

Surveyor

REF: CS3/AIG18011369/R1vd3-1

Special Instructions:

4s: \$7,400.00

ASSIGNMENT (Office)

From (Person): Bennie Tan of AIG Date/Time: 5/8/2019

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: S-K Auto Consultants

Workshop: Motor Intel

OT/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLA 358X Insured: SP5450A

at Workshop m/s: Motor Intel Tel: 8838 3318

of 13 kaki Bukit Road 4# 01-20

Policy No: Claim No: 188961774654-005

Sum Insured: Excess:

Make of Veh: D.O.A. 20/06/2018

(Client's Record) 28/11/2019 12pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig. days (Red \$ / %; Original 5 days)

Date/Time: 3/12/19 Submit Final Fig LS \$3200, 4 days (Red \$4200 / 57 %; Original days)

Date/Time	Action/Instruction
	SLA 358X - CS3/AIG18011369/R124/322
	SP5450A - CS3/AIG18011369/R124/322
22/8	owner not come
18/10/19	Reamuge on 31/10/2019 at 12pm
	RECEIVED 04 DEC 2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :	Inspected/ Evaluated by:	Fee Charged:	Date:
Salvage Value :		Basic & Add	200
Nett Value :		Transport	
		Photos	
		Others	
		Total	200
1) Date/Time 3/12 - typist File Pass to	2) Date/Time File Return to		
3) Date/Time File Pass to	4) Date/Time File Return to		
5) Date/Time File Pass to	6) Date/Time File Return to		

ASS. REC. BY: Surveyor REF: CS3/AG18011369/R1240322 ✓
 From (Person): 2asul ehinlee Ying of Assignment (Office) ALG Date/Time: 22/6/18 @ 10:29am
 Estimated Cost: _____ Bill to: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SLA 358X Insured: SLP 5450A
 at Workshop in/s: Motor Intel Tel: 8838 3318
 of 13 Kaki Bkt Rd 4 #01-20
 Policy No: _____ Claim No: _____
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 20/06/2018
 (Client's Record)
 CA / REV / REP. / REV 24 HRS up H.O.D. Endorsement: _____
 Date/Time: 11:08am 21/06/18 Person Contacted: Wilson Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SLA 358X - NA / ALG 18011321/24</u> <u>DOA 20/06/2018</u>

Signature *Form*

REF:

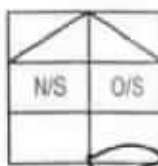
80574

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: **SLA 358X**
 at Workshop m/s: **MOTOR INTA**
 of: **B. KAHN BUKIT Rg H101-20**
 Insured: **ALL/UP**
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **5** days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SLA 358X** Yr Regn: **2016 / F63**
 Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: **Renault Kangar 1.5** c.c. **1461**
 Colour: **Blue** A/C: _____ Insured / Std / NI / NA
 Sp. Reading: **32906** T/Radio: Insured / Std / NI / NA

Eng/No: _____
 Cr/No: **VF 1RPG 0055 4465181**

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ Rim / STD A/Rim or

Tyre Size F: **225/45 R19**
 R: _____

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

Front		Rear
R/Bal	6 mm	R/Bal
L/Bal	6 mm	L/Bal
D.O.A.	20/06/18	D.O.I
		22/06/18

Survey held at **MOTOR INTA**

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

REAR O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
2/7/18	Identify JAR Report

Date/Time. File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time. File Return to?

2) _____

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation

1) S + RS. \$

2) Photo

3) Others

4) _____

TOTAL

180
10
200

Report Format :

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

Nivitha (LKK Auto)

From: Tan, Bennie-WZ <Bennie-WZ.Tan@aig.com>
Sent: Friday, 18 October 2019 9:41 AM
To: Claims; Admin-D (LKKAuto)
Cc: assignments; SUR
Subject: RE: FW: Our Ref: #1889617746SG005#023# || Your Ref: 2018.1304.PD.MIA || LKK Ref: CS3/AIG18011369/R1z4d3e2 - URGENT

WITHOUT PREJUDICE

Dear Sir / Mdm

Thank you for your email below.

Dear LKK Team

Kindly assist on below re-inspection request.

Best Regards

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

78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1718

Bennie-WZ.Tan@aig.com | www.aig.sg

From: Claims [mailto:claims@esthermoey.com]
Sent: Thursday, October 17, 2019 3:51 PM
To: Tan, Bennie-WZ
Subject: [EXTERNAL] FW: FW: Our Ref: #1889617746SG005#023# || Your Ref: 2018.1304.PD.MIA || LKK Ref: CS3/AIG18011369/R1z4d3e2 - URGENT

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

Your Attention is Drawn to the Confidentiality Notice Below:

=====

WITHOUT PREJUDICE

Dear Bennie,

1. Please note that our client's vehicle is available for re-inspection on 31 October 2019 @ 12.00 pm at:

Motor Intel Automo Pte Ltd
Kaki Bukit Road 4
#01-20 Bartley Biz Centre
Singapore 417807

2. Kindly confirm your surveyor's availability.

3. Thank you.

Regards,

Yours sincerely,

Princeps Law Corporation

Tel: (+65) 9018 4702 (Chelsea) / (+65) 9639 3110 (Esther)

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From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Monday, 26 August 2019 10:41 AM

To: 'Loh, Chee-Heng' <Chee-Heng.Loh@aig.com>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>

Cc: Claims <claims@esthermoey.com>; 'Tan, Bennie-WZ' <Bennie-WZ.Tan@aig.com>

Subject: RE: FW: Our Ref: #1889617746SG005#023# || Your Ref: 2018.1304.PD.MIA || LKK Ref: CS3/AIG18011369/R1z4d3e2 - URGENT

Dear Chee Heng,

Please be informed that TP owner did not turn for the Re-Inspection.

Dear Esther,

Kindly assist to rearrange.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

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

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

From: Loh, Chee-Heng [<mailto:Chee-Heng.Loh@aig.com>]

Sent: Thursday, 22 August 2019 4:16 PM

To: assignments <assignments@lkkauto.com>; sur@lkkauto.com

Cc: claims@esthermoey.com; Tan, Bennie-WZ <Bennie-WZ.Tan@aig.com>

Subject: RE: FW: Our Ref: #1889617746SG005#023# || Your Ref: 2018.1304.PD.MIA || LKK Ref: CS3/AIG18011369/R1z4d3e2 - URGENT

Dear LKK,

Kindly assist to confirm urgently with Esther on the reinspection appointment which is tomorrow on 23 Aug 2018 @1pm.

Thank you.

Best regards,
Loh Chee Heng
AIG

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

AIG Building, 78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1881

Chee-Heng.Loh@aig.com | www.aig.sg



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From: Tan, Bennie-WZ

Sent: Monday, August 05, 2019 3:18 PM

To: 'Claims'

Cc: SUR; 'assignments'

Subject: RE: Our Ref: 1889617746SG-005 || Your Ref: 2018.1304.PD.MIA || LKK Ref: CS3/AIG18011369/R1z4d3e2

Your Ref: 2018.1304.PD.MIA

Our Ref: 1889617746SG-005

WITHOUT PREJUDICE

Dear Sir / Mdm

Thank you for your email below.

By copy LKK Team: Kindly assist on the below re-inspection request.

Thank you.

Best Regards

Bennie Tan
AIG

Senior Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1718

Bennie-WZ.Tan@aig.com | www.aig.sg

From: Claims [<mailto:claims@esthermoey.com>]

Sent: Monday, August 05, 2019 2:28 PM

To: Tan, Bennie-WZ

Subject: [EXTERNAL] RE: Our Ref: 1889617746SG-005 || Your Ref: 2018.1304.PD.MIA

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

Your Attention is Drawn to the Confidentiality Notice Below:

=====

WITHOUT PREJUDICE

Dear Bennie,

We refer to your email dated 7 November 2018 appended below.

Kindly note that our client's vehicle is available for the vehicle inspection on 23 August 2018 @ 1 pm at:

Motor Intel Automo Pte Ltd
13 Kaki Bukit Road 4
#01-20 Bartley Biz Centre
Singapore 417807
Wilson Ong @ 6281 0087 / 8838 3318

Kindly confirm your surveyor's availability.

Thank you.

Regards,
Yours sincerely,

Principes Law Corporation

Tel: (+65) 9018 4702 (Chelsea) / (+65) 9639 3110 (Esther)
Fax: (+65) 6904 8757

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From: Tan, Bennie-WZ <Bennie-WZ.Tan@aig.com>

Sent: Wednesday, 7 November 2018 3:13 PM

To: Claims <claims@esthermoey.com>

Cc: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>; SUR <sur@lkkauto.com>

Subject: RE: Our Ref: 1889617746SG-005 || Your Ref: 2018.1304.PD.MIA

Your Ref: 2018.1304.PD.MIA
Our Ref: 1889617746SG-005

WITHOUT PREJUDICE

Dear Sir / Mdm

We refer to the above matter.

In view of the high cost of repair to your client's vehicle, we wish to conduct a physical re-inspection on said vehicle (ie **SLA358X**). Kindly liaise with our appointed surveyor, LKK. Please let us know the date, time and location at least 05 working days in advance.

In the meantime, kindly forward us the following documents for our consideration:-

1. Coloured Accident Scene Photos
2. Any Other Supporting Documents

Should you have any further enquiry, please do not hesitate to contact the undersigned.

Best Regards

Bennie Tan
AIG
Senior Complex Claims Examiner
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1718 | Fax +(65) 6835 7416

Bennie-WZ.Tan@aig.com | www.aig.com.sg

From: Tan, Bennie-WZ
Sent: Tuesday, October 02, 2018 5:25 PM
To: 'claims@esthermoey.com'
Subject: Our Ref: 1889617746SG-005 || Your Ref: 2018.1304.PD.MIA

Your Ref: 2018.1304.PD.MIA
Our Ref: 1889617746SG-005

WITHOUT PREJUDICE

Dear Sir / Mdm

We refer to the above matter.

We acknowledge receipt of your claim notification (SLA358X) against our Insured for the above auto accident.

Kindly be advised that I am the officer-in-charge handling the above matter. Please quote our above Ref no in any of our future correspondence(s).

Please forward us the following documents for our consideration:-

1. Quantification to Claim
2. Final Repair Bill
3. Full Survey Report & Photos
4. Coloured Accident Scene Photos
5. Video Footage
6. Police Investigation Results
7. Any Other Supporting Documents

We hereby reserve our rights to re-inspect your client's vehicle After Repair

Should you have any further enquiry, please do not hesitate to contact the undersigned.

Best Regards

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www.avg.com

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Catherine Chong (LKK Auto)

From: Tan, Bennie-WZ <Bennie-WZ.Tan@aig.com>
Sent: Monday, 5 August, 2019 3:18 PM
To: Claims
Cc: SUR; assignments
Subject: RE: Our Ref: 1889617746SG-005 || Your Ref: 2018.1304.PD.MIA || LKK Ref: CS3/AIG18011369/R1z4d3e2

Your Ref: 2018.1304.PD.MIA
Our Ref: 1889617746SG-005

WITHOUT PREJUDICE

Dear Sir / Mdm

Thank you for your email below.

By copy LKK Team: Kindly assist on the below re-inspection request.

Thank you.

Best Regards

Bennie Tan
AIG
Senior Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #08-16 Singapore 079120
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Thank you.

Regards,
Yours sincerely,

Princeps Law Corporation

Tel: (+65) 9018 4702 (Chelsea) / (+65) 9639 3110 (Esther)
Fax: (+65) 6904 8757

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From: Tan, Bennie-WZ <Bennie-WZ.Tan@aig.com>
Sent: Wednesday, 7 November 2018 3:13 PM
To: Claims <claims@esthermoey.com>
Cc: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: Our Ref: 1889617746SG-005 || Your Ref: 2018.1304.PD.MIA

Your Ref: 2018.1304.PD.MIA
Our Ref: 1889617746SG-005

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In the meantime, kindly forward us the following documents for our consideration:-

1. Coloured Accident Scene Photos
2. Any Other Supporting Documents

Should you have any further enquiry, please do not hesitate to contact the undersigned.

Best Regards

Bennie Tan

AIG

Senior Complex Claims Examiner

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Tel +(65) 6419 1718 | Fax +(65) 6835 7416

Bennie-WZ.Tan@aig.com | www.aig.com.sg

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Sent: Tuesday, October 02, 2018 5:25 PM

To: 'claims@esthermoey.com'

Subject: Our Ref: 1889617746SG-005 || Your Ref: 2018.1304.PD.MIA

Your Ref: 2018.1304.PD.MIA

Our Ref: 1889617746SG-005

WITHOUT PREJUDICE

Dear Sir / Mdm

We refer to the above matter.

We acknowledge receipt of your claim notification (SLA358X) against our Insured for the above auto accident.

Kindly be advised that I am the officer-in-charge handling the above matter. Please quote our above Ref no in any of our future correspondence(s).

Please forward us the following documents for our consideration:-

1. Quantification to Claim
2. Final Repair Bill
3. Full Survey Report & Photos
4. Coloured Accident Scene Photos
5. Video Footage
6. Police Investigation Results
7. Any Other Supporting Documents

We hereby reserve our rights to re-inspect your client's vehicle After Repair

Should you have any further enquiry, please do not hesitate to contact the undersigned.

Best Regards

Bennie Tan
AIG
Senior Complex Claims Examiner
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1718 | Fax +(65) 6835 7416

Bennie-WZ.Tan@aig.com | www.aig.com.sg

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S K AUTO CONSULTANTS

PHOTOCOPY

Invoice

Bill To: JAFNI DENNIS LIEW YONG QIANG
c/o Motor Intel Automo Pte Ltd
Bartley Biz Centre
13 Kaki Bukit Road 4 #01-20
Singapore 417807

Invoice No:	2018396
Date:	2/8/2018
Our Ref	TP/018/0396SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No. : SLA 358 X	400.00
Date of Accident : 20/06/2018	
Date of Inspection : 21/06/2018	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	400.00
Balance Due	400.00

We would appreciate your cheque crossed and made payable to:

S K AUTO CONSULTANTS


Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/03965K

Your Reference: TBA

Date: 2/8/2018

TO: JAFNI DENNIS LIEW YONG QIANG
c/o Motor Intel Automo Pte Ltd
Bartley Biz Centre
13 Kaki Bukit Road 4 #01-20
Singapore 417807

Assessment of Vehicle No : SLA 358 X
Date of Accident : 20/06/2018
Date of Inspection : 21/06/2018

We have carried out a physical assessment of SLA 358 X at Motor Intel Automo Pte Ltd according to your instructions on 21/06/2018 and are pleased to submit our report as follows;

1. VEHICLE PARTICULARS

Registration No.	:	SLA 358 X
Make & Model	:	RENAULT KADJAR
Year of Registration	:	19/02/2016
Engine Capacity (cc)	:	1461
Chassis No.	:	VF1RFE00554465181
Engine No.	:	K9KF647D013788
Colour	:	GREY
Mileage (km)	:	-

2. VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3. TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	BRIDGESTONE 225/55R17 - 70%
LH Make/Size	:	BRIDGESTONE 225/55R17 - 70%

Rear

RH Make/Size	:	BRIDGESTONE 225/55R17 - 70%
LH Make/Size	:	BRIDGESTONE 225/55R17 - 70%

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

Page No. 2

Our Reference TP/018/0396SK
Vehicle No. SLA 358 X

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Rear portion

Please see attached schedule for details.



Estimated Amount : S\$9,930.70
Adjusted Amount : S\$7,400/-
Estimated Repair Days : 5 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/018/0396SK

Vehicle No. SLA 358 X

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)		OUR ASSESSMENT(\$\$)	
	<u>PARTS (LIST ITEMS)</u>					
1	Tailgate *	Dented	2870.00		2870.00	
1	Tailgate RENAULT Logo	Necessary	105.00		105.00	
1	Tailgate KADJAR emblem	Necessary	120.00		120.00	
1	Tailgate ECO2 emblem	Necessary	65.00		65.00	
1	Tailgate Inner Lock *	Damaged	408.00		408.00	
1	Rear Bumper	Deformed	2185.00		2185.00	
1	Rear Bumper reinforcement *	Dented	540.00		540.00	
2	Rear Bumper Side Retainer @ \$75.00	Necessary	150.00		150.00	
2	Rear Bumper side reflector @\$215 *	Cracked	430.00		430.00	
		less		6873.00		6873.00
			10%	687.30	10%	687.30
				6185.70		6185.70
	<u>SPECIAL NETT ITEMS</u>					
1 set	Rear Bumper Clips	Necessary	60.00		40.00	
1	Rear windscreen sealant	Necessary	150.00		120.00	
3	Rear reverse sensor @\$245	Damaged	735.00		735.00	
	TOTAL PARTS		7130.70		7080.70	

1352
113
X500
1100
436
X500
X500
3211
102
2889.90
345

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/018/03965K

Vehicle No. SLA 358 X

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	OUR ASSESSMENT (\$\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas; replace the damaged parts and components.	1000.00	800.00 400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas	800.00	600.00 200
3	To remove boot compartment fittings, garnish, trims etc so as to facilitate repairs and refix/replace the same	250.00	180.00 X n1
4	To remove and re-fix wiring and check all electrical components at damaged areas for proper function	200.00	150.00 X n1
5	To remove and replace reverse sensors and check for proper function	120.00	80.00 60
6	To provide anti-rust treatment on affected areas	250.00	180.00 X n1
7	To remove and refix rear windscreen	180.00	150.00 120
	Labour Total :	2800.00	2140.00
	TOTAL (PARTS & LABOUR):	9930.70	9220.70

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements).

The final adjusted Lump Sum contract amount is \$57,400/-



S. Kumanan
Motor Surveyor

2889.90
345.00
780.00
4014.90
209
3211.92
43-3200
4 days

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	21/06/2018 15:57
Date Of Accident	20/06/2018 19:30
Exact Location Of Accident	BKE AFTER EXIT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5450A
Insured/Policyholder	
Name Of Registered Owner	GOH GENERAL ENGINEERING PTE LTD
Co Reg No	199005390D
Email Address	ETHAN.TOH@GOHGEPL.COM.SG
Mobile Phone No	(LOCAL) +65-92722161
Alternative Phone No	Office-62887009

Vehicle Particulars

Manufacturer	SEAT
Model	LEON 1.2
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800052986
Cover Note Number	

Driver

Name of Driver	TOH SIANG HUI
NRIC No	S8922227C
Date Of Birth	24/06/1989
Occupation	INDOOR
Date Of Driving Pass	21/02/2008

Gender	MALE
Mobile Number	(LOCAL) +65-92722161
Fax Number	
Contact Number	
Email Address	ETHAN.TOH@GOHGEPL.COM.SG
Address	BLK 310 CLEMENTI AVENUE 4 #12-283
Postcode	120310
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : EMBER XU Gender: : Female

Details of Police Action

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

Circumstances of Accident

Please refer to 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	GBG1580A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YI I YII IN

Contact Number	KINGSLY YE / 91005941 / 62541558
Address	8B ADMIRALTY STREET #07-04
Postcode	757440
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA358X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAFNI DENNIS LIEW YONG QIANG
NRIC/Passport Number	S9248057G
Contact Number	84287101
Address	C/O 221 HENDERSON ROAD #06-18 HENDERSON BUILDING
Postcode	159557
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 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.


E. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

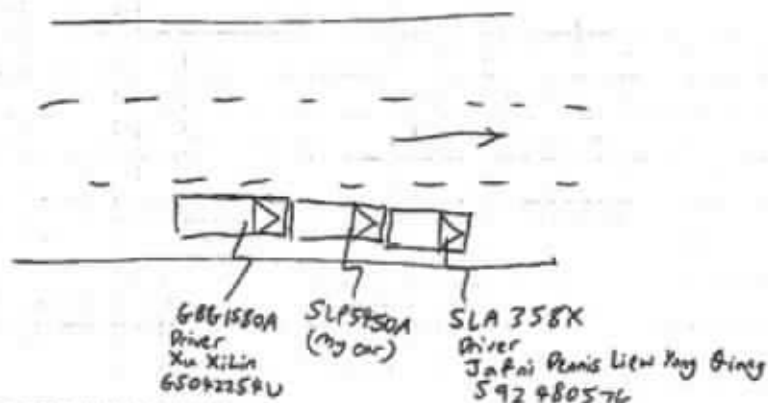
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 21/6/18 3:30pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/6/18 3:30pm


Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: S7332811Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened on 20/6/18 7.29pm along BKE after Exit 3.
 Traffic was moving on the first lane and front car stopped.
 I stopped as well and lorry knocked onto my car and I rolled forward
 to knock the front car.

DECLARATION

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

Policyholder's Signature
 Date & Time: 21/6/18

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21/6/18 3:30pm

Reporting Centre Personnel's Signature
 Name: Deborah Lai
 NRIC/FIN No.: S7332811Z



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Goh General Engineering Pte Ltd
 Period of Insurance : 05 Jun 2018 To 07 Jun 2019
 Engine No. : CYV437154
 Chassis No. : VSSZZZ5FZGR220981

Vehicle No. : SLP5450A
 Policy No. : 1800062686
 Endorsement No. :
 Issued Date : 14 May 2018

ABOUT THE COVER

Make/Model : SEAT LEON 1.2
 Engine Capacity/Tonnage : 1,197.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2017
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized Driver (named or unnamed) is under the age of 21 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, prize-winning, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Use: 1500km - 1800km Optional

* Limitations imposed irrespective by Section 5 of the Motor Vehicles (Third-Party Rules and Compensation) Act (Cap. 186) and Section 56 of the Road Transport Act, 1987 (Singapore), are not to be included under these headings.

EXCESS

Section 1

Fire - \$3, Own Damage - \$600, Theft - \$0, Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/Authorised Repairers (For claims related repairs)

Any accident report to the vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the vehicle in Singapore, You have the option of having the accident repairs carried out at the AIG Agent's workshop.

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6554 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Rules and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Singapore) and Motor Vehicles (Third-Party Rules) Rules, 1988 (Singapore).

0504270000

TOK SAY ANN DESMOND
 BLK 308B PUNGGOL PLACE #10-02
 SINGAPORE 622508 SP-AP

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

37 mile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

087004

1. This is a copy of the Certificate of Insurance. It is not a contract. The actual contract is the policy document.

2. This is a copy of the Certificate of Insurance. It is not a contract.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8922227C**

Name: **TOH SIANG HUI**

Date of Birth: **24 Jun 1989**

Issue Date: **21 Feb 2008**

Barcode: **0015/231221**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8922227C**

Name: **TOH SIANG HUI**

Chinese Name: **卓祥輝**

Race: **CHINESE**

Date of Birth: **24-06-1989**

Country of Birth: **SINGAPORE**

Barcode: **144227**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars -- seating with --7 passengers, exclusive of the driver, and other motor vehicles -- 2000kg

Pass Date: **21 Feb 2008**

NP 426A



Barcode: **S8922227C**

Date of Birth: **24-06-2004**

Address: **APT BLK 310 CLEMENTI AVENUE 4 #12-285 SINGAPORE 120310**

NRIC No: **S892227C** Date: **22/02/2017**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number



SEAT, S.A.

VSSZZZ5FZGR220981

1760 kg

3060 kg

1 - 930 kg

2 - 880 kg

Typ 5F

02
CYVB 560D
33920610

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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ACCIDENT STATEMENT

Date Of Report	21/06/2018 11:41
Date Of Accident	20/06/2018 19:25
Exact Location Of Accident	BKE (WOODLANDS) BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA358X
Insured/Policyholder	
Name Of Registered Owner	JAFNI DENNIS LIEW YONG QIANG
NRIC No	S9248057G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97884683
Alternative Phone No	OFFICE-97884683

Vehicle Particulars

Manufacturer	RENAULT
Model	KADJAR 1.5 DCI EDC 6AT S&S EU6
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800067165
Cover Note Number	

Driver

Name of Driver	JAFNI DENNIS LIEW YONG QIANG
NRIC No	S9248057G
Date Of Birth	24/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97884683
Fax Number	
Contact Number	OFFICE-97884683

Address	BLK 122 YISHUN STREET 11 #02-491
Postcode	760122
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	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 STATEMENT.

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	SLP5450A
Vehicle Make/Model/Colour	SEAT LEON
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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 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.

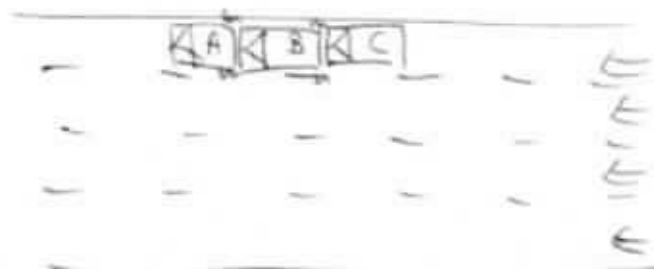
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BKE (woodlands) before Dairy farm rd exit



Veh A SLA 358X
 Veh B SLP 5450A
 Veh C GBG 1580A


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving along BKE (woodlands) on the first lane of a 4-lane
 expressway. Somewhere before dairy farm rd exit, I saw vehicles
 ahead slowing down, as such I also slowed down.
 I managed to stop behind vehicles ahead of me when suddenly
 I felt a strong impact from the rear portion of my vehicle.
 After the accident, I alighted to see that I was the
 first vehicle of a 3-car collision.

Veh A SLA 358X
 Veh B SLP 5450A
 Veh C GBG 1580A

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	21/06/2018 15:57
Date Of Accident	20/06/2018 19:30
Exact Location Of Accident	BKE AFTER EXIT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5450A
Insured/Policyholder	
Name Of Registered Owner	GOH GENERAL ENGINEERING PTE LTD
Co Reg No	199005390D
Email Address	ETHAN.TOH@GOHGEPL.COM.SG
Mobile Phone No	(LOCAL) +65-92722161
Alternative Phone No	Office-62887009

Vehicle Particulars

Manufacturer	SEAT
Model	LEON 1.2
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800052986
Cover Note Number	

Driver

Name of Driver	TOH SIANG HUI
NRIC No	S8922227C
Date Of Birth	24/06/1989
Occupation	INDOOR
Date Of Driving Pass	21/02/2008

Gender	MALE
Mobile Number	(LOCAL) +65-92722161
Fax Number	
Contact Number	
Email Address	ETHAN.TOH@GOHGEPL.COM.SG
Address	BLK 310 CLEMENTI AVENUE 4 #12-283
Postcode	120310
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : EMBER XU Gender: : Female

Details of Police Action

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

Circumstances of Accident

Please refer to 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	GBG1580A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YI I YII IN

Contact Number	KINGSLY YE / 91005941 / 62541558
Address	8B ADMIRALTY STREET #07-04
Postcode	757440
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA358X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAFNI DENNIS LIEW YONG QIANG
NRIC/Passport Number	S9248057G
Contact Number	84287101
Address	C/O 221 HENDERSON ROAD #06-18 HENDERSON BUILDING
Postcode	159557
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 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:

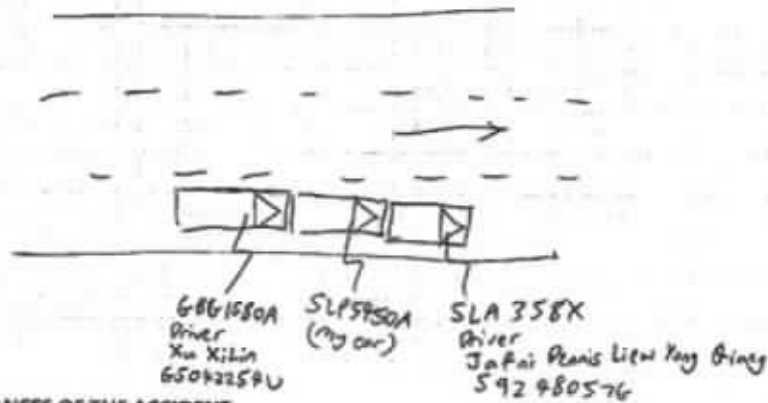
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 21/6/18 3:30pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/6/18 3:30pm


Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: S7332811Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened on 20/6/18 7:29pm along BKE after Exit 3.
 Truck was travelling on the first lane and front car stopped.
 I stopped as well and lorry knocked onto my car and I rolled forward
 to knock the front car.

DECLARATION

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

Policyholder's Signature
 Date & Time: 21/6/18

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21/6/18 3:20pm

Reporting Centre Personnel's Signature
 Name: Deborah Lai
 NRIC/FIN No.: 57332811Z



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Goh General Engineering Pte Ltd
 Period of Insurance : 08 Jun 2018 To 07 Jun 2019
 Engine No. : CYV437154
 Chassis No. : VSSZZZ5FZGR220681

Vehicle No. : SLP5450A
 Policy No. : 1800052986
 Endorsement No. :
 Issued Date : 14 May 2018

ABOUT THE COVER

Make/Model : SEAT LEON 1.3

Engine Capacity/Tonnage : 1,187.00 CC

Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2017
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, prize racing, rally, display trial or speed-testing. The coverage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1800hrs - 1800hrs Optional

* Limitations rendered irrespective by Section 9 of the Motor Vehicles (Third Party Rules and Compensation) Act (Cap. 186) and Section 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0; Own Damage - \$000; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable):

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/Autonomous Repairers (for claims related repairs)

Any accident repairs to the vehicle must be carried out by one of our Authorized Repairers. Within the first 2 years of the first registration of the vehicle in Singapore, You have the option of having the accident repairs carried out at the State Agent's workshop.
 For other Approved Reporting Centres/Autonomous Repairers, please contact our 24-hour accident emergency hotline at +65 6308 6206. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Rules and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Rules) Rules, 1989 (Malaysia).

0504270000

TOK SAK ANN DESMOND
 SUK 2008 PUNGGOL PLACE #10-25
 SINGAPORE 622308 SP-SP
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

37.6.16

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

050427

For more information, visit www.aig.com.sg or call 1-800-888-8888. For more information, visit www.aig.com.sg

For more information, visit www.aig.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8922227C**

Name: **TOH SIANG HUI**

Date of Birth: **24 Jun 1989**

Valid From: **21 Feb 2008**

APR 2008

0611711222

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S8922227C**

Name: **TOH SIANG HUI**

李祥輝

Race: **CHINESE**

Date of Birth: **24-06-1989**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2000kg

VALID DATE

21 Feb 2008

APR 2008



APR 2008

S8922227C

APR 2008

24-06-2008

APT BLK 310 CLEMENTI AVENUE 4 #12-263
SINGAPORE 120310

APR 2008

22-02-2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number



SEAT, S.A.

VSSZZZ5FZGR220981

1760 kg

3060 kg

1 - 930 kg

2 - 880 kg

Typ 5F

02
CYVB 560D
33920610



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/AIG18011369/R1vd3e2-1	
78 SHENTON WAY #08-16 CHARTIS BUILDINGS SINGAPORE 079120 ATTN : BENNIE TAN		Date : 05-12-2019	
		Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)			
Insured Veh.	SLP 5450A	Veh. Inspected	SLA 358X
Policy No.	1800052986	Coverage (\$)	0.00
Claim No.	1889617746S-005	Excess (\$)	0.00
Assign From	BENNIE TAN	Assign Date	05/08/2019
2. Vehicle Particulars & Condition			
Make & Model	RENAULT KADJAR 1.5	c.c	1461
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	VF1RFE00554465181	Colour	BLUE
Odometer	67702	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/45Z R19	CONTINENTAL	6 mm
L/H Front Tyre	225/45Z R19	CONTINENTAL	6 mm
R/H Rear Tyre	225/45Z R19	CONTINENTAL	6 mm
L/H Rear Tyre	225/45Z R19	CONTINENTAL	6 mm
4. Description of Damages			
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.			
5. General Information			
Accident Date	20/06/2018	Inspection Date	28/11/2019
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLA 358X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TAILGATE	REPLACED	2,870.00	1,392.00
1	TAILGATE RENAULT LOGO	REPLACED	105.00	105.00
1	TAILGATE KADJAR EMBLEM	REPLACED	120.00	113.00
1	TAILGATE ECO2 EMBLEM	REPLACED	65.00	65.00
1	TAILGATE INNER LOCK	SERVICEABLE	408.00	-
1	REAR BUMPER	REPLACED	2,185.00	1,100.00
1	REAR BUMPER REINFORCEMENT	REPLACED	540.00	436.00
2	REAR BUMPER SIDE RETAINER @\$75.00	SERVICEABLE	150.00	-
2	REAR BUMPER SIDE REFLECTOR @\$215.00	SERVICEABLE	430.00	-
	LESS 10% DISCOUNT		-687.30	-321.10
			6,185.70	2,889.90
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	REPLACED	60.00	40.00
1	REAR WINDSCREEN SEALANT (SN)	REPLACED	150.00	60.00
3	REAR REVERSE SENSOR @\$245.00 (SN)	REPLACED	735.00	245.00
			945.00	345.00
LABOUR				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS; REPLACE THE DAMAGED PARTS AND COMPONENTS.		1,000.00	400.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS.		800.00	200.00
	TO REMOVE BOOT COMPARTMENT FITTINGS, GARNISH, TRIMS ETC SO AS TO FACILITATE REPAIRS AND REFIX / REPLACE THE SAME.	NOT NECESSARY	250.00	-
	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTION.	NOT NECESSARY	200.00	-
	TO REMOVE AND REPLACE REVERSE SENSORS AND CHECK FOR PROPER FUNCTION.		120.00	60.00
	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS.	NOT NECESSARY	250.00	-

Report Ref No. CS3/AIG18011369/R1vd3e2-1



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIX REAR WINDSCREEN.		180.00	120.00
			2,800.00	780.00
GRAND TOTAL			9,930.70	4,014.90
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,200.00

Report Ref No. CS3/AIG18011369/R1vd3e2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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