

22/02/2012

ASS. REC. BY:

REF:

CS/A1419013178/Kyd3124

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

Munimen

From (Person): Hor Fihui

of

A14

Date/Time: 6/8/12 @ 11:53am

Estimated Cost:

Bill to:

OD: (1) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SX 9532M

Insured:

SMJ 487Y

at Workshop m/s

Re Auto

Tel:

9761 9383

of

160 Sin Ming Drive #06-20

Policy No:

Claim No:

273376983 559 003

Sum Insured:

Excess:

Make of Veh:

D.O.A.

2/8/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:38pm @ 6/8/12

Person Contacted:

Mr. Tan

Vehicle

(1) IN / OUT

Date/Time

Action/Instruction Estimate

(✓)

SX 9532M-X

SMJ 487Y-X

13/8 L1 Sy @ 200d email &amp; confirmed. Used \$ 1042.60, 34%.

ASS. REC. BY:

REF:

AG 1

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGX 95324

r Regn:

06, 10

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

Truck / Traller or

Make:

BMW

318

c.c

1995

Colour:

M. Blk

A/C:

Insured / Std / NI / NA

Sp. Reading

101960

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBAPF 720404793894

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modl:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/40ZR18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

4

mm

L/Bal.

6

mm

L/Bal.

4

mm

D.O.A.

2/8/19

D.O.I.

7/8/19

Survey held at

Des. of Damages:

Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S

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

Date / Time

Action / Instruction

1/ File pass to

RECEIVED 15 AUG 2019

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

250

S + RS \$

11

Furnish

Others

TOTAL

261

Report Format :

MER-TP

Lump Sum / I.B.I. (\$

2000

**PRE-REPAIR INSPECTION REQUEST – SGX9532M vs SMJ487Y (OI) on D.O.A.: 02/08/2019**

From: Hor, Yinrul  
To: 'assignments@lkkauto.com', Admin A (admin-a@lkkauto.com)  
Cc: Fong, Andy-SY, Chin, Lee-Ying, Abu Kassim, Noor Mariesa, Azlan, Syazairdina, Chan, Yoke Shi, Hor, Yinrul, Lim, Sheng Yang, Mithoosingh, Aashweenjeetkaur, Parthiban, Theerthan, Subran  
Sent: 8/6/2019 11:53:13 AM  
Attachments: 2nd PRS (accept) Template - 06.08.19.pdf, 1st PRS.pdf, 1st PRS.PDF

Hi,

Please refer to the enclosed request from **KSCGP Juris LLP**.

Claim no : 2733769835SG003  
Case Owner : Loh Chee Heng

If you have any queries/concerns, please let us know.

Thanks & Regards,

Hor Yin Rul (Viviane)  
AIG  
FNOL Adjuster I  
Singapore FNOL | Claims Operations – Auto

[Yinrul.Hor@aig.com](mailto:Yinrul.Hor@aig.com) | [www.aig.sg](http://www.aig.sg)

**From:** Accident@kscgp.com [mailto:Accident@kscgp.com]  
**Sent:** Tuesday, August 06, 2019 11:14 AM  
**To:** Hor, Yinrul  
**Cc:** Fong, Andy-SY; Chin, Lee-Ying; Abu Kassim, Noor Mariesa; Azlan, Syazairdina; Chan, Yoke Shi; Lim, Sheng Yang; Mithoosingh, Aashweenjeetkaur; Parthiban, Theerthan; Subramaniam, Divyashni; Tong, Wahxin  
**Subject:** [EXTERNAL] 2ND PRS - ACCIDENT INVOLVING OUR INSURED VEHICLE SMJ487Y ANDSGX9532M ON 02/08/2019

This message is from an external sender; be cautious with links and attachments.

Dear Sirs,

Please find enclosed our 2nd PRS for your attention.

The workshop details are as follows:

RC Auto  
160 Sin Ming Drive  
#06-20 Sin Ming Autocare  
Singapore 575722

Contact Person : Mr Tan Chuan Kim at 9761 9383

Thank you.

Regards,  
CL  
for and on behalf of Mr Gurdeep Singh Sekhon  
KSCGP Juris LLP  
10 Hoe Chiang Road  
#13-03A Keppel Towers  
Singapore 089315  
Tel: 6538 3611 / DID: 3152 0982 / Fax: 6538 3708  
Email: accident@kscgp.com

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**----- Original Message -----**

**From:** Hor, Yinrul [mailto:Yinrul.Hor@aig.com]  
**To:** accident@kscgp.com  
**Cc:** Andy-SY.Fong@aig.com, Lee-Ying.Chin@aig.com, NoorMariesa.AbuKassim@aig.com, Syazairdina.Azlan@aig.com, yokeshi.chan@aig.com, ShengYang.Lim@aig.com, Aashweenjeetkaur.Mithoosingh@aig.com, Theerthan.Parthiban@aig.com, Divyashni.Subramaniam@aig.com, Wahxin.Tong@aig.com  
**Sent:** Tue, 6 Aug 2019 02:28:13 +0000  
**Subject:**

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

这是安全加密信息。如要阅读此信息，请开启附件。

นี่คือการรักษาความปลอดภัยข้อความที่เข้ารหัสลับ เพื่ออ่านมัน  
ให้เปิดไฟล์ที่แนบมา

이것은 안전하고 암호화된 메시지입니다. 그것을 읽으려  
면 첨부 파일을 엽니다.

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

[Click here](#) by 2019-08-13 10:28 +08 to read your message.  
After that, open the attachment.

[More info](#)

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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.

**From:** Yinrul.Hor@aig.com

**To:** accident@kscgp.com

**Cc:** Andy-SY.Fong@aig.com, Lee-Ying.Chin@aig.com, NoorMariessa.AbuKassim@aig.com, Syazairdina.Azlan@aig.com, yokeshi.chan@aig.com, ShengYang.Lim@aig.com,  
Aashweenjeetkaur.Mithoosingh@aig.com, Theerthan.Parthiban@aig.com, Divyashini.Subramaniam@aig.com, Wahxin.Tong@aig.com

**Subject:** aigencrypt PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SMJ487Y AND SGX9532M ON 02/08/2019

**Date:** Tue, 6 Aug 2019 02:28:13 +0000

**Without Prejudice**

Your Reference : SGX 9532M/RCA/jp/ps  
Our Reference : 2733769835SG003

Dear Sir/Madam,

We refer to your Notice of Accident of even date.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor  
surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert:

Name of Surveyor	Company Name
AIG In House Surveyor	AIG Asia Pacific Insurance Pte Ltd
Lawrence Ng Chun Kee	Priority Services
Jeffrey Ong Leng Kiat	Priority Services
Jimmy Lee	Priority Services
EC Looi	Automobile Inspection Services Pte Ltd
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon HanXin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Mohammed Rasul	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the  
listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Thanks & Regards,

Hor Yin Rul (Viviane)

AIG

FNOL Adjuster I

Singapore FNOL | Claims Operations - Auto

[Yinrul.Hor@aig.com](mailto:Yinrul.Hor@aig.com) | [www.aig.sg](http://www.aig.sg)

**From:** Accident@kscgp.com [mailto:Accident@kscgp.com]

**Sent:** Monday, August 05, 2019 7:04 PM

**To:** Hor, Yinrul

Cc: jiapai@kscgp.com

Subject: [EXTERNAL] Notice to Conduct Pre-repair Survey - Our Ref: SGX 9532M/RCA/jp/ps - Your Ref: SMJ 487Y

This message is from an external sender; be cautious with links and attachments.

Dear Sirs,

We refer to the subject matter.

Please find enclosed Notice to conduct pre-repair survey herewith for your attention.

Thank you.

Regards,

Sampu

for and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708

Email: accident@kscgp.com

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Your Ref : 2733769835SG003

Our Ref : **SGX 9532M/RCA/jp/cl**

Date : 6 August 2019

Fax : **6538 3708**

Tel : **3152 0982**

Email : **accident@kscgp.com**

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

**BY EMAIL ONLY**

**DATE OF ACCIDENT: 2 AUGUST 2019**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 6 August 2019.

Please be informed that our client is agreeable to appointing LKK Auto Consultants Pte Ltd as a Single Joint Expert.

The said vehicle can be surveyed / inspected at:

Address : RC Auto  
160 Sin Ming Drive  
#06-20 Sin Ming Autocare  
Singapore 575722

Contact Person/Tel : Mr Tan Chuan Kim / 9761 9383

Yours faithfully,

*fJP*

Your Ref : 2733769835SG003

Our Ref : SGX 9532M/RCA/jp/cl

Date : 6 August 2019

### Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of  
\_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	02/08/2019 14:01
Date Of Accident	02/08/2019 07:55
Exact Location Of Accident	ALONG EAST COAST EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX9532M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DERRICK SOON KIM BOON
NRIC No	
Email Address	
Mobile Phone No	(LOCAL)
Alternative Phone No	
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	318 I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105470947
Cover Note Number	
<b>Driver</b>	
Name of Driver	DERRICK SOON KIM BOON (DERRICK SUN JINWEN)
NRIC No	
Date Of Birth	12/02/1973
Occupation	INDOOR
Date Of Driving Pass	16/09/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	



Address

Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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) 2

Passenger 1 NAME: : LEE SOCK YEE

GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER POLICE REPORT AND ATTACHED

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ487Y

Vehicle Make/Model/Colour

Details Of Properties

REFER POLICE REPORT AND ATTACHED

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REFER POLICE REPORT AND ATTACHED

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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:

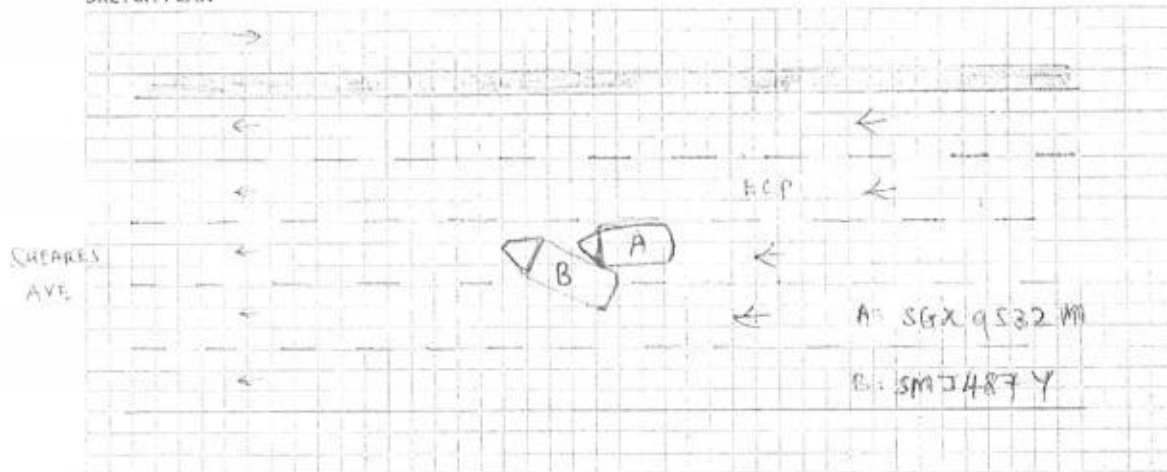
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER POLICE 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:

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

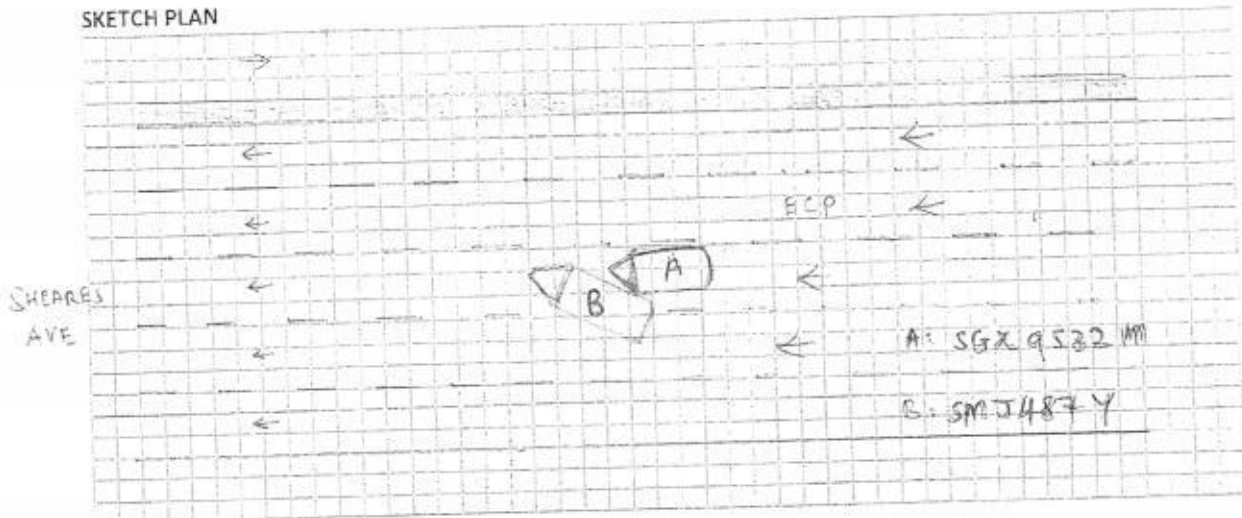
Date Of Report	02/08/2019 14:01
Date Of Accident	02/08/2019 07:55
Exact Location Of Accident	ALONG EAST COAST EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX9532M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DERRICK SOON KIM BOON
NRIC No	S7305553I
Email Address	DERRICKSOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92471722
Alternative Phone No	OFFICE-92471722
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	318 I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105470947
Cover Note Number	
<b>Driver</b>	
Name of Driver	DERRICK SOON KIM BOON (DERRICK SUN JINWEN)
NRIC No	S7305553I
Date Of Birth	12/02/1973
Occupation	INDOOR
Date Of Driving Pass	16/09/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92471722
Fax Number	
Contact Number	OFFICE-92471722
Email Address	DERRICKSOON@GMAIL.COM

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER POLICE 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:

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature  
Date & Time:

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

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

• Address

• Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

REFER POLICE REPORT AND ATTACHED



Address BLK 63 MARINE DRIVE  
#04-114

Postcode 440063

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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) 2

Passenger 1 NAME: : LEE SOCK YEE  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER POLICE REPORT AND ATTACHED

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ487Y

Vehicle Make/Model/Colour

Details Of Properties REFER POLICE REPORT AND ATTACHED

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

# ESTIMATE RC AUTO

Not Notified  
11 Sep @ 2000h  
Resurvey After Paint  
Today

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722  
Tel : 97619383 Email: rcauto5555@gmail.com  
Reg. No. 53199168K

SGX 9532 M

Date : 7/8/2019

Quantity	Description/Particular	Unit Price	Amount	
	FRONT BUMPER	Bumper	950	00
	FRONT FENDER	B	610	00
	FRONT FENDER RETAINER	Dis	54	00
			1614	00
		LESS 10	1452	60
	SPRAY PAINTING		400	00
	LABOUR TO RENEW		500	00
	SPORTS RIM	600	600	00
	RIM TAPE	m	30	00
	ALIGNMENT		60	00
		TOTAL	3042	60

Received the above goods in good order and condition

LKK Auto Consultants hence notify the Repairer of the following: for RC AUTO

- 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

E.&O.E.

Acknowledged by Repairer

Signature:

Date:

Authorised Signature

Received by

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/AIG19013778/KQD3N2

Date: 16/08/2019

## REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No:  
 Claimant: SGX9532M Insured Vehicle No: SMJ487Y  
 Vehicle No: SGX9532M Nature of Claim: TP Claim No: 2733769835SG  
 Date of Loss: 02/08/2019

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SGX9532M Engine No: A708I734N46B20BZ  
 Make & Model: BMW 318I, 2.0 L (A) Chassis No: WBAPF72040A793894  
 Reg. Date: 30/06/2010 (Man. Year: 2010) Odometer: 101960 km  
 Colour: Metallic Black  
 Engine Capacity: 1995 cc  
 Market Value/New Car Price: N/A  
 Sum Insured (S\$): Market Value/New Car Price

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 225/40ZR18 Rear Tyre Size: 225/40ZR18  
 Front Left Side: Pirelli 6 mm Rear Left Side: Pirelli 4 mm  
 Front Right Side: Pirelli 6 mm Rear Right Side: Pirelli 4 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,082.60	1,632.60	450.00	21.61
Miscellaneous Items	0.00	0.00	0.00	
Labour	960.00	860.00	100.00	10.42
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>3,042.60</b>	<b>2,492.60</b>	<b>550.00</b>	<b>18.08</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>2,000.00</b>		
<b>Nett Amount (S\$)</b>	<b>3,042.60</b>	<b>2,000.00</b>	<b>1,042.60</b>	<b>34.27</b>

## INSPECTION

Date of Assignment: 06/08/2019  
 Date Inspected: 07/08/2019 Inspected At: Rc Auto-160 Sin Ming (HQ)  
 160 SIN MING DRIVE, #06-20 SIN  
 MING AUTOCITY  
 Singapore 575722

Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Buckled/Dented	950.00 FL	*950.00 FL
2	1		*FRONT FENDER	Bent	610.00 FL	*610.00 FL
3	1		*FRONT FENDER RETAINER	Distorted	54.00 FL	*54.00 FL
4	1		*SPORTS RIM (LOCAL REPAIR)	Scratched	600.00 FS	*150.00 FS
5	1		*RIM TAPE	Necessary	30.00 FS	*30.00 FS

F=Franchise part, S=SpcNett, L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>2,244.00</b>	<b>1,794.00</b>
<b>- List Item Discount on L Items 10.00/10.00% (\$\$)</b>	161.40	161.40
<b>Total Parts (\$\$)</b>	<b>2,082.60</b>	<b>1,632.60</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	SPRAY PAINTING	New	400.00	400.00
2	LABOUR TO RENEW	New	500.00	400.00
3	ALIGNMENT	New	60.00	60.00
<b>Gross Labour Cost (S\$)</b>			<b>960.00</b>	<b>860.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >