From (Person	a); Chin le Ying of	AIG	Date	Time: 10191	19611.30
Estimated Co	OST TP RES / OD RES / EVA / INV / MV / C	Bill to:			
To Inspect V	Cehicle No: SLMIDIGE		Insured:	SLQ 952	OA
	Blk 14 Defin fore 10 =	tor # 01-40	Tel:	9299 6	6636
Policy No:		Claim No:		336878G	
Sum Insured		Excess:	,0,1,0,	000190	
Make of Veh (Client's Recor			D.O.	A 141081	2019
	/ REP. / REV 24 HRS	i ii		O.D. Endorsement:	
Date/Time:	12-11pm 16/9/19 Person Contacted:	Ah_Ch	won Vehic	TUO(IN)	
	Action/Instruction 19/10/04/1/				
Detc/Time					
Detc/Time					
Dato/Time	SLMIOIGE-X SLQ 9520A-X.	1			

St. Ti	1		1		
08/11/13) wef	REF:	1	111/		
ASS. REC. BY: MCrous.		LOCATOR	TENEY	1	
*		ASSIGNN		- 010	٥٥
	Date:	Veh 1	SLM (0196		
From:	Doto.	Туря	Mar / M.Cycle / Bus / Van / L	.orry / Taxi / Prime Mover	1.
Estimated Cost:	O / EN/A / INIV / BN/		Truck / Trailer or (A /		
OD / TP/WS / TP RES / OD RE		/ Make	Teyota con	lle Altis a.o ,	1588
To Inspect Vehicle No:	StM/018	C	0.1	A/C: Insured / Sto	I/NI/NA
at Workshop m/s	Temerle/	Colo		T/Radio: Insured / Sto	
of		Sp.F	Reading 28 4560	Inadio, madred re-	M. F. 441. J. 341. S.
Insured:		Eng	/No:		4001
Policy No.		C/N	on MROS3-	LEE 106 /5	LY81,
		Ger	. Cond Good / Fair / Poor / Bur	rnt	
Claims No.	Fires	Ste	ering: Iporder / Jammed / Leake	ed / Burnt or	
Sum Insured:	Excess:	Bra			
(Client's Record)			ALL MILLISIDEM I STD A/Rim	05	-
Make of Veh:		Mo	10	5- 65-215	
		Tyr	e Size: F: / 9	7, 107, 517	
(Policy Condition)			R:	a mad 3.5	12 18
Remark: The veh had comme	nced its	N/S O/S BS	IDUNIEXNOVA I GY I FS I LE	ZA/MIC/OHTSU/PIR/S	UMI/
repair at the time of		Т	OYO I KOKO OT		
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40	Fr	ont	Rear	2
Bal. or Market Value:	Consistent? : Yes or N		Bal. 6 mm	R/Bal.	mm
IDAC Accident Rport:				L/Bal. 6	mm
GATPR Seen:	Consistent?: Yes or N		Bal. 0 mm	D.O.1 /8/	8/10
Est. Repairs: 2	days Res.: Yes or	No D.	O.A. 14/8/18 _	_ 0.0.1 / 0//	10
Lum Sum:	% 3 Val.: Yes or	No St	urvey held at		
	LUDC	D	es. of Damages : Frt / Rear / C		p or
CA / REV / REP. / 24	Vel	nicle: IN / OUT	Rec	ever of the contract of the co	
Date: Person	n Contacted:	VIO	The U/C / Chassis frame / E	Body Structure affected di	ue to collision.
Date / Time Action / Ins	n Contacted: struction LA 28	100	VEDE NE		
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Date/Time, File Pass to?	: Preli. Report	-	ays Of Repair:		
1)	: Final Report	Re	esurvey No. of Trip:	Survey Fee:	100
Date/Time, File Return to?			//	Transportation:	
2)		Add Fee:	: Site Insp (\$		
			: Interview (\$) Photos	
Report Format :			:Tech. Invs (\$), Others	!\
Lump Sum / I.B.I: (\$)	: Weekend (\$).	
A STATE OF THE STA				TOTAL	191

...CLAIM SUBFOLDER...(Pending for Survey Report)

Case	Notified	Est Submitted	Adj Assigned	Adi Rpt	Adj Subi	mitted	Ins Auth'ed	Status	
	10 Sep 2019 Edit Reg		10 Sep 2019 00:00 Edit Adj Rpt					Pending Report Cancel	
M	lain	Re	ference		Claim Details		Docume	nts	Show All
CLAIM SUE	FOLDER DE	TAILS	Alberta Company	***		[Creat	ed by adjuster]		
insured:	BKW REN	T- A - CAR PTE L	TD						
Main Claimant:	BENNIE S	SERVICES, Co. F	Reg. No.: 533287	764B					
Vehicle Reg. No.:	SLM101	9E			Date of Loss:	14/08/2	2019 09:00 - :59		
Claim Type:	TP / 927	9083687SG			Policy/Cover Note No.:				
Vehicle Reg. No. (Insured):	SLQ9520	A			Policy No. (Claimant):				
					Excess:				
Repairer:		n Motor Works (H						4 301	
Handling Insurer:	BernardJiC	Pacific Insuranc Qian.Ler@aig.com							10/00/20101
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Handled by I	MARCUS	CHUA] [Fina	I Rpt due	19/09/2019]
ASSOCIAT	ED MAIL RE	CEIVED						View All	Compose Case Ma
• AIG_SG (12/09/2019)	: NO OI GIA REP : TP GIA REPORT							
ALL ASSO	CIATED TAS	SKS=				View A			
Due Date No results.	Priority	Type Task	Group Sub	ect Hai	ndler Assign	ed By	Completed C	n Cre	ated On Done

Your password will expire in 5 days. Click here to change it.

PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHIC...

From: Chin, Lee-Ying

To: 'assignments, Admin A

Cc: Fong, Andy-SY

Sent: 9/10/2019 11:30:32 AM

Attachments: 7 20190903110603.pdf

Hi LKK,

Kindly assist to survey, vehicle in workshop.

Thanks.

Best Regards

Lee Ying, Chin

AIG

Claims | AIG Asia Pacific Insurance Pte. Ltd. 78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1947

Lee-Ying.Chin@aig.com | www.aig.sg

From: Pamela Pamela [mailto:pamela@yoga-legal.com]

Sent: Tuesday, September 03, 2019 5:25 PM

:

To: Subramaniam, Divyashni

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; Tong, Wahxin; Winnie Phee

Subject: [EXTERNAL] Re: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLQ 9520A

AND SLM 1019E ON 14/8/2019

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

Dear Sirs

Please be informed that the said vehicle can be inspected at:

Name of workshop

M/s. Jementah Motor Work

Address

Block 14 Defu Lane 10

#01 - 406

Singapore 539195

Contact Person

Mr Ah Chuan

Telephone no.

9299 6636

Regards,

Pamela

M/s C. YOGARAJAH LLC

883 North Bridge Road

#11-03 Southbank Singapore 198785

Tel: (65) 6292 5838 Fax: (65) 6292 5938 (UEN No. 201333127N) (GST Reg No. 201333127N)

Important Note: This electronic mail transmission (including any attachments) is private and confidential and may contain legally privileged information. If you are not the intended recipient, you may not use, copy or disseminate the information contained herein. Please delete this message and its attachments immediately and contact us at (65) 6292 5838, if you have received this message in error. Thank you.

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883 North Bridge Road #11-03 Southbank Singapore 198785 T: 6292 5838 F: 6292 5938 (UEN No. 201333127N) (GST Reg No. 201333127N)

Our Ref

CY.SLM1019E.19.JM(HW).wp(PT)

Your Ref

Your insured vehicle SLQ 9520A

03 September 2019

BK W RENT A CAR PTE LTD c/o AIG Asia Pacific Insurance Pte Ltd (Motor Claims Department) 78 Shenton Way #07-16 Singapore 079120

BY EMAIL

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES (NIMA) ROAD TRAFFIC ACCIDENT INVOLVING SLM 1019E & SLQ 9520A ON 14.08.2019 @ 09:15HRS ALONG JLN TAN TOCK SENG / IRRAWADDY ROAD

We are instructed by Bennie Services to notify you of a road traffic accident on 14.08.2019 @ 09:15hrs along Jln Tan Tock Seng / Irrawaddy Road involving our client's vehicle registration number SLM 1019E and vehicle registration number SLQ 9520A driven by you at the material time. A copy of the Singapore accident statement is enclosed.

As the result of the accident, our client's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

At the same time, our proposed list of surveyors is appended as below:-

1. Dennis Yap

Alan Chong

Winson Goh

Yours faithfully.

C. Yogarajah LLC

Enc

Cc:

M/s. Jementah Motor Works

Block 14 Defu Lane 10 #01-406, Singapore 539195

Mr. Ah Chuan (9299 6636)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	764B
Vehicle No.:	SLM1019E
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	3ZZ4934910
Chassis No.:	MR053ZEE106155985
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,853.00
Original Registration Date:	28 Sep 2009
First Registration Date:	28 Sep 2009
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$17,853.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Sep 2019
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	27 Sep 2029
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$29,485.00
COE Rebate Amount:	\$29,460.00
Total Rebate Amount:	\$29,460.00

The information contained herein is correct as at 11 Sep 2019

ОК

MVA319106629 / VAC - Kaki Bukil ENTRY DATE & TIME: 15/08/2019 09:33 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy (lability 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.

	21-12	T-10-TH	A	m = 3	
ACCII	21-17.0		AIEI	x = x	18

Date Of Report 15/08/2019 09:33

Date Of Accident 14/08/2019 09:15

Exact Location Of Accident JLN TAN TOCK SENG/IRRAWADDY ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM1019E

Insured/Policyholder

Name Of Registered Owner BENNIE SERVICES

Co Reg No 53328764B
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96388118
Alternative Phone No OFFICE-96388118

Alternative Phone No

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

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 HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5090703946-02

Cover Note Number

Driver

Name of Driver LIM TIONG BENG

 NRIC No
 \$1245339F

 Date Of Birth
 27/11/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/08/1977

Driving Experience 41 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96388118

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 123 SERANGOON NORTH AVENUE 1 #04-155

Postcode

550123

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - SOLE-PROPIETOR

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: GRAB PASSENGER

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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. I STOPPED MY CAR THE SAID JUNCTION. TO ALLOWED THE PEDESTRIAN TO CROSS BEFORE TURNING LEFT TO MOUNT ELIZABETH NOVENA HOSPITAL TO DROP OF MY PASSENGER, THAT IS WHEN THE CAR B BEHIND ME(SLQ9520A) UNABLE TO STOP ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR BUMPER. AFTER THE IMPACT I CAME OUT OF MY CAR TO TAKE A LOOK. AFTER THEAT I HAVE TO DROP OFF MY PASSENGER AT MOUNT ELIZABETH NOVENA HOSPITAL.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FRONT/BACK WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ9520A

Vehicle Make/Model/Colour

HONDA / VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

ROBIN

NRIC/Passport Number

Contact Number

91009393

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2

NAME:

GENDER:

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE



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

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

A BA

Policyholder's Signature Date & Time: (A)

Driver's Signature (If driver is not the policyholder) Date & Time: 15 AUG 2019

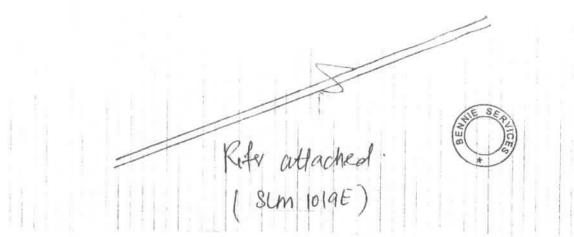
IDAC KAKI BUKIT (VAC)

Reporting Cerk 3 (Kaki Bukigname 4 Name: Singapore 415933

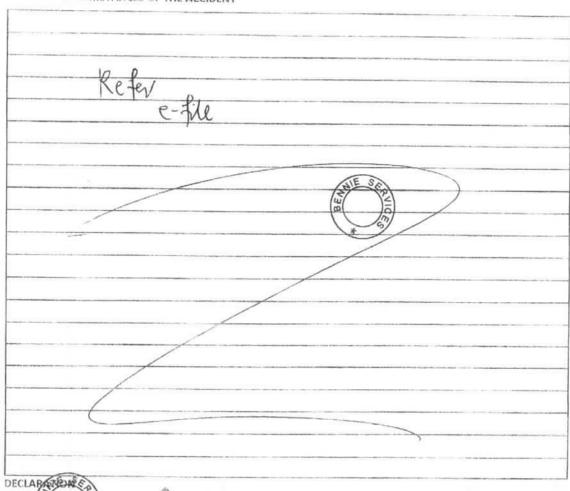
NRICATE NG 7416697 Fax: 67492305
Email: vackb@sinanet.com.sq

Land of the land o

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



ping particulars fire true in every respect.

Poficyholder's Signafürê Date & Time:

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

15 AUG 2019

IDAC KAKI BUKIT (VAC)

Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

mount Elizabeth Novena Hospitas. IRRAWADDY Road. SLM 1019E >. SLQ 9520 A. Jolan Tan Tous Say

Rear huger clips ner 18et Reer huger clips ner 18et Man huger rewest seeser shall her end panel Regin

Zh.

...CLAIM SUBFOLDER...(Pending for Survey Report) $_{\mathtt{PRI}}$

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Sul	bmitted	Ins Auth'ed	St		
Main	10 Sep 2019 Edit Reg		10 Sep 2019 00:00 Edit Adj Rpt	S\$0.00 Edit Es	timates	S\$0.00			Pending for Su Report Cancel Case		Survey
	Main	R	eference		laim Det	ails		Documen	ts	٦.	Show All
CLAIM SU	BFOLDER DE	TAILS				[6	Created	by adjuster]			
Insured:	BKW REN	T- A - CAR PTE I	.TD, Co. Reg. No.:								
Main Claimant:	BENNIE S	SERVICES, Co.	Reg. No.: 53328764	В							
Vehicle Reg No.:	SLM101	9E			Date of I		14/08/2019 09:00 - :59 [118 Months and 17 Days From LTA Reg Date (Man Yr)			(Man Yr)]	
Claim Type	TP / 927	9083687SG			Policy/Co						
Vehicle Reg No. (Insured):	SLQ9520	A			Policy No (Claimar						
					Excess:						
Repairer:	Jementah	Motor Works (I	HQ) 14 Defu Lane 1	0, #01-406	, 539195	Defu Lar	ne - Tel: 9	2996636			
Handling Insurer:	BernardJiC	Qian.Ler@aig.com	e Pte. Ltd. (Expre			20200000	Andrews n		0-01-7-7-0		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561	[Handled	by MAR	RCUS CHU	IA] [Final F	Rpt due	19/09/2	019]
ASSOCIA	TED MAIL RE	CEIVED						V	iew All	Compose	Case Mail
		: NO OI GIA REP : TP GIA REPOR									
ALL ASSO	CIATED TAS	sks⊟				Vie	w All	Search Tasks	Create !	New Task	Complete
Due Dat	100000000000000000000000000000000000000	Type Task	Group Subject	t Hand	ler A	ssigned	н ву	Completed Or	1 (reated On	Done

Claim Documents

*SLM1019E (9279083687SG) [SLQ9520A] TP BENNIE SERVICES Aug 14 2019 9:00AM [BKW RENT- A - CAR PTE LTD] Jementah Motor Works

Pho	tos/Images		3 per page	$\overline{\mathbf{v}}$
Vo	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbn	
ı	10/09/19 15:54	Chassis Number	Load JP	G 🛭
2	10/09/19 15:54	Odometer Reading	Load JP	G Z
3	10/09/19 15:55	General View	Load JP	G 🔽
4	10/09/19 15:55	General View	6 Load JP	G 🛭
5	10/09/19 15:55	General View	£ Load JP	G 🔽
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10	10/09/19 15:55	General View	Load JP	G 😨
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15	10/09/19 15:55	General View	1 Load JP	
16	10/09/19 15:55	General View	€ Load JP	-
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18	10/09/19 15:55	General View	■ Load JP	
19	10/09/19 15:55	General View	1 Load JP	
20	10/09/19 15:55	General View	1 Load JP	
21	10/09/19 15:55	General View	1 Load JP	-
22	10/09/19 15:55	General View	6 Load JP	-
23	10/09/19 15:55	General View	1 Load JP	-
24	10/09/19 15:55	General View	1 Load JP	-
25	10/09/19 15:55	General View	1 Load JP	-
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32	10/09/19 15:55	General View		
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34	10/09/19 15:55		1 Load JP	
35	10/09/19 15:55	General View	1 Load JP	
36	10/09/19 15:55	General View	1 Load JP	
37	10/09/19 15:55	General View	1 Load JP	-
38	10/09/19 15:55	General View	1 Load JP	
39	10/09/19 15:55	General View	6 Load JP	
40	10/09/19 15:55	General View		
41	10/09/19 15:55	General View	Load JP	
42	10/09/19 15:55	General View	€ Load JP	G 🖸

Page 2 of 2 Merimen e-Claims

Pho	notos/Images		3 per p	age 🔻	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
44	10/09/19 15:55	General View	6	Load JPG	V
45	12/09/19 17:16	After Repair Photo	0	Load JPG	V
46	12/09/19 17:16	After Repair Photo	0	Load JPG	V
47	12/09/19 17:16	After Repair Photo	0	Load JPG	V
48	12/09/19 17:16	After Repair Photo	0	Load JPG	V
49	12/09/19 17:16	After Repair Photo	0	Load JPG	V
50	12/09/19 17:16	After Repair Photo	0	Load JPG	\mathbf{Z}
51	12/09/19 17:16	After Repair Photo	0	Load JPG	V

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

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:

CS3/AIG19016024/UCD3E2

Date:

23/09/2019

REFERENCE

Date of Loss:

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

Claimant

Insured Vehicle No: SLQ9520A

Vehicle No:

SLM1019E 14/08/2019

Nature of Claim:

TP

Claim No: 9279083687SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLM1019E

Make & Model:

TOYOTA COROLLA ALTIS, 1.6 (A)

Engine No:

3ZZ4934910

Reg. Date:

28/09/2009 (Man. Year: 2009)

Chassis No:

MR053ZEE106155985

Colour:

Grey

Odometer:

284560 km

Engine Capacity: Market Value/New Car 1598 cc

Price:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195/65 R15

Rear Tyre Size:

195/65 R15

Front Left Side: Front Right Side: Yokohama 6 mm Yokohama 6 mm Rear Left Side: Rear Right Side: Yokohama 6 mm Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

10/09/2019

Date Inspected:

10/09/2019 Inspected At:

Jementah Motor Works (HQ)

14 Defu Lane 10, #01-406

Singapore 539195

Estimated Period of Repair:

3.0 days

Adjuster: MARCUS CHUA

Manager: CELINE FONG

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 I	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	0.00 F	*-F
2	1		*SET REAR BUMPER CLIPS	Necessary	0.00 F	*- F
3	1		*SET REAR BUMPER REVERSE SENSOR	Shorted	0.00 F	*- F
4	1		*REAR END PANEL	Repair	0.00 F	*- F
F≃Fra	anchise p	art.		Total Parts (S\$)	0.00	0.00
			Report was unsubmitted during	this print-out.		

Adjuster Report Page 3 of 3

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >