Minmy -	- Commission		AIG (Omce)		ate/Time:161	16/2010
Estimated Cor			Bill to:			901001
OD #TP/W	S/TP RES / OD F	ES/EVA/INV/	MV / CS			
	thicle No:			Insured:	2KQ520	HB.
at Workshop i of 160 21	m/s <u>EM 201</u> 0 M \$103-18	then		Tel:	64560206	Bernare
Policy No.			Claim No:	939899	11651.56	
Sum Insured			Excess:	130 130 1	1.000	
Make of Veh:				D	.o.a. n[1]	0
Chent's Record CA / REV / Date/Time	REP. / REV 24	HRS			N.O.D. Endorsessed	
CA / REV	REP. / REV 24	Person Conta	octed:		N.O.D. Endorsessed	
CA / REV /	REP. / REV 24	Person Conto	octed:		N.O.D. Endorsessed	
CA / REV /	REP. / REV 24 15 1 Action/Instruction S67 9196 X	Person Conto	inted:		N.O.D. Endorsessed	
CA / REV /	Action/Instruction S6T 9196 X SKO 520H	Person Conta (*) Est - × 8 - ×	inted:		N.O.D. Endorsessed	
CA / REV / Dute/Time, Dute/Time	Action/Instruction SET 9196 X SKO 520H Digmand(1:1	Person Conta (*) [5] - × 8 - × 5 3019	into te	Vel	H.O.D. Endornement.	
CA / REV / Dute/Time, Dute/Time	Action/Instruction SET 9196 X SKO 520H Digmandle: 1	Person Conta (*) Est - × 8 - × 5 1 3019 with Berne	involute	Vel	H.O.D. Endornement.	
CA / REV / Dute/Time, Dute/Time	Action/Instruction SET 9196 X SKO 520H Digmandle: 1	Person Conta (*) Est - × 8 - × 5 1 3019 with Berne	involute	Vel	H.O.D. Endornement.	250/2
CA / REV / Dute/Time, Dute/Time	Action/Instruction SET 9196 X SKO 520H Digmandle: 1	Person Conta (*) [5] - × 8 - × 5 3019	involute	Vel	H.O.D. Endornement.	
CA / REV / Dute/Time, Dute/Time	Action/Instruction SET 9196 X SKO 520H Digmandle: 1	Person Conta (*) Est - × 8 - × 5 1 3019 with Berne	involute	Vel	H.O.D. Endornement.	250/2

Rayana Ale	4
	IGSMEST
From Date 15/1/19 Estimated Cost ***	Type (M.Car) M. Cycle / Bus / Van / Long / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck/ Trailer or (MPV)
To Imperit valued No. SGT 9196 X	Make ToyoTA PICNIC CS 1998
	Colour BCIAE AC Insured / Std / NI / NA
Workshopmon EM Solution	Sp.Reading 366938 T/Radio Insured / Std / NI / NA
# 160 SIN MING DR # 03-18	CLEC / SI
Policy No.	Cilio JIE GH23 B8000 3151
Chargo No.	Gen Cond 6601 Fair / Poor / Burnt
Sun Insured Excess	Sleering: Iporder / Jammed / Leaked / Burnt or
(Client's Record)	Broke: dhorder / Jammed / Leaked / Burnt or
(Control & Percents) Make of Veils	Modi Nil / \$170m / STD A/Rim or
(Policy Condition)	Tyre Size: F: 215/60/16
(Policy Condition) Remark: The yeh had commenced its: N/S OIS	R: 215/60/16
repair at the time of inspection.	BS / DUN / EXNOVA (FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO (II
Belt or Market Value IDAC Accelent Report Consistent? Yes or No.	Front Rear R/Bal C mm
POWER DAY OF STREET	2 "" 5 ""
φ (94)e	
tim Sum: % 3 Val. Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Read O/S N/S U/C Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	The Great Character Face Street Stree
MV 22,600.00	
NV 22,000.00 PV 17,047-00_ NV 4,753.00 4/3 49	
NV 4,153.00 4/3 49	50/2
	Town lun
	Days Of Repair: C
: Final Report	Resurvey No. of Trip: \ Survey Fee /80
The same of the sa	Transportation
Clab/Provi. F4e Return to I	States IS
Catofisse: File Return to (
Cate/Free, F4s Return to? Add Fee	Interview (\$) Helps
Clab/Provi. F4e Return to I	

Nivitha (LKK Auto)

From: Syed-Yusoff, Saliha <Saliha.Syed-Yusoff@aig.com>

Sent: Sunday, 16 June 2019 10:58 AM

To: SUR; Admin-D (LKKAuto)
Subject: AIG ref: 9398991651SG-003:

Attachments: 9398991651SG part 2.pdf; 9398991651SG TP survey report.pdf

Importance: High

Dear Team,

PRI was previously conducted by Lim Teow Guan, as such kindly assist with the paper adjustment of the COR.

Enclosed are 3p survey report for your easy reference. Both drivers' GIA report are in merimen.

Kindly acknowledge receipt.

Thank you!

Kind Regards, Saliha

Saliha Syed Yusoff

AIG

Senior Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

AIG Building,78 Shenton Way #08-16, Singapore 079120 Tel +(65) 6419 1917 | www.aig.sg

IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

PAR Automotive Consultancy

Regs. No. 529869741.

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel: 64531173, Fax: 64536131. Consultante: Vehicle approval & impaction, accident investigation, expert witness.

Report No: 0039-19-EMAm

15 April 2019

ACCIDENT VEHICLE SURVEY REPORT

Yeo Eng Teck

Blk 662 Woodlands Ring Road #09-212

Singapore 730662

VEHICLE INFORMATION:

Vehicle Reg No .:

SGT9196X

Odometer:

260938km

Make & Model: Chassis number:

Toyota Picnic Auto JTEGH23B800023151 Colour: Date of accident: Blue 11/01/2019

Year of Regn.:

26/04/2007

Date inspected:

15/01/2019

Repairer at:

EM Solution Pte Ltd

Date inspected (After Repair): 18/01/2019

160 Sin Ming Drive #03-19 Sin Ming Autocity

Singapore 575722

STATIC CHECKS, where applicable:

Steering:

serviceable

Footbrake:

serviceable

Handbrake : Paintwork:

serviceable

General condition:

Good Good

TIRE CONDITION:

LH / Make

RH / Make

Size

Front: Rear:

5mm/Goodyear 5mm/Goodyear

5mm/Goodyear 5mm/Goodyear

215/60R15 215/60R15

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the rear portion.

Please see details as described in the Annex for parts and labour.

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

PAR Automotive Consultancy

Parts and Labour Assessment

Report No: 0039-19-EMAm Vehicle No: SGT9196X

Description of part		Qty	Condition as inspected	Repairer's estimate	Our adjustment	
Rear tailgate		1	buckled	1,101.80		DDV
Rear tailgate glass moulding		1	necessary	117.30		
Rear tailgate emblem 'Toyota' logo		1	necessary	70.05	√ 70.05	1
Rear tailgate emblem 'Toyota'		1	necessary	40.40		+ NEC
Rear tailgate emblem 'Picnic'		1	necessary	47.30		The Part of the last of the la
Rear tailgate reflector lamp RH		1	fractured		198-30-219.45	
Rear tailgate outer garnish		-1	fractured	MM 99.65		BTL XIC
Rear tailgate outer handle		1	fractured	THE SECTION ASSESSMENT		BR XMC
Rear tailgate damper RH/LH		2	bent	425.40		
Rear tailgate inner trim board		1	deformed		46.90542.00	331443
Rear tailgate lock		1	bent		465-30205.55	- 1 W
Rear boot weatherstrip		1	deformed	247.55		
Rear bumper		1	squashed	408.20		
Rear bumper tow cover RH		1	deformed	28.10		
Rear bumper reflector RH			fractured	99.40		BR.
Rear bumper retainer RH/LH		2	necessary	97.80		NEW
Rear bumper side retainer RH/LH		2	necessary		115. % 113.80	
Rear end panel		1	buckled	371.30	programme and the second	
Rear end panel top garnish		1	deformed	126.40		
Rear luggage side trim RH		1	deformed		399-50 690.70	
Rear boot compartment top cover		1	deformed	652.00	652.00	W
Rear floor pan		1	buckled	987.20		100
Rear floor pan mat		1	deformed	441.30		
Rear exhaust silencer box		1	bent	799.95	799.95	
Rear exhaust pipe mounting		2	deformed	131.80		NA X
		Su	htotal before discoun			5767.5
Percentage discount	096		25%	0.00		1441.79
			Sub-total			#325,36
Rear tailgate glass sealant		1	necessary		40 00 70.00	
Reverse sensor		1	shorted	350.00	100 - 300.00	DIS V+100
Rear floor pan insulation mat		1	necessary		(5a to 200.00	
		Sui	htotal before discoun		570.00	290.00
Percentage discount	0%	and	0%	0.00	0.00	2000
			Sub-total		570.00	
			Parts-tota		6,767.03	4615.36

PAR Automotive Consultancy

	1200.	70 ~ ~
1,960.00	1,540.00	5 COLL
	800.0	1200 D
1,500.00	1,200.00	Card I
80.00	50.00	20
90.00	60.00	
150.00	120.00	
150.00	50-00 100:00	
150.00	50.00120.00	
4,080.00	3,190.00	2330.00
12,962.70	9,957.03	
	1,500.00 80.00 90.00 150.00 150.00 4,080.00	1,500.00 1,200.00 80.00 50.00 90.00 60.00 150.00 120.00 150.00 50-00 100.00 150.00 50-00 120.00 4,080.00 3,190.00

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on LUMP SUM repairs is :

\$7,900.00

and the recommended number of working days for the repairs is :

B J Loi (I Eng. MIMI, AIRTE) Automotive Appraiser

45 5,500/2

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/01/2019 19:02

SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

- 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
- 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. 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

	ACCIDENT STATEMENT
Date Of Report	15/01/2019 18:27
Date Of Accident	11/01/2019 18:30
Exact Location Of Accident	
Country/State of Loss	SLIP ROAD TO WOODLANDS AVE 3 FROM IND PK D
List of Loss	SINGAPORE
SECTION AND DESCRIPTION OF THE PERSON OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT9196Y

THE STATE OF THE S	SINGAL ORE	
STREET STATES, INS. 1	DETAILS OF OWN VEHICLE	NO INC.
Vehicle Registration Number	SGT9196X	
Insured/Policyholder	0010130X	
Name Of Registered Owner	YEO ENG TECK	
NRIC No		
Email Address	S7269985H	
September 19 and 19	NOEMAIL	
Mobile Phone No	(LOCAL) +65-82687193	
Alternative Phone No	OFFICE-82687193	
Vahlala Dautit	O1110E-02007193	

Vehicle Particulars	OFFICE-82687193	
Manufacturer	ТОУОТА	

Model PICNIC

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 AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA030972

Cover Note Number

Driver

Name of Driver YEO ENG TECK NRIC No. S7269985H Date Of Birth 07/04/1972 Occupation INDOOR Date Of Driving Pass 15/06/2011

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82687193

Fax Number

Contact Number OFFICE-82687193

EMail Address NOEMAIL Address BLK 662 WOODLANDS RING ROAD #09-212

Postcode 730662

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

€ "

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

nicie)

Was any body injured in the Accident?

NO

2

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

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE 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

SKQ5204B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver WONG TAT HUI

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 Authorised Driver.
- 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.
- 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.
- 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.
- 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 inturance 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:
 - 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 mix, 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")
- 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/low 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) allowe may be shared / disclosed:
 - 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.

Pulicyholder Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

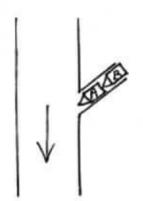
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

51,07-1



A-SGT 9196X B-SKQ 52048

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on illi	left to	Woodla pention o	nds Aven	ucle.	1 vehice	icting to
						the right tin
Repiñ	at other	v wat	slop			

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)
Oate & Time:

Reporting Centre Personner's Signature

NAIC/FIN No.: 15 1 @ 9.15A















SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 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 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.

 8y the lodgement of this report to the insurers, you hereby conservation. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/01/2019 19:41
Date Of Accident	11/01/2019 18:35
Exact Location Of Accident	WOODLAND INDUSTRIAL PARK D STREET 1 FILTERING TOWA
Country/State of Loss	SINGAPORE
Section 18 April 19 19	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ5204B
Insured/Policyholder	
Name Of Registered Owner	WONG TAT HUI (WANG DAHUI)
NRIC No	\$74972651
Email Address	DARREN888@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97592865
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	2100394759-04
Cover Note Number	
Driver	
Name of Driver	WONG TAT HUI (WANG DAHUI)
NRIC No	S7497265I
Date Of Birth	23/02/1974
Occupation	INDOOR
Date Of Driving Pass	09/12/2002
SELENCE CONTRACTOR AND	LINE PRINTED TO THE REAL PROPERTY OF THE PRINTED THE P

16 YEARS AND 1 MONTH

Gender Mobile Number MALE

(LOCAL) +65-97592865

Fax Number

Contact Number

EMail Address

DARREN888@YAHOO.COM.SG

Address

479 SEGAR ROAD #12-386 SINGAPORE

Postcode

670479

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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 NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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?

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGT9196X

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

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.
- 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.
- 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.
- 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.
- 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.
- H. 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 :
 - 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:
 - 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 Attre Fronnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
		a second
		15K452043
		B 2 56T9196X
	_\	Ø. ————————————————————————————————————
	1	
	4	
DESCRIBE CIRCUMS	TANCES OF THE ACCIDENT	also and
ACCIDENT DATE:	11-Jan-2019	LICENSE PLATE NO. SKG52041
ACCIDENT TIME:	12:37	CONTACT NUMBER:
LOCATION	(4.77	EMAIL:
Ad Jlu	01/2 1	1 11 11 1 1 1 1 2 0
w)- 11. 11	1 -1: 12 KD-	steel. The vehicle stant to move we 3 but Step s-ddenly when I bumb
ovordiand inc	Justial Face US	the 1. The vehicle stand to make
terward tout	NO VOODIEND AU	123 but Step suddenly when I bumb
into him.		
NOTE PLEASE NOTE THAT	YOUR INSURER MAY HAVE 14 DAYS	S TIME FRAME FOR YOU TO SUMMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICE
		YOUR POLICY FOR MORE INFORMATION
PLEASE STATE	/	SCLAIM THIRD PARTY (MEPONTING DALY)
ECLARATION We declare the foregoin	at martinulars are too a la com-	1/
,	g particulars are true in every	respect
Jan .		\\\\\ ~
qu-		

Policyholder's Signature Date & Time:

DELT CHARGOS II

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

Reporting Contro Personnel's Signature

Name: NRIC/FIN No.:









Driving License







Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars and Moler, Trackers the weight of which unlader does not exceed 2500 kilograms

Licence No: S74972651



5a.

5b.

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

_		Chathon	: 199607198R GST Reg. No. 19-9	3.540-3.653	
No.			nationale Des Experts En Autor		
AIG	ASIA PACIFIC INS	SURANCE PTE LTD	Ref : CS3/AIG19000	0883/Bqd3e2-1	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date: 24-06-2019		
lΠ	N : SALIHA		Code: AIG		
	product the	Policy Particu	lars :- THIRD PARTY CLA	IM.	
	Insured Veh.	SKQ 5204B	Veh. Inspected	SGT 9196X	
	Policy No.	2100394759-04	Coverage (\$)	0.00	
	Claim No.	9398991651SG-003	Excess (\$)	0.00	
	Assign From	SALIHA	Assign Date	16/06/2019	
2.		Vehicle F	articulars & Condition		
	Make & Model	TOYOTA PICNIC	c.c	1998	
	Engine No.	HIDDEN	Year of Reg.	2007	
	Chassis No.	JTEGH23B800023151	Colour	BLUE IN ORDER	
	Odometer	260938	Steering		
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	GOOD			
3.		Co	nditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	215/60 R16	GOODYEAR	5 mm	
	L/H Front Tyre	215/60 R16	GOODYEAR	5 mm	
	R/H Rear Tyre	215/60 R16	GOODYEAR	5 mm	
	L/H Rear Tyre	215/60 R16	GOODYEAR	5 mm	
4.		Desc	ription of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT TH	E REAR PORTION.		
	DAMAGES SEE D	ETAILS.			
5.		Ge	neral Information	NOTE OF THE PARTY.	
	Accident Date	11/01/2019	Inspection Date	15/01/2019	
	Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03- SIN MING AUTOCITY SINGAPORE 575722	18/19		

Remarks

Estimate Days of Repair

6 Working Days

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.

ESTIMATED NORMAL PERIOD FOR REPAIR:

B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGT 9196X

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR TAILGATE	DENTED	1,101.80	1,101.80
1	REAR TAILGATE GLASS MOULDING	DENTED	117.30	117,30
1	REAR TAILGATE EMBLEM 'TOYOTA' LOGO	NECESSARY	70.05	70.05
1	REAR TAILGATE EMBLEM 'TOYOTA'	NECESSARY	40.40	40.40
1	REAR TAILGATE EMBLEM 'PICNIC'	NECESSARY	47.30	47,30
1	REAR TAILGATE REFLECTOR LAMP RH	BROKEN	219.45	198.30
1	REAR TAILGATE OUTER GARNISH	NOT NECESSARY	99.65	
1	REAR TAILGATE OUTER HANDLE	NOT NECESSARY	198.30	
2	REAR TAILGATE DAMPER RH / LH	NOT NECESSARY	425.40	
1	REAR TAILGATE INNER TRIM BOARD	BENT	542.00	465.90
1	REAR TAILGATE LOCK	BENT	205.55	465.90
1	REAR BOOT WEATHERSTRIP	TORN	247.55	247.55
1	REAR BUMPER	DENTED	408.20	408.20
1	REAR BUMPER TOW COVER RH	CUT	28.10	28.10
1	REAR BUMPER REFLECTOR RH	BROKEN	99.40	99.40
2	REAR BUMPER RETAINER RH / LH	NECESSARY	97.80	97.80
2	REAR BUMPER SIDE RETAINER RH / LH	NECESSARY	113.80	113.80
1	REAR END PANEL	DENTED	371.30	371.30
1	REAR END PANEL TOP GARNISH	BENT	126.40	126.40
1	REAR LUGGAGE SIDE TRIM RH	BENT	690.70	399.00
1	REAR BOOT COMPARTMENT TOP COVER	NOT NECESSARY	652.00	
1	REAR FLOOR PAN	DENTED	987.20	987.20
1	REAR FLOOR PAN MAT	REPEATED	441.30	
1	REAR EXHAUST SILENCER BOX	NOT NECESSARY	799.95	
2	REAR EXHAUST PIPE MOUNTING	DEFORMED	131.80	131.80
	LESS 25% DISCOUNT		-	-1,379.38
			8,262.70	4,138.12
	SPECIAL NETT ITEMS			
1	REAR TAILGATE GLASS SEALANT (SN)	NECESSARY	70.00	40.00
1	REVERSE SENSOR (SN)	DISTORTED	350.00	200.00

Report Ref No. CS3/AIG19000883/Bqd3e2-1



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	REAR FLOOR PAN INSULATION MAT (SN)	NECESSARY	200.00	150.00
			620.00	390.00
	LABOUR			
	TO STRAIGHTEN AND PANEL BEATING REAR RH / LH FENDER, REAR CHASSIS FRAME MEMBER AND REAR FRAME MEMBERS. TO CUT / WELD REAR END PANEL AND REAR FLOOR PAN. TO REMOVE AND REFIT ABOVE PARTS.		1,960.00	1,100.00
	TO PUTTY, RE-SPRAY PAINTING AND POLISH AFFECTED AREAS.		1,500.00	1,000.00
	TO CHECK AND RECTIFY WIRING SYSTEM.		80.00	30.00
	TO RUST PROOF AFFECTED AREAS.		90.00	60.00
	TO REMOVE AND REFIT REAR TAILGATE GLASS.		150.00	120.00
	TO REMOVE, TRANSFER AND REFIT REAR TAILGATE COMPONENTS.		150.00	50.00
	TO REMOVE AND REFIT REAR EXHAUST BOX.		150.00	50.00
			4,080.00	2,410.00
	GRAND TOTAL		12,962.70	6,938.12
	RECOMMENDED COST OF LUMP SUM REPAIRS			4,950.00

Report Ref No. CS3/AIG19000883/Bqd3e2-1



Automotive Assessor

(TO ITS PRE-ACCIDENT CONDITION)

XX.X.

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:-This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report. In whole or in part, does so at his or her own risk.