

CS3|ALG19012645|R1+f302-1

Special Instruction:

LS \$5800f

From (Person): Bernie Tan of ALA Date/Time: 23/9/2019  
Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

*Third Parties:*

Claimant: Owner

Surveyor: CL Appraiser

Workshop: Motor Intelligence

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLE7450U Insured: SLU7512R  
at Workshop m/s Motor Intelligence Automobile el: 97376014 Gary  
of 13, kaki Bukit Road 4 #01-20 Bartley Brz Centre  
Policy 1700678236 Claim No: 3665250434SG

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 11/21/2019

(Client's Record) 3/10/2019 1pm @ PLS call Gary (9737 6014)

H.O.D. Endorsement/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 3/10/2 Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original: 6 days)

Date/Time: 22/10/19 Submit Final Fig 25501, 4 days (Red \$3250 / 56 %; Original 6 days)

Date/Time	Action/Instruction
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SLE 74504-X

SLU 7512R-X

Survey at open carpark of Bayfront (018940)

RECEIVED 29 OCT 2019

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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 :

Salvage Value :

Nett Value :

Inspected/  
Evaluated by:

*Fee Charged:*

Date: \_\_\_\_\_

Basic &amp; Add

200

## Transport

## Photos

Others

Total

200

1) Date/Time 23/10/19 File Pass to TURIST

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:

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

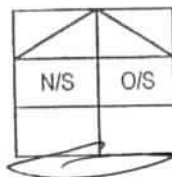
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ 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: SLE 74504 Yr Regn: 2016 / July  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: VOLKSWAGEN JETTA 1.4 c.c. 1390Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 45366 T/Radio: Insured / Std / NI / NA

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

C/No: WUWZZ21626M016292Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: -BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 14/07/19 D.O.I. 03/10/19Survey held at Bayfront CarparkDes. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B. / C.

☐ : Preli. Report☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

  
21/10/2019

20/03/2019

ASS. REC. BY:

REF CS3/A19 19012645/ FcF302

Special Instructions:

Surveyor Ran

ASSIGNMENT (Office)

urivwn

From (Person): Chin Lei Ying of A19 Date/Time: 17.7.19 10.56 a.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD TP / WS / TP RES / OD RES / EVA / ENV / MV / CS

To Inspect Vehicle No: SLE 7450 U Insured: SLU 7512 R

at Workshop m/s Motor Intelligence Tel: 62810087  
of 13 Kaki Bukit Rd 4 #01-20

Policy No: 1700078236 Claim No: 366525043426

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A 14.7.19  
(Client's Record)

CA / REV / REP. / REV 24 HRS

"rup"

H.O.D. Endorsement:

Date/Time: 17.7.19 5.00 p.m Person Contacted: Ivy Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLE 7450 U -X
	SLU 7512 R -X
	Dismantle: 18/7/2019
	After repair: 22/7/2019

Insurance Form

REF:

ALG

# ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLE 7450 U

at Workshop m/s Motor Intelligence.

of 13 Kaki Bukit Rd 4 #01-20 Bartley Biz Centre

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. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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. SLE 7450 U

Yr Regn: JUL / 2016

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

Truck / Trailer or

Make: VOLKSWAGEN JETTA

c.c 1390

Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 41579

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVVZZZ16Z5M016292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55 R16

R: 205/55 R16

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. 14/07/2019

D.O.I. 17/7/2019

Survey held at Motor Intelligence

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

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

Date / Time

Action / Instruction

Repair days: 3 days.

MV: \$67000

PV: \$49191

NV: \$17000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format:

DAR

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

180

11

191

## Nivitha (LKK Auto)

---

**From:** Natalie Ng <natalie\_ng@rssolomon.com>  
**Sent:** Monday, 23 September 2019 5:31 PM  
**To:** Tan, Bennie-WZ  
**Cc:** lua\_siewhui@rssolomon.com; wendy\_jiang@rssolomon.com; assignments; CS A Team  
**Subject:** Re: Our Ref: 3665250434SG-003 || Your Ref: RSS/1907-7370 (MI)(PD)

Dear Bennie,

We refer to your email of even date.

We write to inform that our client's vehicle is available for re-inspection on Thursday, 3rd October 2019 at about 1.00 p.m. on the following location:-

Place: Open space car park of Bayfront  
Contact Person: Mr. Gary Chia  
Contact Number: 97376014 (please call before re-inspection)

Kindly let us have your confirmation that your surveyor is able to attend to the aforesaid re-inspection in due course.

Thank you and Best Regards,

**Natalie Ng** | Office Manager 人事与行政经理

**R. S. Solomon LLC** | 正氣律師事務所

300 Beach Road The Concourse #12-03/04 Singapore 199555

t +65 6817 7498 | f +65 6292 2665 | e [natalie\\_ng@rssolomon.com](mailto:natalie_ng@rssolomon.com) | w [www.rssolomon.com](http://www.rssolomon.com)

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The contents of this email (including any attachment) are strictly confidential and may contain privileged information. If you are not the intended recipient, please notify us IMMEDIATELY and delete this email (including attachment) from your computer system. Thank you.

On Mon, 23 Sep 2019 at 09:52, Tan, Bennie-WZ <[Bennie-WZ.Tan@aig.com](mailto:Bennie-WZ.Tan@aig.com)> wrote:

### WITHOUT PREJUDICE

Dear Sir / Mdm

We refer to the above matter.

**RE: Our Ref: 3665250434SG-003 || Your Ref: RSS/1907-7370 (MI)(PD)**

From: Tan, Bennie-WZ

To: assignments, 'CS A Team', Admin-D (LKKAUTO)

Cc:

Sent: 9/23/2019 10:02:28 AM

Attachments:  SLE7450U.PDF  SLU7512R.pdf  1.pdf

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Hi LKK

Further to email below.

Attached are the necessary docs. FYI. OI video showed minimal contact with TP as OI already stopped behind TP. Last veh hit OI thus OI hit onto TP in this 3 veh chain collision. PRI done by your good office.

FYNA pls. Pls acknowledge.

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](mailto:Bennie-WZ.Tan@aig.com) | [www.aig.sg](http://www.aig.sg)

---

**From:** Tan, Bennie-WZ

**Sent:** Monday, September 23, 2019 9:52 AM

**To:** lua\_siewhui@rssolomon.com; wendy\_jiang@rssolomon.com; Natalie Ng

**Cc:** assignments; 'CS A Team'

**Subject:** RE: Our Ref: 3665250434SG-003 || Your Ref: RSS/1907-7370 (MI)(PD)

**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 **SLE7450U**). 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. Video Footage
3. Police Investigation Results

4. 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

Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1718

[Bennie-WZ.Tan@aig.com](mailto:Bennie-WZ.Tan@aig.com) | [www.aig.sg](http://www.aig.sg)

---

**From:** Tan, Bennie-WZ

**Sent:** Wednesday, July 24, 2019 11:29 AM

**To:** lua\_siewhui@rssolomon.com; wendy\_jiang@rssolomon.com; Natalie Ng

**Subject:** Our Ref: 3665250434SG-003 || Your Ref: RSS/1907-7370 (MI)(PD)

**WITHOUT PREJUDICE**

Dear Sir / Mdm

We refer to the above matter.

We acknowledge receipt of your claim notification (SLE7450U) 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

Claims | AIG Asia Pacific Insurance Pte. Ltd

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## Nivitha (LKK Auto)

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**Sent:** Monday, 23 September 2019 9:52 AM  
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**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](mailto:Bennie-WZ.Tan@aig.com) | [www.aig.sg](http://www.aig.sg)

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**Sent:** Wednesday, July 24, 2019 11:29 AM  
**To:** lua\_siewhui@rssolomon.com; wendy\_jiang@rssolomon.com; Natalie Ng  
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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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## 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	15/07/2019 10:05
Date Of Accident	14/07/2019 13:10
Exact Location Of Accident	BKE AROUND MANDAI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7512R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOO SOON TEAK (LU SHUNDE)
NRIC No	S7540366F
Email Address	SHUNDE_3700@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86081065
Alternative Phone No	Office-86081065

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700078236
Cover Note Number	

### Driver

Name of Driver	LOO SOON TEAK (LU SHUNDE)
NRIC No	S7540366F
Date Of Birth	16/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1999
Driving Experience	19 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86081065
Fax Number	
Contact Number	OFFICE-86081065
EMail Address	SHUNDE_3700@YAHOO.COM.SG
Address	20 UPPER SERANGOON CRESCENT #07-49
Postcode	534026
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	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	3
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)	2
Passenger 1	Name: : CHUA GUAT KENG 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

REFER TO STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PROVIDE TO WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT4589G
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	MELVIN SOO
NRIC/Passport Number	S8904179A
Contact Number	92728929
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE7450U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GARY CHIA ZONG ZHE
NRIC/Passport Number	
Contact Number	97376014
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: 15 July 2019

Driver's Signature

(If driver is not the policyholder)

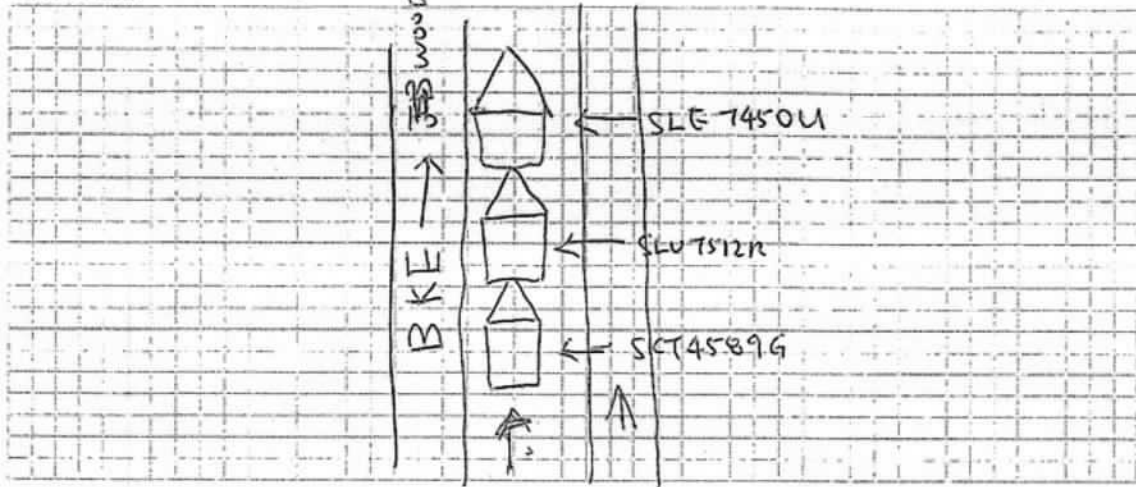
Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14 JULY 2019 AROUND 1.10PM. I WAS DRIVING ALONG BKE TOWARDS WOODLAND. AT THAT MOMENT THE TRAFFIC WAS VERY HEAVY, INFRONT VEHICLE SUDDENLY BRAKING AND MY VEHICLE ~~MADE~~ BRAKE ~~ON~~ TIME BUT BEHIND VEHICLE HIT MY REAR FORCING MY VEHICLE TO HIT THE FRONT VEHICLE.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 15 July 2019  
9.45am

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

Reporting Centre Personnel's Signature  
Name: Lau Sook Tan  
NRIC/FIN No.: S7540366F

## 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	15/07/2019 13:02
Date Of Accident	14/07/2019 13:00
Exact Location Of Accident	ALONG LANE 2 OF SLE(BKE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7450U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM MEI LAN
NRIC No	S1456140D
Email Address	ZONGZHE32@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97376014
Alternative Phone No	OFFICE-97376014

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28803043 AVW
Cover Note Number	

### Driver

Name of Driver	GARY CHIA ZONG ZHE
NRIC No	S9326375H
Date Of Birth	26/07/1993
Occupation	INDOOR
Date Of Driving Pass	11/04/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97376014
Fax Number	
Contact Number	
Email Address	ZONGZHE32@HOTMAIL.COM



Address	BLK 436D FERNVALE ROAD #11-150
Postcode	794436
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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) 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

MORE DETAILS 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	SLU7512R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOO SOON TEAK
NRIC/Passport Number	S7540366F
Contact Number	86081065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

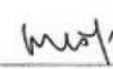
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

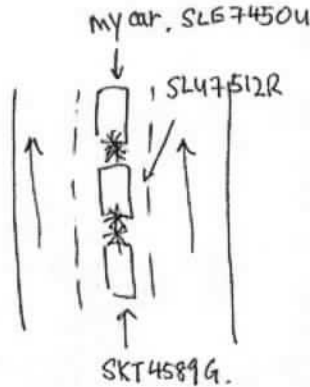
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/9/2019  
1249hrs.

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 1pm, 14 July 2019, I was travelling along Lane 2 of SLE (BKE) when the car in front came to a sudden halt due to upramping Lane 1 closure.
I managed to brake in time, but was rear-ended by SL47512, the car behind me. The impact was not insignificant as I lurched forward in my seat, will be seeing doctor.
I spoke to with the car owner of SL47512R and he said that the collision was due to car SKT4589G hitting him from the back.
Third party details:
Name - Loo Soon Teak
NRIC - S7540366F
Phone - 86081065

## 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: 15/7/2019,  
1244hrs.

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

*my*

# CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440  
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## VEHICLE INSPECTION REPORT

To: Lim Mei Lan  
C/o: Motor Intelligence Automo Pte Ltd  
13 Kaki Bukit Road 4, #01-20  
Bartley Biz Centre, Singapore 417807

Date : 23 July 2019  
Our ref : MITA/07/1908/TP

Accident Date : 14 July 2019  
Inspection Date : 16 July 2019  
Repairer Name : Motor Intelligence Automo Pte Ltd  
13 Kaki Bukit Road 4, #01-20  
Bartley Biz Centre, Singapore 417807

Type of Survey : Third Party

### PARTICULARS OF VEHICLE

Registration No : SLE 7450 U  
Make / Model : Volkswagen Jetta  
Chassis No : WVWZZZ16ZGM016292  
Engine No : CAXF83276

Year / Capacity : 2016 / 1390 cc  
Colour : Grey  
Mileage : 41579

### CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Pirelli	205/55 R16	5 mm	Sport
Front Offside	Pirelli	205/55 R16	5 mm	Sport
Rear Nearside	Pirelli	205/55 R16	5 mm	Sport
Rear Offside	Pirelli	205/55 R16	5 mm	Sport

### GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.  
(Details refer to the photographs attached)

Enclosed number of photographs: 66 copies

### REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis  
and we have not given authorization and instruction to the repairer to proceed with the repair

### RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 5,800.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

# **L APPRAISER PTE LTD**

Vehicle Registration No: SLE 7450 U

Our Ref No: MITA/07/1908/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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## SPARE PARTS - LIST ITEMS

1	Rear boot lid	Repair	\$ 1,178.30	
1	Rear boot "JETTA" emblem	Necessary	\$ 91.00	\$ 91.00
1	Rear boot "TSI" emblem	Necessary	\$ 76.00	\$ 76.00
1	Rear end panel	Damage	\$ 1,339.00	\$ 1,339.00 Repair
1	Rear end panel inner garnish	Intact	\$ 215.00	
1	Rear bumper	Damage	\$ 1,430.00	\$ 1,430.00/234
2	Rear bumper side brackets	Damage	\$ 250.00	\$ 250.00 Xsuc
1	Rear bumper inner frame pad	Damage	\$ 130.00	\$ 130.00
1	Rear bumper inner sponge	Damage	\$ 125.00	\$ 125.00
1	Rear bumper lower lid	Damage	\$ 785.00	\$ 785.00 532
1	Rear bumper lower side undercover	Damage	\$ 408.80	\$ 408.80 80
2	Rear bumper reflectors	Damage	\$ 136.00	\$ 136.00 Xsuc
1	Rear bumper reinforcement	Damage	\$ 767.00	\$ 767.00 R
2	Rear bumper side retainers	Necessary	\$ 172.00	\$ 172.00 Xsuc
			<b>\$ 7,103.10</b>	<b>\$ 5,709.80</b>
			Less 10%	\$ 710.31 \$ 570.98
<b>Total Cost - List Items</b>			<b>\$ 6,392.79</b>	<b>\$ 5,138.82</b>

2842  
102  
2557.80

## SPECIAL NETT ITEMS

1	Rear reverse sensor (1 set)	Damage	\$ 350.00	\$ 350.00 Xsuc
<b>Total Cost - Special Nett items</b>			<b>\$ 350.00</b>	<b>\$ 350.00</b>

①

**Total cost of parts**

**\$ 6,742.79 \$ 5,488.82**

# **SCL APPRAISER PTE LTD**

Vehicle Registration No: SLE 7450 U

Our Ref No: MITA/07/1908/TP

S/No	Description	Repairer's Estimate	Revised Amount
	<b>Total cost of parts c/f</b>	<b>\$ 6,742.79</b>	<b>\$ 5,488.82</b>

## LABOUR

- |   |  |             |                          |
|---|--|-------------|--------------------------|
| 1 | To remove, refit, replaced damaged lamps and check up rear electrical wiring   | \$ 80.00    | \$ 50.00 <del>Xm</del>   |
| 2 | To remove and refit inner garnishes, inner trim to assist repair.  | \$ 150.00   | \$ 120.00 <del>60</del>  |
| 3 | To remove and refit rear reverse sensor.   | \$ 120.00   | \$ 80.00 <del>60</del>   |
| 4 | To apply undercoating on repaired and replaced panel.  | \$ 100.00   | \$ 60.00 <del>30</del>   |
| 5 | To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident. | \$ 1,080.00 | \$ 750.00 <del>400</del> |
| 6 | To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.  | \$ 1,000.00 | \$ 660.00 <del>600</del> |

**GRAND TOTAL**

**\$ 9,272.79 \$ 7,208.82**

2557.80  
 1150.00  


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 3707.80  
 20%  
 2966.24  
 4/3 - 2,950  


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 4 days

# C L APPRAISER PTE LTD

Vehicle Registration No: SLE 7450 U

Our Ref No: MITA/07/1908/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 5,800.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

## Disclaimer

*The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.*

C L APPRAISER PTE LTD



Cheong K. H  
Automotive Appraiser

**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/AIG19012645/R1tf3e2-1		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 25-10-2019		
ATTN : BENNIE TAN		Code : AIG		
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	SLU 7512R	Veh. Inspected	SLE 7450U	
Policy No.	1700078236	Coverage (\$)	0.00	
Claim No.	3665250434SG	Excess (\$)	0.00	
Assign From	BENNIE TAN	Assign Date	23/09/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	VOLKSWAGEN JETTA 1.4	c.c	1390	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	WWWZZZ16ZGM016292	Colour	GREY	
Odometer	45366	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	PIRELLI	6 mm	
L/H Front Tyre	205/55 R16	PIRELLI	6 mm	
R/H Rear Tyre	205/55 R16	PIRELLI	6 mm	
L/H Rear Tyre	205/55 R16	PIRELLI	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.				
REPAIR CONDITION SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	14/07/2019	Inspection Date	03/10/2019	
Survey held at	OPEN CARPARK OF BAYFRONT SINGAPORE 018940			
Repairer	MOTOR INTELLIGENCE AUTOMO PTE LTD			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.				
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>4 Working Days</b>		





## 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

Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 7450U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BOOT LID	REPAIRED SEE LABOUR	1,178.30	-
1	REAR BOOT "JETTA" EMBLEM	REPLACED	91.00	91.00
1	REAR BOOT "TSI" EMBLEM	REPLACED	76.00	76.00
1	REAR END PANEL	REPAIRED SEE LABOUR	1,339.00	-
1	REAR END PANEL INNER GARNISH	INTACT	215.00	-
1	REAR BUMPER	REPLACED	1,430.00	1,234.00
2	REAR BUMPER SIDE BRACKETS	SERVICEABLE	250.00	-
1	REAR BUMPER INNER FRAME PAD	REPLACED	130.00	130.00
1	REAR BUMPER INNER SPONGE	REPLACED	125.00	125.00
1	REAR BUMPER LOWER LID	REPLACED	785.00	532.00
1	REAR BUMPER LOWER SIDE UNDERCOVER	REPLACED	408.80	80.00
2	REAR BUMPER REFLECTORS	SERVICEABLE	136.00	-
1	REAR BUMPER REINFORCEMENT	REPAIRED SEE LABOUR	767.00	-
2	REAR BUMPER SIDE RETAINERS	SERVICEABLE	172.00	-
	LESS 10% DISCOUNT		-710.31	-226.80
			6,392.79	2,041.20
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR REVERSE SENSOR (SN)	SERVICEABLE	350.00	-
			350.00	-
<b><u>LABOUR</u></b>				
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.	NOT NECESSARY	80.00	-
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		120.00	60.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		100.00	30.00



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TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR BOOT LID, REAR END PANEL AND REAR BUMPER REINFORCEMENT.		1,080.00	400.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	600.00
			2,530.00	1,150.00
<b>GRAND TOTAL</b>			<b>9,272.79</b>	<b>3,191.20</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,550.00</b>

Report Ref No. CS3/AIG19012645/R1tf3e2-1

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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