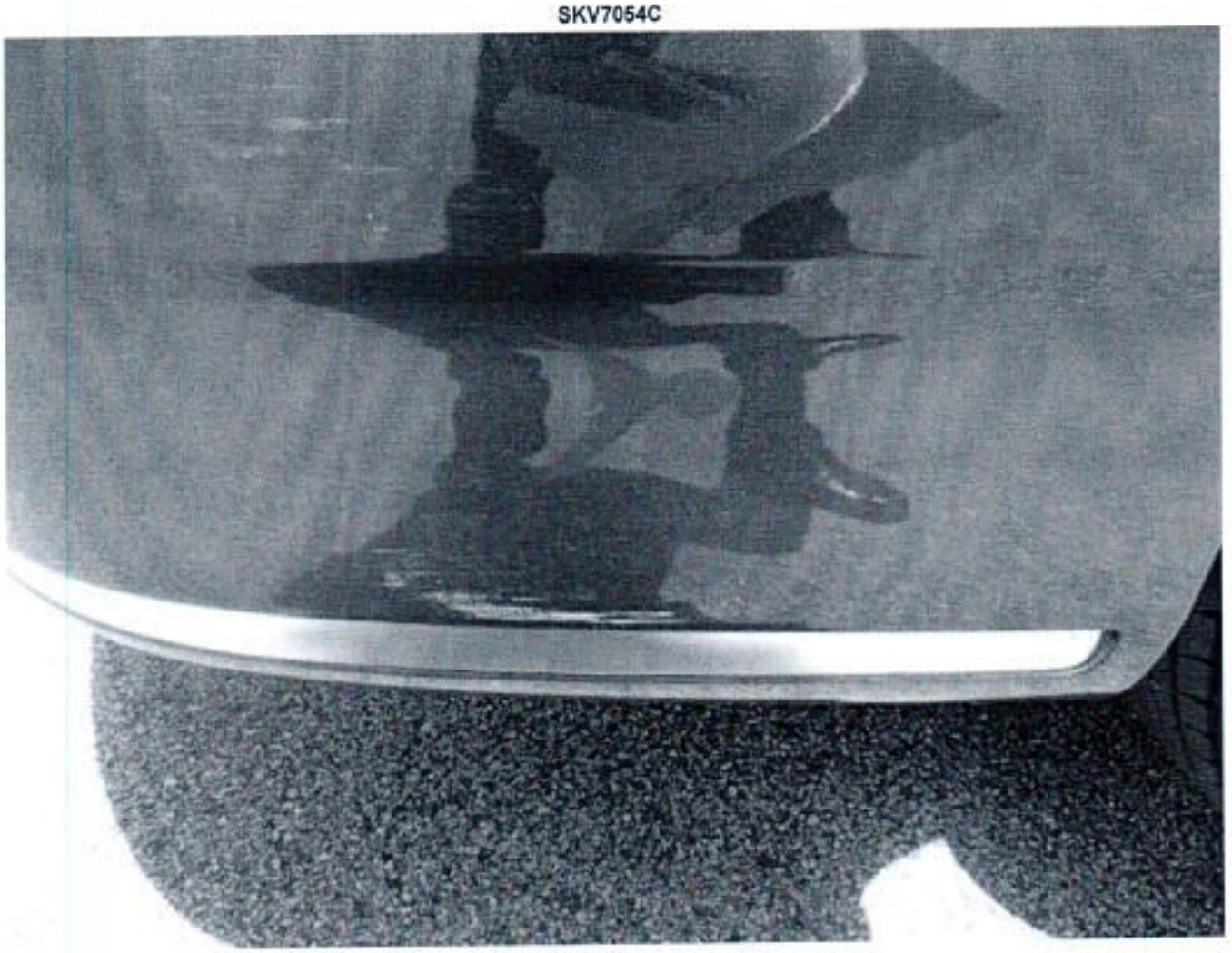
SKV7054C

SKV7054C

SKV7054C



SKV7054C



SKV7054C

Status of Driving Licence

Licence No. :	S7714704G
Status of Driving Licence :	Valid
Class of Driving Licence :	3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

The above information is accurate as at 02/03/2016 12:01 AM.

LKK Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/AIG16004063/Khg3

12 April 2016

LIM LI SAN ANGELA
54 LAKESIDE DRIVE
#15-22
SINGAPORE 648317

Dear Sir/Madam,

ACCIDENT INVOLVING SKV 7054C AND SHF 616Y ON 28/02/2016

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

Vic (LKKAuto)

From: Vic (LKKAuto)
Sent: Tuesday, 17 October, 2017 4:00 PM
To: Dally Amri, Mimi Zarina
Cc: Admin A; Vic (LKKAuto); Laili, Shahzlan; Sukimin, Nurasikin
Subject: Your Ref: 3031201131SG_ACCIDENT INVOLVING VEHICLES SKV 7054C (OI) AND SHF 616Y (TP) ON 28/02/2016

Your Ref: 3031201131SG
Our Ref: CC3/AIG16004063/Khb3

Dear Mi Mi,

ACCIDENT INVOLVING VEHICLES SKV 7054C (OI) AND SHF 616Y (TP) ON 28/02/2016

We refer to the above matter.

Please be informed that we had already finalized the COR and had already settled the matter with TP claimant at a 50% basis due to conflicting versions on 14/07/2016.

However, till date, no feedback and documents from TP repairer yet.

As such, we will proceed to temporarily close this matter and submit our Survey Report for your necessary action.

We will reopen the case should there be any further development.

Thank you.

Best Regards,
Vic Alpeh | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth. Print only when necessary.