

19/02/18

INS CASE OWNER

CC 2 / AIG1600

4621

1 Hlpas

LKK:
IDAC:

Surveyor:

Henry

DOI:

ASSIGNMENT

9.3.16

Date / Time:

9.3.16

Registered in Merimen:

10.3.16

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II : \$5

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L/YES/NO)

OI GIA REPORT: YES / NO, TP GIA REPORT: YES / NO

Insured Liability:

% Final ? Yes / No

SH 81237

INSRS:
WSP:
Tel:
Liability:
RMKS:COGE
(loyang)INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

URGENT

Date/Time	STAGE	DATE / PIC
CHIT	Non-Reporting ltr (1st)	
1/13/16	Non-Reporting ltr (2nd)	
	Non-Reporting ltr (Final)	
	Notification ltr (if non-pickup)	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	LTA / GIA:	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD:	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost	\$5	days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. HIL.
Repair Cost	\$706.20	\$353.10
Loss of Rental (LOR)	\$226.82	\$113.42 (2 days) X \$56.71
Loss of Use (LOU):	\$5	(\$5 x 2 days)
Loss of Income (LOI)	\$50.00	(\$50 x 2 days)
LOR only	<input type="checkbox"/>	LOU only <input type="checkbox"/>
LOR + LOU	<input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
GIA/LTA Search	\$5.35	
Medical:	\$5	
Disbursement:	\$5	(e.g. Tow/Independent)
Legal Cost	\$5	
Total:	\$521.87	Global Sum \$5: 520.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$520.00	Name 1: Comfastelgro Engineering Pte Ltd.
Payee 2: (Strike if N.A.)	\$5	Name 2:
Payee 3: (Strike if N.A.)	\$5	Name 3:

2/12/19 *NO BILL TO AIG.

COPY SENT
2/12/19

3/1/16

ASSIGNMENT

Henry

ALG

File # _____
 Date _____
 Description _____
 UO / TP / WS / TP RES / CO RES / DIA / IN / M /
 To repair / replace /
 at / location /
 of _____
 Insured _____
 Policy No _____
 Vehicle No _____
 South / North _____
 (User's Record)
 Make of Veh _____



(Policy Condition)
 Remarks: The veh had commenced its repair at the time of inspection.

Est. or Market Value _____
 (DAC Accident Report) Consistent? : Yes or No _____
 GLA / PR. Secor: Consistent? : Yes or No _____
 Est. Repair: 22 days Res: Yes or No _____
 Turn Sum: % 3 Val: Yes or No _____

CA / REV / REP. / 24 HRS

Date _____ Person Contacted: _____ Vehicle: IN / OUT

File No: SH 8123 J Date: 06 2013
 Type: B/C / M / Cycle / See / Rep / Work /
 Truck / Trailer: (+)
 Make: Hyundai Sonata 1991
 Color: Blue
 Sp. Reading: 308 / 126
 Engine: /
 C/V: KMHE141VMAB3 4758
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In / Jammed / Locked / Burnt or
 Brake: / Jammed / Locked / Burnt or
 Mod: / STD A/Rta or
 Tyre Size: P: 215 / 60 / 16
 R: /
 BS / DUN / ERNOVA / GY / FS / LIZA / NIC / OHTSU / PIR / SHI /
 TOYO / YOKO or /
 Front: / mm P/Bal: / mm
 L/Bal: / mm
 D.O.A: 7/3/16 D.O.I: 9/3/16
 Survey held at: CDGE by ang
 Des. of Damages: Frt / Rear / O/S / W/S / UIC / Roof/Top or
 o/s Frt
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
15/3/16	PIP Survey photo uploaded
	Finalized amt PIP \$ 660.00 with 2 working day with Family
	(Total \$ 2683.12 / 54)

Date/Time File Pass to?

☐ Prelt. Report
☐ Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee
 Transportation:

Add Fee: ☐ Site Insp. \$
☐ Nightly \$

\$ = \$
 \$ = \$



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 : CC3/AIG16004621/H1pa3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 10-03-2016	
Code : AIG			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGT 9990U	Veh. Inspected	SH 8123J
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	10/03/2016
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	07/03/2016	Inspection Date	09/03/2016
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	08/03/2016 16:46
Date Of Accident	07/03/2016 18:30
Exact Location Of Accident	CORPORATION > AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8123J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-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	Taxi

Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	TOH HAN HONG
NRIC No	S7012823C
Date Of Birth	19/04/1970
Occupation	Outdoor
Date Of Driving Pass	18/03/1988
Driving Experience	27 Years And 11 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	TOHHANHONG@SINGNET.COM.SG

Address	611 CHOA CHU KANG STREET 62 #08-173
Postcode	S680611
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - TAXI DRIVER
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- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Tampines East Neighbourhood Police Post
Police Station Address	ROAD: Blk 263 Tampines Street 21 #01-128 , POSTCODE: 520263 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED AND REFER POLICE REPORT : T/20160308/2076.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT9990U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	TOH HAN HONG
Approximate Age	46
Injuries Sustain	NECK AND BACKACHE

Injured person in which vehicle? SH8123J

Were seat belts worn? Yes

Was injured conveyed to hospital by ambulance? No

Address 611 CHOA CHU KANG STREET 62 #08-173

Postcode S680611

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Jackson 2/3/16

16:10p.m

See the attach

Describe Circumstances of the Accident

Refer Police Report Attach.


T/20160308/2076

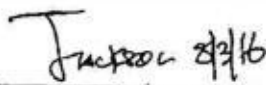
Declaration

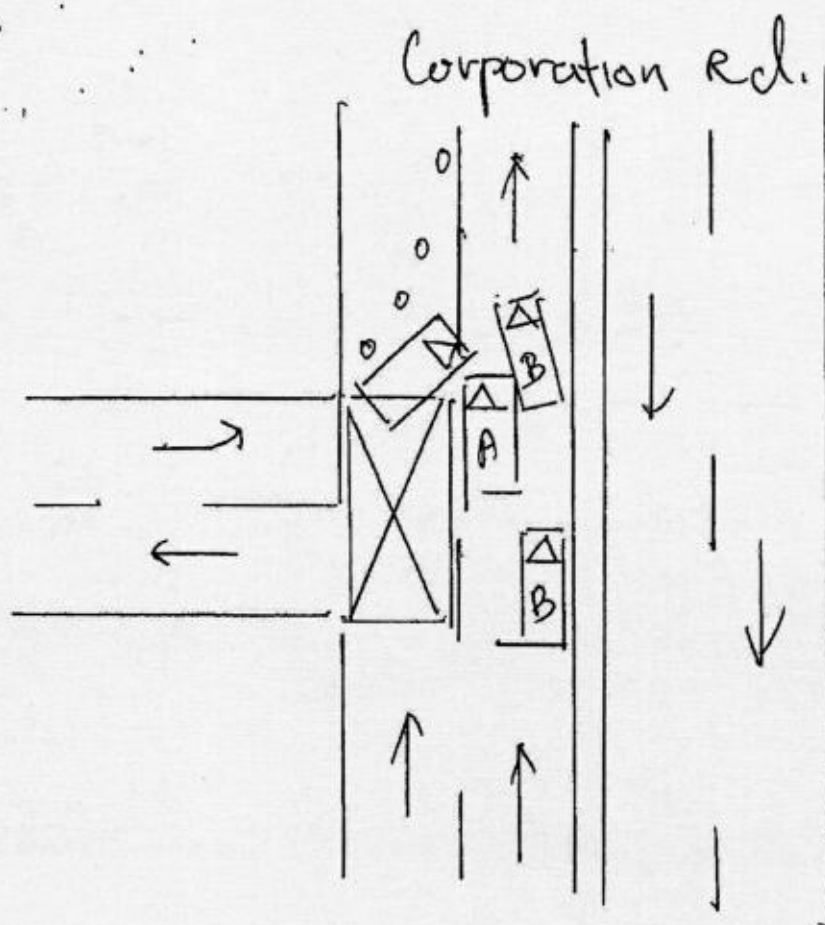
We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel



A-SH-8123-J

B-SGT-9990-U



**SINGAPORE
POLICE FORCE**



T/20160308/2076

1 of 3

Report No. T/20160308/2076

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2016 14:04	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: TOH HAN HONG			Address: APT BLK 611 CHOA CHU KANG STREET 62 #08-173 SINGAPORE 680611		
ID Type / ID No.: NRIC NO / S7012823C			Contact No.: Home/Office: 96739049 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 19/04/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2016 18:30	Type of Location: Straight Road
Location: Along Road 1 CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SGT9990U	Car				Slightly Damaged	1
SH8123J	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SH8123J	INDIA INTERNATIONAL INSURANCE PTE LTD	MCOM0016	01/01/2015	31/12/2017



**SINGAPORE
POLICE FORCE**



T/20160308/2076

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

2 of 3

Report No. T/20160308/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH HAN HONG	ID No.	S7012823C
Related Vehicle	SH8123J (Car)	Contact No.	96739049
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	08/03/2016	Date Discharge	08/03/2016
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 07/03/2016 at about 1830hr, as I was traveling in my vehicle SH8123J along Corporation Road towards AYE, I collided into another vehicle SGT9990U. My vehicle was stationary on the first lane, when the vehicle SGT9990U tried to overtake me on my right. While doing so, the rear of his vehicle scratch my front right bumper. After the incident, we proceed to the front and both of us got out the vehicle and decided to go off after inspecting the damages. Both of us did not exchange particulars.

I wish to state that I was given 3 days medical leave as I suffer neck and back ache after the incident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20160308/2076

3 of 3




Report No. T/20160308/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G/ SIM FAWWAZ BIN SIM HASHIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2016 14:04
Officer In Charge Of Case: TP / GIA / ESTHER CHONG Contact No: 65476368  Authentication Stamp: NP168 Singapore Police Force	Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	19/03/2016 09:50
Date Of Accident	07/03/2016 18:30
Exact Location Of Accident	Corporation Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9990U
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Insured/Policyholder

Name Of Registered Owner	NG KHENG ANG MARCUS
NRIC No	S8010356E
Email Address	ngmarc@gmail.com
Mobile Phone No	(LOCAL) +65-83219990
Alternative Phone No	Office-64815076

Vehicle Particulars

Manufacturer	NISSAN
Model	PRESAGE-2.5 HIGHWAY STAR (A)
Exact Purpose for which vehicle was being used at time of accident	private use
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100433903-00002
Cover Note Number	

Driver

Name of Driver	NG KHENG ANG MARCUS
NRIC No	S8010356E
Date Of Birth	17/04/1980
Occupation	Indoor
Date Of Driving Pass	02/05/2002
Driving Experience	13 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-83219990
Fax Number	
Contact Number	Office-64815076
Email Address	ngmarc@gmail.com

Address	Blk 172A Edgedale Plains, #14-402
Postcode	821172
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- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

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 attachment.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8123J
Vehicle Make/Model/Colour	HYUNDAI SONATA/DELGRO CAB/BLUE
Details Of Properties	RH FRONT DAMAGED
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

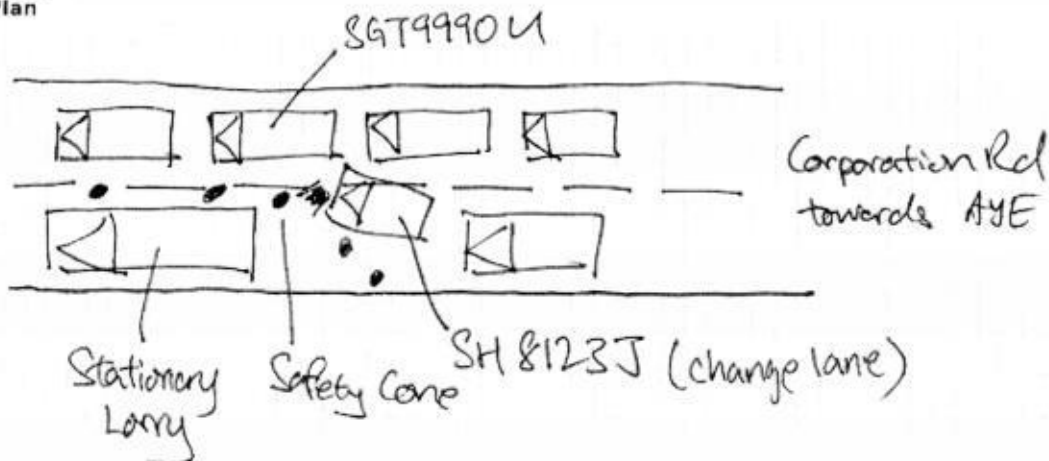
AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL 8490 8666 FAX 6848 7483

Policyholder's Signature / Date &
Time 10:10am

Sketch Plan

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

Witnessed by Reporting Centre
Personnel



Sketch Plan #2

Describe Circumstances of the Accident

On the 7th March 2016 at about 6.30pm, I was driving along the right lane of Corporation Road towards AYE (a 2 lane only road). As I approached a stationary lorry conducting plant pruning on the left lane, traffic was heavy and very slow as vehicles were attempting to filter from the left lane into the right lane. The plant pruning was being done abeam lamppost No. 110, which has a camera mounted on it. As I was just before the stationary lorry, I noticed a blue coloured taxi getting nearer to me from my left rear position just abeam my left rear passenger door (**Figure 1**). I also noticed the blue coloured taxi encroaching into the right lane in his attempt to change lanes. I was driving straight along the right lane and proceeded to pass the stationary lorry when I heard contact with my car (**Figure 2**). I saw the blue coloured taxi in my left wing mirror attempting to filter into my lane behind me.

I proceeded to stop after the stationary lorry and the blue coloured taxi came to stop behind me. We stopped before lamppost No. 108, about 10 metres after the last cone. Both the taxi's driver and I got of our vehicles to assess for any damages. My rear left area bore some significant scratch marks (**Picture 1**). The taxi had little or no significant damage observed with only 1 faint streak of silver paint that can likely be from my car (**Picture 2**). There were many black patches with loss paint but it is illogical to be caused by this contact due to the large and different areas it is spread across.

I clearly had the indisputable right of way since (i) my lane the right lane was clear and his lane the left lane had obstruction, (ii) my car was already way in front of him and moving along the flow of traffic, and (iii) he was attempting to enter the right lane behind me when the contact took place.


I asked the driver for compensation or settlement of a reasonable nominal amount of money just to cover cost of trying to polish away the scratches on my car. He thought about it and was reluctant. Although I was unhappy and upset, I asked him if he had a passenger on board and he said yes. Considering that everyone may make an error of judgement when changing lanes and empathising that every dollar counts for a taxi driver and also not wanting to hold back the passenger on his/her journey, I decided to let the matter go and told the driver to forget about the compensation or settlement and I won't be reporting against him. He was satisfied and proceeded back to his taxi, and I also left (**Picture 3**). We did not exchange any particulars as it was gentleman's agreement that I have decided not to report against him and as such I also did not proceed to file any GIA report prior to this.


I have now decided to lodge this report to initiate claim action against the taxi as I understand there has been an attempt to make a claim against me. I strongly deny any responsibility or liability with regards to the above incident.

Declaration

We declare the foregoing particulars are true in every respect.

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6446 7483


Policyholder's Signature / Date &
Time 19/3/16 10am


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

Witnessed by Reporting Centre
Personnel

NAME: AIG MANDALAY TRADING

JOB CARD SALES (IMPORT)

JC NO. 304862861

OWNER

S COMFORT TRANSPORTATION PPK LTD
7010045

OWNER NO

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

AIG

REGN NO

SH 8123J

MILEAGE

MAKE

HYUNDAI

FUEL

E 1/2 F

MODEL

SONATA

DATE/TIME IN 08.03.2016 14:53

YR OF MANU

20.06.2013

TARGET DATE

CHASSIS CODE

KMHET41VMDA834758

COMPLETION DATE/TIME

JUNT CARD NO.

JOB DESCRIPTION

accident Date: 07.03.2016

ATURE: ACC. 07.03.16/M

/NO

LABOR CODE

DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.

SH 8123J

FAHRY AIG

Vehicle No.

SH 8123J

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 8123J

DATE 8/3/2016 16:17

MAKE :

MODEL : HYUNDAI SONATA

MODEL	: HYUNDAI SONATA			
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover repair			\$ 538.80
	Front Bumper Sponge S/C			\$ 136.30
	Front Bumper Reinforcement S/C			\$ 504.10
	Front Bumper Protector (RH) repair			\$ 29.20
	Front Bumper Bracket (RH) S/C			\$ 20.10
	Front Bumper Side Bracket S/C			\$ 14.30
	Headlamp (RH) S/C			\$ 797.90
	Front Fender (RH) repair			\$ 593.00
	Front Fender Shield (RH) S/C			\$ 86.00
	Front Fender Retainer S/C			\$ 9.20

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

above vehicle. The final repair quantum will be approved by the insurance company.

• No illegal modification(s) is allowed

• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

Print Received Message

This mail is associated with :

*SH8123J (0126458632SG)
[SGT9990U]

TP

COMFORT TRANSPORTATION PTE LTD

Mar 7 2016 6:00PM

[NG KHENG ANG MARCUS]
ComfortDelGro Engineering Pte Ltd

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on 11/03/2016 10:00 AM
To LKK_HQ
Subject No OI GIA Report (SH8123J VS SGT9990U)

Hi,

Pls be advice that no OI GIA report received
Pls find OI details below for your further actions

OI name : NG KHENG ANG MARCUS

Address :

Blk 172A
Edgedale Plains
#14-402
Singapore 821172

Mobile No: 83219990

Thank you.

Regards,
Vijay Raj Harikirushnan
AIG



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG16004621/H1pa3

11TH March 2016

NG KHENG ANG MARCUS

Blk 172A Edgedale Plains

#14-402

Singapore 821172

Dear Sirs,

ACCIDENT INVOLVING SGT 9990U AND SH 8123J ON 21.02.2016 ALONG/ AT CORPORATION TOWARDS AYE

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Hsiao Tong

Claims

Tel : 6742 3197

Fax: 6741 4108

Email : chewht@lkkauto.com

c.c. *Claims Manager*
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

CHT

COMFORTDELGRO ENGINEERING

Our Job Ref No : 304882861
Date : 03/11/16

ComfortDelGro Engineering Pte Ltd
59 Leyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : HENRY
Vehicle Reg No : SH 8123J

Fax :

07-Mar-16

The survey and estimates of the repairs of the above-mentioned vehicle are as follows :

1. The repair job shall bill to: AIG SGT9990U
2. The finalized amount shall be: ASAP


(a) Spare Parts after List discount	\$100.00
(b) Labour Charges	\$560.00
Total for Part-By-Part Repair Cost	\$660.00
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
Final Lumpsum Repair cost	


3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance

We confirm the estimates and finalized amount

Signature : 
Name : FAUZY / MVA
Tel : 62148319 / 81259176
Fax : 65468156

Signature : 
Name : Henry NG
Date : 15/3/16

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE

VEHICLE NO: SH 81231

DATE: 8/3/2016 To: 7/7

MAKE:

MODEL: HYUNDAI SONATA

Qty	Parts Description Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 538.80
	Front Bumper Sponge			\$ 136.30
	Front Bumper Reinforcement			\$ 504.10
	Front Bumper Protector (RH)			\$ 29.20
	Front Bumper Bracket (RH)			\$ 20.10
	Front Bumper Side Bracket			\$ 14.30
	Headlamp (RH)			\$ 797.90
	Front Fender (RH)			\$ 593.00
	Front Fender Shield (RH)			\$ 86.00
	Front Fender Retainer			\$ 9.20
	SUB TOTAL			\$ 2,728.90
	LESS 20%			\$ 545.78
	DISCOUNTED TOTAL			\$ 2,183.12
	Front Fender Advertisement Logo (RH)			\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,060.00
	ESTIMATE TOTAL			\$ 3,343.12
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

Nett

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 304882861
REGN NO : SH 8123J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 20.06.2013
DATE TIME IN : 08.03.2016 14:53
ACCIDENT DATE : 07.03.2016

JOB PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PORT REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	FRONT FENDER ADVERTISEMENT LOGO RH	100.00
0001 L	PANEL BEATING	200.00
0002 L	SPRAY PAINTING CHARGE	360.00

SUB-TOTAL : 660.00

TOTAL : 660.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :