

ASS. REC. MY

REF:

03/11/19 016096/Fcd30

Special Instruction:

Customer: Ram

From (Person): Meimen chin lee ying

ASSIGNMENT (Office)

of ALG

Date/Time: 10/11/19 3:20pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKR 1845Y

Insured:

SDG 8889R

at Workshop m/s

Tampines Auto Services

Tel:

6786 2884

of

Blk 9002 Tampines Street 93 #01-36

Policy No:

Claim No:

8894314193SG

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

9/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:37am 11/11/19

Person Contacted:

Hinda

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction
	Estimate (X)
	SKR 1845Y-X
	SDG 8889R-X
	Disassemble: 12/9/2019
	After repair: 13/9/2019

REF: **MG**

ASS. REC. BY:

**PRS****ASSIGNMENT**

From

Date:

**11/9/19**

Estimated Cost:

OD **(TP)** WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

**SKR1845Y**

at Workshop m/s

**Tampines Auto Services**of **81K 9002 Tampines sf. 93 # 01-36**

Insured:

Policy No.

Claims No.

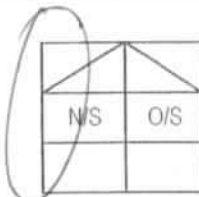
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. in Market Value:

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: **4** days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

**cup**

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

**SKR1845Y**

Yr Regn:

**MAR / 2006**

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

Truck / Trailer or

Make:

**Toyota harrier 2.4 c.c 2362**

Colour:

**Black.**

A/C: Insured / Std / NI / NA

Sp. Reading

**300697**

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

**ACU30-0044438**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

**F: 225/65 R17****R: 225/65 R17**BS **(DUN)** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

**4**

mm

R/Bal.

**4**

mm

L/Bal.

**4**

mm

L/Bal.

**4**

mm

D.O.A.

**31/08/2019**

D.O.I.

**11/09/19**

Survey held at

**TAMPINES AUTO SERVICES**Des. of Damages: Frt / Rear / O/S / **(N/S)** / U/C / Rooftop or**N/S rear**

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

Date / Time	Action / Instruction
	Repair days: 4 days
	Range: 3 K to 4K
	<b>13/9/2019</b>
	MV: \$58000
	PV: \$30859
	NV: \$27000
	RECEIVED 20 SEP 2019

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

**4**

Resurvey No. of Trip:

**2**

Survey Fee:

Transportation:

S + RS, St

Fines:

Others:

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Weekend (\$)

Report Format:



**DAR**

Lump Sum / L.B.:

**180****11****191**

Your password will expire in 5 days. [Click here to change it.](#)

**RE: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SDG8889R AND SKR...**

From: Chin, Lee-Ying  
To: assignments, Admin A  
Cc: Fong, Andy-SY  
Sent: 9/10/2019 3:20:06 PM  
Attachments:  [GIA REPORT SKR1845Y.PDF](#)  [LETTER TO 3P AND AIG.PDF](#)

Hi LKK,

Kindly assist to survey.

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](mailto:Lee-Ying.Chin@aig.com) | [www.aig.sg](http://www.aig.sg)

**From:** sengtat@aplp.com.sg [mailto:sengtat@aplp.com.sg]

**Sent:** Tuesday, September 10, 2019 12:26 PM

**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; sengtat@aplp.com.sg

**Subject:** RE: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SDG8889R AND SKR1845Y ON 31/08/2019

Dear Sir/Madam

We refer to your email of even date.

Our clients do not agree to your list of surveyors.

We are instructed to propose the use of one of the motor surveyors named below to conduct the joint pre-repair survey as a single joint expert:

- a. Alan Cheong
- b. TT Rajan
- c. Oh Han Cheong
- d. Andrew How
- e. Dave Ho Joo Koong
- f. Sincere Appraiser
- g. Seah Kwang Boon
- h. L H Teo
- i. Mr Willy Goh
- j. Nicky Seah
- k. Jayson Liaw

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.

In the event you are not agreeable to our list of surveyor, please note that our client's vehicle can be inspected at:

**Repairer Office**

**M/s. Tampines Auto Services**

**Contact Person: Ms Linda @ 6786 2884 / 9793 3147 / (Fax: 6786 2926)**

**Email: tas0136@hotmail.com**

**Address: Blk 9002, Tampines Street 93, #01-36, Singapore 528836.**

Please note that our clients' vehicle will only be available for pre-repair survey within the next two (2) working days. Our clients shall proceed to repair their vehicle thereafter without further notice or reference to you.

All our clients' rights are reserved.

*Please note our new office address as of 1<sup>st</sup> June 2019.*

*151 Chin Swee Road,  
#10-03/05 Manhattan House,*

*Singapore 169876*

*Tel no.: 6955 8899*

*Office mobile no.: 9171 4767*

*Fax no.: 6900 9899*

**TAT**

**A P Law Practice**

**50 Chin Swee Road #07-01 Thong Chai Building, Singapore 169874**

**T: 6955 8899 F: 6900 9899 E: sengtat@aplp.com.sg**

**Singapore UEN No.: 53380739E**

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	919H
Vehicle Details	
Vehicle No.:	SKR1845Y
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER 2.4A
Primary Colour:	Black
Manufacturing Year:	2005
Engine No.:	2AZ2053818
Chassis No.:	ACU300044438
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$31,883.00
Original Registration Date:	26 May 2006
First Registration Date:	26 May 2006
Transfer Count:	1
Actual ARF Paid:	\$35,072.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 May 2026
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$46,048.00
COE Rebate Amount:	\$30,859.00
Total Rebate Amount:	\$30,859.00

The information contained herein is correct as at 12 Sep 2019

Remaining : 6 years 8 months 25 days (80.8)      OK  
Depri : \$ 8650/yearly (\$720.83/monthly)  
80.8 x \$720.83 = \$58000

**Unlimited Cashback Credit Card**

No cashback cap  
 No minimum spend  
Enjoy 1.0% cashback on all spend





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## Toyota Harrier 2.4A (COE till 05/2026)

[Overview](#)
[Financial](#)
[Insurance](#)
[Accessories](#)
[Similar](#)
[Research](#)
[Photos](#)
[Map](#)
**PREMIUM AD**

<b>Price</b>	\$58,000		
<b>Depreciation</b> ⓘ	\$8,650 /yr	<b>Reg Date</b>	25-May-2006 (6yrs 8mths 12days COE left)
<b>Mileage</b>	150,000 km (11.3k /yr)	<b>Manufactured</b> ⓘ	2006
<b>Road Tax</b> ⓘ	\$2,129 /yr	<b>Transmission</b>	Auto
<b>Dereg Value</b> ⓘ	\$30,858 as of today (change)	<b>OMV</b> ⓘ	\$33,369
<b>COE</b> ⓘ	\$46,048	<b>ARF</b> ⓘ	\$36,706
<b>Engine Cap</b>	2,362 cc	<b>Power</b>	118.0 kW (158 bhp)
<b>Curb Weight</b> ⓘ	1,600 kg	<b>No. of Owners</b> ⓘ	4
<b>Type of Vehicle</b>	SUV		

### Features

View specs of the Toyota Harrier (2004-2012)

### Description

Like New, 100% Accident Free, Roadtax Due May 2020, Full Accessories, Loan Available, Low Installment, Trade In Welcome.

### Category

COE Car, Premium Ad Car

### Status

Available

### Resources



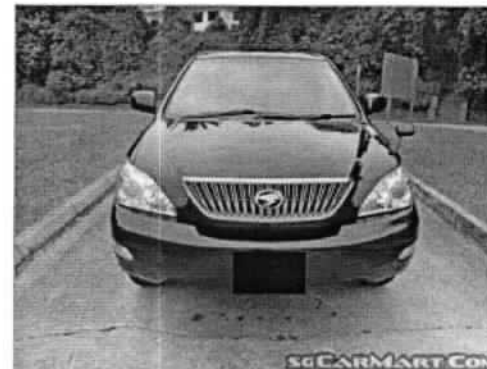
#### Car Valuation - Free

Find out the market value of your existing car for free. Get started



#### Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Location Map

[Shortlist](#)
[Report Error](#)
[Compare](#)
[More Actions](#)
[Add note](#)

### Seller Information

<b>Company</b>	<b>Takashima Auto Enterprise</b> » dealer's pricelist » 8 vehs sold   4 vehs available	
<b>Address</b>	210 Turf Club Road Lot B61 Search cars nearby this location	
<b>Location</b>	Car Mall @ The Grandstand	
<b>Office No</b>	64658772	
<b>Contact Person(s)</b>	Johnny	8113828!

sted on: 04-Sep-2019 | Last Updated on: 11-Sep-2019

### Upfront Payment

» more Financial info

<b>Transfer Fee</b> ⓘ	\$25	
<b>Down Payment</b> ⓘ	\$17,400 (change)	Maximum 70% Loan
<b>1st Instalment</b> ⓘ	\$634	Based on 3.75% interest rate
<b>Insurance</b>	\$1,041 onwards Not at fault? No upfront payment required! (Get a quote) Quote assumes a standard profile. "Get a quote" for exact figure.	

Powered by



## 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	02/09/2019 09:49
Date Of Accident	31/08/2019 13:20
Exact Location Of Accident	ANG MO KIO STREET 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1845Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHERK CHIANG
NRIC No	S7563919H
Email Address	ALEXTAN182000@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90258613
Alternative Phone No	OTHERS-90258613

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA351553
Cover Note Number	

### Driver

Name of Driver	TAN CHERK CHIANG
NRIC No	S7563919H
Date Of Birth	26/02/1975
Occupation	INDOOR
Date Of Driving Pass	05/07/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90258613
Fax Number	
Contact Number	OTHERS-90258613
EMail Address	ALEXTAN182000@GMAIL.COM

Address	BLK 215 SERANGOON AVENUE 4 #05-114 SINGAPORE
Postcode	550215
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SDG8889R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK SEOW BOON
NRIC/Passport Number	S6835531A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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:

2/9/19  
9:50am

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

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

perwen

### Sketch Plan #2

### SKETCH PLAN

SKETCH PLAN

Ang mo ko st 12.

Vehicle  
A-SKR145Y  
B-SDG 8889R

Legend  
Vehicle  
Motorcycle

Vehicle  
A-SKR145Y  
B-SDG 8889R

Legend  
Vehicle  
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/8/2019, Around 1:20pm. I was driving along ang mo kio st 12. Suddenly I felt an impact from my car left rear portion. I came out from my car and realise there was a car B (SDG 8889R) hit my car rear left portion.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

9:50am  
2/9/19

Driver's Signature

(if driver is not the policyholder)

**Date & Time:**

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

penner

# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 31/8/19		Time 1320		2 Exact location of accident AMK St 12		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **SKR 1845Y**

6 Insured / policyholder (see insurance cert.)  
Name **Tan Cherk Chiang**  
(capital letters)  
Address  
NRIC / Passport no. **S7563919H**  
Tel no. (from 9am till 5pm)  
HP **9025 8613**

7 Vehicle  
Make, type **Toyota Hammer**

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **GA351553**

9 Driver  
☒ Same as Owner  
Name  
(capital letters)  
NRIC / Passport no.  
Class of licence **3**  
HP  
Gender Male ☒ Female ☐

A  
Q1  
Q2  
Q3  
Q4  
Q5  
Q6  
Q7  
Q8  
Q9  
Q10  
Q11  
Q12  
Q13  
Q14  
Q15  
Q16  
Q17  
Q18  
Q19  
Q20  
Q21  
Q22

### 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- ☐ Chain Collision
- ☐ Collided into Bicycleist
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U turn
- ☐ Drunk Driving / Drug Influence
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Falling Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

← State TOTAL number of boxes marked with a cross →

### 13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

Registration No. **SDG 8889R**

6 Insured / policyholder (see insurance cert.)  
Name  
(capital letters)  
Address  
NRIC / Passport no.  
Tel no. (from 9am till 5pm)  
HP

7 Vehicle  
Make, type

8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

9 Driver (See driving licence)  
(if different from insured B above)  
Name **QUICK SEOW BOON**  
(capital letters)  
NRIC / Passport no. **SGR 35531A**  
Class of licence  
HP  
Gender Male ☐ Female ☐

B  
Q1  
Q2  
Q3  
Q4  
Q5  
Q6  
Q7  
Q8  
Q9  
Q10  
Q11  
Q12  
Q13  
Q14  
Q15  
Q16  
Q17  
Q18  
Q19  
Q20  
Q21  
Q22

20 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

# Individual Statement

INDIVIDUAL STATEMENT (Part II)						Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)							
Insured	1. Occupation (if more than one, state all)					Email: <u>alexan182000@gmail.com</u>	
	2. Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity		
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If no, State Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify						
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.						
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)						
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?
	26/2/75		Indoor		5/7/2007		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Outdoor				Was driver an employee of the insured's company?
							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8. Give details of any pre-existing impairment of sight or hearing and of any other disability							
9. Full details of all driving convictions including pending prosecutions in the last 36 months							
		Date		Offence		Penalty	
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn?
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station						
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?						
Accident details	14. Weather conditions		Clear <input checked="" type="checkbox"/>		Raining <input type="checkbox"/>		Others <input type="checkbox"/>
	15. Road surface		Wet <input type="checkbox"/>		Dry <input checked="" type="checkbox"/>		Others <input type="checkbox"/>
	16. Speed of vehicles		A <input type="checkbox"/> km/hr		B <input type="checkbox"/> km/hr		
	17. What warnings were given by driver or other party?						
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	19. What lights were displayed on your vehicle/the other vehicle(s)?						
	20. If your vehicle is commercial, state weight of load carried at time of accident						
	21. State how accident happened, width of roads, speed limits, etc. (Refer to attached)						
22. State number of Passengers (Including Driver) <u>1</u>							
Declaration	I/We declare the foregoing particulars are true in every respect						
	Policyholder's signature <u>[Signature]</u>						Date
	Driver's signature (if driver is not the policyholder)						Date

DRIVER NRIC & LICENSE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Tan Cherk Chiang

License Number: **S7563919H**

Name: **TAN CHERK CHIANG**

Birth Date: **26 Feb 1975**

Issue Date: **31 Dec 2007**

Barcode: 00155511621

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7563919H**



Name

**TAN CHERK CHIANG**

**陈志强**

Race

**CHINESE**

Date of birth

**26-02-1975**

Sex

**M**

Country/Place of birth

**MALAYSIA**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES**

Class 2B Motorcycles < 200 cc

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: 05 Jul 2015

License No: S7563919H

Barcode

HP 429A

5485198



NRIC No: **S7563919H**



Date of issue

**16-08-2015**

Address

**APT BLK 215 SERANGOON AVENUE 4  
#05-114  
SINGAPORE 550215**

Condition (CON)

(1)Item (2)Denied (3)Distorted (4)Cracked (5)Cut (6)Scratched  
(07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Missing  
(13)Torn (14)Unconfirmed (15)Not Working

**MOTOR CAR (LH)**

ACTION (AC)

(1)Replace (✓) (2)Repair (X) (3)Check (?)  
(4)Not Consistent (NC)

Aug 2005

Left Portion

NAC	INC	Item	CON	AC	Qty
1255	995326	Frt LH Door			
1256	995140	Frt LH Door Protector			
1257	995104	Frt LH Door Hinge			
1258	995142	Frt LH Door Wing Mirror			
1259	995102	Frt LH Door Garnish			
1260	991593	Frt LH Door Glass Outer Moulding			
1261	991588	Frt LH Door Glass Inner Moulding			
1262	995103	Frt LH Door Glass			
1263	991595	Frt LH Door Glass Regulator			
1264	991596	Frt LH Door Glass Regulator Motor			
1265	991662	Frt LH Door Rubber			
1266	991636	Frt LH Door Outer Handle			
1267	991607	Frt LH Door Inner Handle			
1268	991625	Frt LH Door Lock w/Key			
1269	991624	Frt LH Door Lock			
1270	991562	Frt LH Door Central Lock			
1271	991675	Frt LH Door Switch			
1272	991617	Frt LH Door Inner Trim Board			
1273	991568	Frt LH Door Checker			
1274	991575	Frt LH Door Felt			
1275	991688	Frt LH Door Wire Harness			
1276	991683	Frt LH Door Window Glass Pillar			
1277	991640	Frt LH Door Outer Pillar			
1278	991613	Frt LH Door Inner Pillar			
1279	991646	Frt LH Door Pillar Inner Garnish			
1280	990554	Centre Pillar LH			
1281	990542	Centre Inner Pillar LH			
1282	990517	Centre Pillar Upper Garnish LH			
1283	990564	Centre Pillar Lower Garnish LH			
1284	991670	Frt LH Door Step Garnish			
1285	994052	Rocker Panel LH			
1286	994049	Rocker Panel Inner Panel LH	DD	R	
1287	994046	Rocker Panel Garnish LH			
1288	994055	Rocker Panel Outer Side Skirt LH	GT		
1004	991300	Frt Bumper			
1006	991325	Frt Bumper Bracket			
1007	991462	Frt Bumper Side Retainer			
1008	991433	Frt Bumper Reinforcement			
1009	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1029	995153	Frt LH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1096	995070	Frt LH Fender			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			

Vehicle No: SKR1845Y

NAC	INC	Item	CON	AC	Qty
1289	995156	Rear LH Door	DD	R	
1290	993282	Rear LH Door Protector			
1291	995194	Rear LH Door Hinge			
1292	993228	Rear LH Door Garnish			
1293	993278	Rear LH Door Glass Outer Moulding			
1294	993231	Rear LH Door Glass Inner Moulding			
1295	995190	Rear LH Door Glass			
1296	993238	Rear LH Door Glass Regulator			
1297	995192	Rear LH Door Glass Regulator Motor			
1298	993294	Rear LH Door Rubber			
1299	993275	Rear LH Door Outer Handle			
1300	993250	Rear LH Door Inner Handle			
1301	993261	Rear LH Door Lock			
1302	993256	Rear LH Door Inner Trim Board			
1303	993218	Rear LH Door Checker			
1304	993230	Rear LH Door Glass Channel			
1305	993242	Rear LH Door Glass Triangle Garnish			
1306	993285	Rear LH Door 1/4 Glass			
1307	993288	Rear LH Door 1/4 Glass Rubber			
1308	993287	Rear LH Door 1/4 Glass Pillar			
1309	993305	Rear LH Door Step Garnish			
1310	993309	Rear LH Door Switch			
1311	994070	Roof Top Panel			
1312	994098	Roof Top Moulding			
1313	994085	Roof Top Air-bag			
1314	994084	Roof Top Air-bag Sensor			
1315	994083	Roof Top Air-bag Control Unit			
1141	992958	Rear Bumper	GT		
1147	992976	Rear Bumper Bracket			
1148	993068	Rear Bumper Side Retainer	rec		
1149	993045	Rear Bumper Reinforcement			
1151	993077	Rear Bumper Sponge	CLIPS	rec	
1152	993040	Rear Bumper Protector			
1155	993026	Rear Bumper Moulding			
1157	993023	Rear Bumper Lower Spoiler	GT		
1161	993851	Rear LH Taillamp			
1178	993436	Rear LH Fender			
1219	993449	Rear LH Fender Protector			
1136	990247	Sticker			
		LH REAR RIM	GT		
		LH REAR Wheel arc	CLT		
		LH REAR KNUCKLE ARM Bearing	BT		
		LH REAR suspension Lower Arm	BT		
		" " KNUCKLE ARM	BT		

No of Items: \_\_\_\_\_ Assessor: \_\_\_\_\_



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

PRI












































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	11 Sep 2019 <a href="#">Edit Reg</a>		10 Sep 2019 00:00 <a href="#">Edit Adj Rpt</a>	<b>\$S\$0.00</b> <a href="#">Edit Estimates</a>	<b>\$S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
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<b>CLAIM SUBFOLDER DETAILS</b>		<b>[Created by adjuster]</b>	
Insured:	-, Co. Reg. No.: -		
Main Claimant:	TAN CHERK CHIANG, ID: S7563919H		
Vehicle Reg. No.:	SKR1845Y	Date of Loss:	31/08/2019 13:00 - :59 [159 Months and 5 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 8894314193SG	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	SDG8889R	Policy No. (Claimant):	
		Excess:	
Repairer:	Tampines Auto Services (HQ) BLK 9002 TAMPINES ST 93, #01-34/36 INDUSTRIAL PARK A, 528836 Tampines - Tel: 67862884		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Lee, Ming-Yao] MingYao.Lee@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by PARASURAM SHANMUGAM] ... [Final Rpt due 20/09/2019]		
<b>ASSOCIATED MAIL RECEIVED</b>		<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
<ul style="list-style-type: none"> <li>AIG_SG (12/09/2019): Conflicting DOA</li> <li>AIG_SG (12/09/2019): TP GIA REPORT</li> </ul>			
<b>ALL ASSOCIATED TASKS</b>		<a href="#">View All</a>	<a href="#">Search Tasks</a>
		<a href="#">Create New Task</a>	<a href="#">Complete</a>
Due Date	Priority	Type	Task Group
			Subject
			Handler
			Assigned By
			Completed On
			Created On
			Done?
No results.			

## Claim Documents

\*SKR1845Y (8894314193SG)  
[SDG8889R]  
TP  
TAN CHERK CHIANG  
Aug 31 2019 1:00PM  
[-]  
Tampines Auto Services

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View			View in Browser		
Photos/Images															3 per page		<input checked="" type="checkbox"/>			
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82	17/09/19 12:14	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	12/09/19 11:11	OI GIA REPORT	 Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			



## 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/AIG19016096/FCD3E2

Date: 23/09/2019

## REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No:

## Claimant

Vehicle No : SKR1845Y

Insured Vehicle No : SDG8889R

Date of Loss: 31/08/2019

Nature of Claim: TP

Claim No: 8894314193SG

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SKR1845Y

Make &amp; Model: TOYOTA HARRIER, 2.4 (A)

Engine No: 2AZ2053818

Reg. Date: 26/05/2006 (Man. Year: 2005)

Chassis No: ACU300044438

Colour: Black

Odometer: 300697 km

Engine Capacity: 2362 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: 225/65 R17

Rear Tyre Size: 225/65 R17

Front Left Side: Dunlop 4 mm

Rear Left Side: Dunlop 4 mm

Front Right Side: Dunlop 4 mm

Rear Right Side: Dunlop 4 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 10/09/2019

Date Inspected: 11/09/2019 Inspected At:

Tampines Auto Services (HQ)  
BLK 9002 TAMPINES ST 93, #01-  
34/36 INDUSTRIAL PARK A  
Singapore 528836

Estimated Period of Repair: 4.0 days

Adjuster: PARASURAM SHANMUGAM

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	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*ROCKER PANEL INNER PANEL LH	Repair	0.00 F	*- F
2	1		*ROCKER PANEL OUTER SIDE SKIRT LH	Cut	0.00 F	*- F
3	1		*REAR LH DOOR	Repair	0.00 F	*- F
4	1		*REAR BUMPER	Cut	0.00 F	*- F
5	1		*REAR BUMPER SIDE RETAINER	Necessary	0.00 F	*- F
6	1		*REAR BUMPER CLIPS	Necessary	0.00 F	*- F
7	1		*REAR BUMPER LOWER SPOILER	Cut	0.00 F	*- F
8	1		*LH REAR RIM	Cut	0.00 F	*- F
9	1		*LH REAR WHEELARC	Cut	0.00 F	*- F
10	1		*LH REAR KNUCKLE ARM BEARING	Bent	0.00 F	*- F
11	1		*LH REAR LOWER ARM	Bent	0.00 F	*- F
12	1		*LH REAR KNUCKLE ARM	Bent	0.00 F	*- F
Total Parts (S\$)					0.00	0.00

F=Franchise part.

Report was unsubmitted during this print-out.

## 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.
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< END OF ESTIMATES >