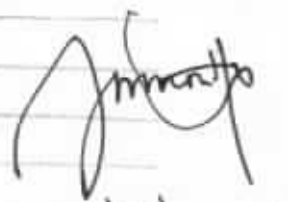


ASSIGNMENT BY: Steve REF: CJ3/AIG1900362/Eschert Instructions: \_\_\_\_\_  
 From (Person): Bernard Ler of AIG Date/Time: 25 June 2019  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_  
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CS  
 To Inspect Vehicle No: 8JT9305M Insured: 9MH2281X  
 at Workshop n/a: Verve Motorworks Tel: 91444476  
 of: 25 Iaki Bkt Rd 4 #0332  
 Policy No: 1800151499 Claim No: 776285887486  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A: 17/2/2019  
 (Client's Record)

CA / REV / REP. / REV 24 HRS  
 Date/Time: 1:47pm @ 26/2/19 Person Contacted: Kenneth Vehicle: ☒ IN / ☐ OUT

Date/Time	Action/Instruction (X) Estimate Insp: Iaki Bkt Ave C #02-38
	<u>8JT9305M - x</u>
	<u>9MH2281X - x</u>
	<u>After repair: 4/3/2019</u>
<u>27/6/19</u>	<u>Submit LIS \$2,100/- @ 5 days</u> <u>( \$2,740/- Red - 57% )</u>

  
26/6/2019

Steve

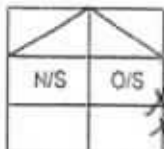
REF:

# ASSIGNMENT

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

(Policy Condition)

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



Ball or Market Value:

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs 4 days Res.: Yes or No

Lump Sum % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time : \_\_\_\_\_ Action / Instruction

MV - 15,900  
 PV - 10251  
 NV - 4749

Veh No: SJT 9305M at Page: 10/11/09  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or  
 Make: Mitsubishi Lancer C/L: 1-5

Colour: Red A/C Insured / Std / NI / NA

Sp. Reading: 210376 T/Ratio Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JMYSRCY 2A 94 004553

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: 205 / 60R16  
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 17/2/19 D.O.I: 26/2/19

Survey held at: H-S Auto

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

Rear RH

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

RECEIVED 2 FEB 2019

Date/Time: File Place to:

☐ : Prelim. Report  
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation

1. S + P. 2.

3. P/W

4. Other

5. ...

6. ...

Report Format: DAR.

Lump Sum / I.B. / I.S.

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

180
10
190

## Nivitha (LKK Auto)

---

**From:** Ler, Bernard-JQ <Bernard-JQ.Ler@aig.com>  
**Sent:** Tuesday, 25 June 2019 11:42 AM  
**To:** Admin A; Admin-D (LKKAuto)  
**Subject:** RE: Paper Adjustment for 7962858874SG-003 | SJT9305M vs SJT9305M On 17/02/2019  
**Attachments:** 7962858874SG\_.pdf  
**Importance:** High

Dear LKK,

Attached TP survey report and other supporting documents for your perusal. Unable to upload into Merimen as the file is too large.

Appreciate if you could assist this case on urgent basis as 8 weeks has passed and TP can issue Writ of Summons on their will.

Many thanks.

**Best Regards,**

Bernard Ler  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1946

[Bernard-JQ.Ler@aig.com](mailto:Bernard-JQ.Ler@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

---

**From:** Ler, Bernard-JQ  
**Sent:** 25 June 2019 10:12  
**To:** Admin A <admin-a@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Subject:** Paper Adjustment for 7962858874SG-003 | SJT9305M vs SJT9305M On 17/02/2019

Dear LKK,

Understand that PRI was conducted, appreciate if you could assist on the paper adjustment.

Thanks.

**Best Regards,**

Bernard Ler  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1946

[Bernard-JQ.Ler@aig.com](mailto:Bernard-JQ.Ler@aig.com) | [www.aig.com.sg](http://www.aig.com.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.

1351AE19022257 / SNE Motor Pte Ltd - Kian Buik  
ENTRY DATE & TIME 19/02/2019 15:36  
SUBMITTED BY: Chai Pui Ying

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 19/02/2019 15:43

## 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 elsewhere.

ACCIDENT STATEMENT	
Date Of Report	19/02/2019 15:36
Date Of Accident	17/02/2019 23:20
Exact Location Of Accident	MALAYSIA CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT9305M
Insured/Policyholder	
Name Of Registered Owner	JARON RANZ
NRIC No	S7917047Z
Email Address	JARONRANZ92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91595951
Alternative Phone No	OFFICE-91595951
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER EX
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
<b>Insurance Company</b>	
Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA003108
Cover Note Number	
<b>Driver</b>	
Name of Driver	FU KEE MIN
NRIC No	G7106620Q
Date Of Birth	17-02-1977
Occupation	INDOOR
Date of Validating Pass	15-11-2016
Driving Experience	ONE YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	09084444444
Home Number	
Contact Number	
Email Address	fu.kee.min@gmail.com

Address 467 RIVER VALLEY ROAD #02-22  
 Postcode 248352  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured FRIEND  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 6

Passenger 1 NAME: GOH BENG CHEN ANTHONY  
 GENDER: MALE  
 Passenger 2 NAME: CHING YA ZHEN  
 GENDER: FEMALE  
 Passenger 3 NAME: TUNG POI YEE  
 GENDER: FEMALE  
 Passenger 4 NAME: SIM AI CHOO  
 GENDER: FEMALE  
 Passenger 5 NAME: FU SHAU WEI  
 GENDER: MALE

**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**

WHILST STATIONARY IN MY LANE AT THE MALAYSIA CUSTOM, SUDDENLY VEHICLE B (SMH2281X) ENCROACHED INTO MY LANE AND COLLIDED ONTO MY REAR RIGHT HAND PORTION.

**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 SMH2281X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE B

PRIVATE CAR

TAN JUN WEI

S871059SD

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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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.
- (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





## Sketch Plan #2 Pg. 1

## Circumstances of the Accident

WAS STATIONARY IN MY LANE AT THE MALAYSIA CUSTOM, SUDDENLY VEH 'B' SNIATCHED  
 BACKWARDS INTO MY LANE AND COLLIDED ONTO MY RIGHT HAND REAR PORTION.

## Declaration

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

Witnessed by Reporting Centre  
 Personnel

Stamp area with illegible text and a date stamp: 1 FEB 2014



# PROMINENT APPRAISER SERVICES PTE LTD

**Qualified Loss Adjusters And Motor Appraisers**

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

## INVOICE

Mr Jaron Ranz  
C/o. 25 Kaki Bukit Road 4  
Synergy@KB #03-31  
Singapore 417800

Invoice No. : HA/1903-59

Date : 26/03/2019

Descriptions	Amount (SGD)
Services rendered for appraiser / inspection report :-	
Survey Fee	
Photographs	
Transport Fees	
Re-inspection Fees	
<b>Total :</b>	<b>SGD : \$ 436.00</b>
SGD Dollar : Four Hundred Thirty Six Dollars Only.	
Our Reference : PAS/TP/0190219	
Vehicle No. : SJT9305M	
Make & Model : Mitsubishi Lancer Ex 1.5	
Your Claim No. : Third Party Claim	

### Notes:

All cheque payment should be Crossed and made payable to "PROMINENT APPRAISER SERVICES PTE LTD"

Please indicate our "INVOICE NO." on the reverse side of the cheque.

Should you have any enquiries, please do not hesitate to contact us.



For PROMINENT APPRAISER SERVICES PTE LTD



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg: 201404434D

## VEHICLE INSPECTION REPORT

Report No.: PAS/TP/0190219

Date of Report : 26/03/2019

To: Mr Jaron Ranz

C/o. 25 Kaki Bukit Road 4

Synergy@KB #03-31

Singapore 417800

Date of Assignment : 18/02/2019

Report requested by : Mr Jaron Ranz

Date of Accident : 17/02/2019

Date of Inspection : 18/02/2019

Claim No. : Third Party Claim

Policy No. : -

### **PARTICULARS OF DAMAGED VEHICLE**

Vehicle Registration No. : SJT9305M

Make & Model : Mitsubishi Lancer Ex 1.5

Date of Registration : 10/11/2009

Colour : Met. Red

Engine Capacity (cc) : 1499cc

Mileage (km) : 209898km

Chassis / Frame No. : JMYSRCY2A9U004553

Engine No. : 4A910124844

### **TYRE CONDITION**

Front LH : 5 mm

Make : Toyo

Front RH : 5 mm

Make : Toyo

Rear LH : 5 mm

Make : Toyo

Rear RH : 5 mm

Make : Toyo

Road wheels Type : Alloy

(The above represents the approximate remaining life of tyre treads)

### **PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)**

General Bodywork : Good

Paintwork : Good

Handbrake : Serviceable

Footbrake : Serviceable

Steering : Serviceable

Apparent Engine Modification : Nil

### **PLACE OF REPAIRER OFFICE/WORKSHOP**

Location : M/s. Orion Autoclinic Pte Ltd

25, Kaki Bukit Road 4, Synergy@KB, #03-31, Singapore 417800

### **ASSESSMENT**

Repairer's Estimate : \$ 6,865.75

Revised Amount : \$ 6,056.45

Less Excess : \$ -

Recommended Reserve : \$ 4,840.00 (Lump Sum)

Estimated Normal Period of Repairs : 8 Working Days

*Disclaimer: This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party.*



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)  
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No : SJT9305M

Report No. : PAS/TP/0190219

## GENERAL REMARKS

WITHOUT PREJUDICE

### THE ASSIGNMENT

The survey was conducted at M/s. Orion Autoclinic Pte Ltd, 25, Kaki Bukit Road 4, Synergy@KB, #03-31, Singapore 417800.

(Subsequent inspections have been conducted)

### POINT OF IMPACT

At the RHR portion. (The RHR roadwheel was also affected)

### DAMAGES

The rear bumper, RHR fender, RHR door, RH side skirt, RHR alloy rim, RHR trailing arm, RHR upper arm, RHR lower arm, RHR control arm, etc.

*Other parts were also found damaged. (See schedule for details)*

### ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$6,056.45.

### CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$4,840.00.

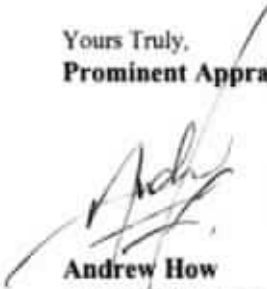
This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,

Prominent Appraiser Services Pte Ltd

  
Andrew How  
Automobile Appraiser  
MSAAA  
Licensed Appraiser



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasves@hotmail.com

Business Reg. 201404434D

Vehicle No. : SJT9305M

Report No. : PAS/TP/0190219

## APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition	Repairer's Estimate (\$S)	Our Assessment (\$S)
1	1 pc	Rr fender RH	Dented/Distorted	\$ 792.00	\$ 792.00 ✓ R
2	1 pc	Rr windscreen moulding	Necessary	\$ 74.00	\$ 74.00 ✓ NN
3	1 pc	Rr fender splash shield RH	Refit	\$ 61.00	\$ -
4	4 pcs	Rr fender splash shield clip RH	Necessary	\$ 12.00	\$ 12.00 ✓
5	1 pc	Rr door RH	Dented/Distorted	\$ 892.60	\$ 892.60 ✓ R
6	1 pc	Rr door black tape RH	Necessary	\$ 31.00	\$ 31.00 ✓ NN
7	1 pc	RH side skirt	Dented/Cracked	\$ 423.00	\$ 423.00 ✓
8	1 pc	Rr shock absorber RH	Refit	\$ 216.00	\$ -
9	1 pc	Rr wheel hub assy RH	Warped/Distorted	\$ 336.00	\$ 336.00 ✓
10	1 pc	Rr trailing arm RH	Bent	\$ 467.10	\$ 467.10 ✓ NN
11	1 pc	Rr upper arm RH	Bent	\$ 104.80	\$ 104.80 ✓ NN
12	1 pc	Rr lower arm RH	Bent	\$ 132.00	\$ 132.00 ✓ NN
13	1 pc	Rr control arm RH	Bent	\$ 76.00	\$ 76.00 ✓ NN
14	1 pc	Rr bumper	Grazed/Repair		(Refer labour no. 7 & 8)

\$ 3,617.50	\$ 3,340.50
-------------	-------------

Less Discount : 10%	\$ 361.75	10%	\$ 334.05
---------------------	-----------	-----	-----------

List Parts Sub-Total :	\$ 3,255.75	\$ 3,006.45
------------------------	-------------	-------------

771  
- 102  
695.90

1	1 pc	Rr alloy rim RH	Dented/Defaced	S/N	\$ 400.00	\$ 400.00 ✓ 50% Δ
2	1 pc	Rr tyre RH (Depreciate 40%)	Cut	S/N	\$ 300.00	\$ 180.00 ✓ NN
3	1 bot	Brake fluid	Necessary	S/N	\$ 20.00	\$ 20.00 ✓
4	1 pc	Rr fender sealant RH	Necessary	S/N	\$ 50.00	\$ 40.00 ✓ 80%
5	1 pc	Rr windscreen sealant	Necessary	S/N	\$ 50.00	\$ 40.00 ✓ 80%

Special Nett Sub-Total :	\$ 820.00	\$ 680.00
--------------------------	-----------	-----------

Parts Total :	\$ 4,075.75	\$ 3,686.45
---------------	-------------	-------------

420



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : SJT9305M

Report No. : PAS/TP/0190219

S/No.	Labour Descriptions	Repairer's Estimate (\$)	Our Assessment (\$)
1	To check electrical wiring system.	\$ 50.00	\$ 30.00 ✓
2	To remove and reinstall rear windscreen for necessary repairs.	\$ 120.00	\$ 120.00 X
3	To remove and reinstall rear interior trims, garnishes, seats, etc. for necessary repairs.	\$ 120.00	\$ 100.00 X
4	To remove, check and replace RHR undercarriage parts. (Include flush and bleed brakes system)	\$ 200.00	\$ 180.00 100
5	To conduct wheel alignment (2x).	\$ 120.00	\$ 120.00 60
6	To transfer RHR door component parts to new door.	\$ 100.00	\$ 80.00 X
7	To straighten, repair, realign on affected area and replace damaged parts.	\$ 1,000.00	\$ 880.00 600
8	To spray painting, blending on affected and adjacent area.	\$ 1,000.00	\$ 800.00 ✓
9	To spray anti-rust coating on new and affected panels.	\$ 80.00	\$ 60.00 30
Labour Total :		\$ 2,790.00	\$ 2,370.00
Total (Parts & Labour) :		\$ 6,865.75	\$ 6,056.45

## For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 4,840.00

Under normal circumstances, the repairs should be completed within a reasonable period

of **8 Working Days.** (Exclude waiting days of PRI, Sunday, Public Holiday and awaiting of shipment for spare parts)

**36** Photographs were taken at the time of inspection.

**N.B:** By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall have the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

P- 697.90  
M- 420  
L- 820  
1933.90

L/S - 1547.12  
= 1550  
5 days

## SINGAPORE ACCIDENT STATEMENT

### 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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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	18/02/2019 17:50
Date Of Accident	17/02/2019 22:55
Exact Location Of Accident	JB CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH2281X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG HUI LING
NRIC No	S8775098A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90668206
Alternative Phone No	Others-90668206
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING FROM HOSPITAL BACK TO SINGAPORE
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800151499
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN JUN WEI
NRIC No	S8710595D
Date Of Birth	16/04/1987
Occupation	INDOOR
Date Of Driving Pass	14/04/2010
Driving Experience	8 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90668206
Fax Number	
Contact Number	
EEmail Address	TANJUNWEI87@GMAIL.COM
Address	BLK 432B YISHUN AVENUE 1 #04-529
Postcode	762432
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	COLLIDED INTO PROPERTY
Weather Conditions	AFTER RAIN
Road Surface	CLEAR

#### Other information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	SJT9305M
Vehicle Make/Model/Colour	MITSUBISHI/RED
Details Of Properties	SCRATCHED
Vehicle Category	PRIVATE CAR
Name of Driver	FU KEE MIN
NRIC/Passport Number	G7106820Q
Contact Number	97302400



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

I understand, acknowledge, agree and consent that:

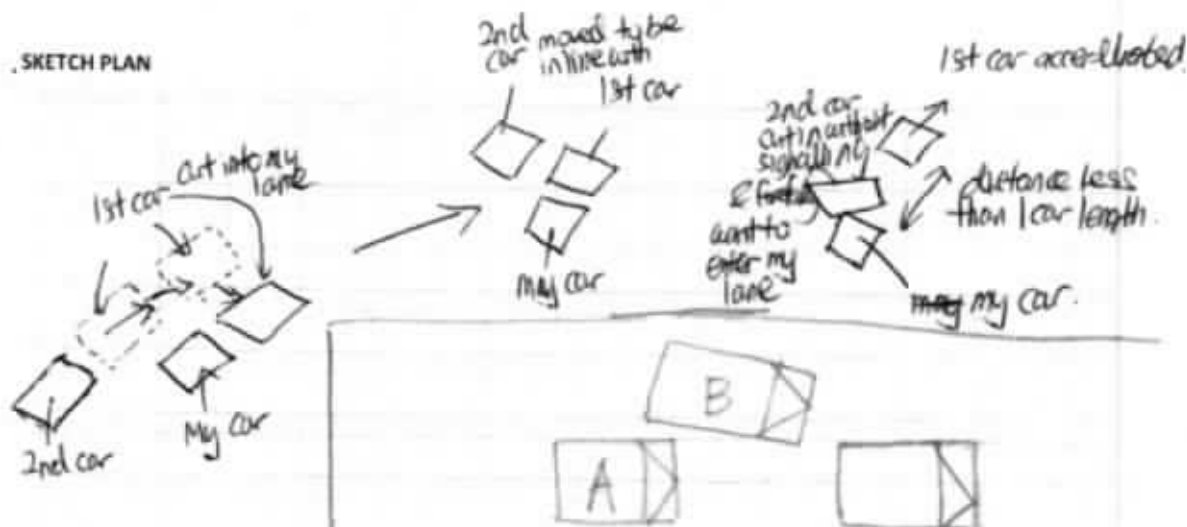
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/12/19 2:59pm

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in a lane driving diligently from JBS to JBS custom when about to reach the custom, cars from the left lane begin to merge in. There are 2 cars (they are friends) one in front & one at the back & they began to cut in to my lane as their lane was fully queued & my lane have more station opened to clear passport. As the first car begin to cut in, I give way & now they are side by side & they just begin chitchatting & ignoring the congestion when the car should move forward. As the car in front of me (cut in) move forward, the second car (third party vehicle) immediately accelerate trying to cut into my lane without even signalling or showing hand sign of intention to change to my lane while I am also trying to accelerate forward as the car in front shifted forward. The second car forcefully trying to cut into my lane without even considering the danger & when the car cut to my lane, the side of his car came into contact with my car's left door & causes both car to have scratches & my bumper was also damaged & they insisted I am the one who knocked them & suggested to settle privately without reporting which I refused. I do have video recording but it seems in JBS there is no cctv signal & etc hence the hit was not recorded. They are dangerous driver who do not bother to signal & care for other road users. should be penalised.

## 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: 18/3/19 2:59pm

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



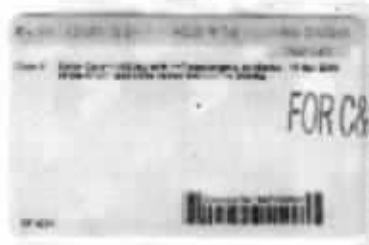
Accident Photo



Accident Photo



# Identification Card





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AIG ASIA PACIFIC INSURANCE PTE LTD			Ref : CS3/AIG19003621/Esd3e2-1	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 27-06-2019	
			Code : AIG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SMH 2281X	Veh. Inspected	SJT 9305M	
Policy No.	1800151499	Coverage (\$)	0.00	
Claim No.	7962858874SG	Excess (\$)	0.00	
Assign From	BERNARD LER	Assign Date	25/06/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI LANCER	c.c	1499	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JMYSRCY2A9U004553	Colour	RED	
Odometer	210376	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	TOYO	7 mm	
L/H Front Tyre	205/60 R16	TOYO	7 mm	
R/H Rear Tyre	205/60 R16	TOYO	7 mm	
L/H Rear Tyre	205/60 R16	TOYO	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	17/02/2019	Inspection Date	26/02/2019	
Survey held at	25 KAKI BUKIT RD 4 # 03-32			
Repairer	VERVE AUTOCLINIC			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 9305M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RR FENDER RH	TO REPAIR SEE LABOUR	792.00	-
1	RR WINDSCREEN MOULDING	NOT NECESSARY	74.00	-
1	RR FENDER SPLASH SHIELD RH	REFIT	61.00	-
4	RR FENDER SPLASH SHIELD CLIP RH @\$3.00	NECESSARY	12.00	12.00
1	RR DOOR RH	TO REPAIR SEE LABOUR	892.60	-
1	RR DOOR BLACK TAPE RH	NOT NECESSARY	31.00	-
1	RH SIDE SKIRT	DENTED / CRACKED	423.00	423.00
1	RR SHOCK ABSORBER RH	REFIT	216.00	-
1	RR WHEEL HUB ASSY RH	WARPED / DISTORTED	336.00	336.00
1	RR TRAILING ARM RH	NOT NECESSARY	467.10	-
1	RR UPPER ARM RH	NOT NECESSARY	104.80	-
1	RR LOWER ARM RH	NOT NECESSARY	132.00	-
1	RR CONTROL ARM RH	NOT NECESSARY	76.00	-
1	RR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 10% DISCOUNT		-361.75	-77.10
			3,255.75	693.90
<b>SPECIAL NETT ITEMS</b>				
1	RR ALLOY RIM RH (SN)	DENTED / DEFACED	400.00	300.00
1	RR TYRE RH (SN)	NOT NECESSARY	300.00	-
1	BRAKE FLUID (SN)	NECESSARY	20.00	20.00
1	RR FENDER SEALANT RH (SN)	NOT NECESSARY	50.00	-
1	RR WINDSCREEN SEALANT (SN)	NOT NECESSARY	50.00	-
			820.00	320.00
<b>LABOUR</b>				
	TO CHECK ELECTRICAL WIRING SYSTEM.		50.00	30.00
	TO REMOVE AND REINSTALL REAR WINDSCREEN FOR NECESSARY REPAIRS.	NOT NECESSARY	120.00	-

Report Ref No. CS3/AIG19003621/Esd3e2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REINSTALL REAR INTERIOR TRIMS, GARNISHES, SEATS, ETC. FOR NECESSARY REPAIRS.	NOT NECESSARY	120.00	-
	TO REMOVE, CHECK AND REPLACE RHR UNDERCARRIAGE PARTS. (INCLUDE FLUSH AND BLEED BRAKES SYSTEM)		200.00	100.00
	TO CONDUCT WHEEL ALIGNMENT (2X).		120.00	60.00
	TO TRANSFER RHR DOOR COMPONENT PARTS TO NEW DOOR.	NOT NECESSARY	100.00	-
	TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF RR FENDER RH, RR DOOR RH AND RR BUMPER.		1,000.00	600.00
	TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA.		1,000.00	800.00
	TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS.		80.00	30.00
			2,790.00	1,620.00
<b>GRAND TOTAL</b>			<b>6,865.75</b>	<b>2,633.90</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,100.00</b>

Report Ref No. CS3/AIG19003621/Esd3e2-1

**CHEN TSUE YEE**

Automotive Assessor

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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