Meriam

ASS. REC. BY: | REF: CS3/AIG 19012614/ Gv-f3-1 | Special Instructions:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Saliha of AIG Date/Time: 11/12/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMG 2209L Insured: SLX 34541C

at Workshop m/s: D's Graffiti Concepts Pte Ltd Tel: 86087456

of: BLK C 1Cole Bukit Ave 6 #01-59 1Cole Bukit Autobay 3/417883)

Policy No: 18000 28722 Claim No: H1460105885G

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 11/7/19

CA / REV / REP. / REV 24 HRS (WP)

Date/Time: 17/7/19 3:17pm Person Contacted: Mr Dave Vehicle (IN) OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (X) Estimate
	SMG 2209L X
	SLX 34541C NBA/INC19012704/Y
	Dismantle: 17/7/2019
	After repair: 12/7/2019
10/1/2020	LS $3200, 4 Days. (Rec 11,030.60, 7720)

10/1/2020

190

RECEIVED 10 JAN 2020

PMJ
Arl.

AIG

ASSIGNMENT

From: Date: 16/7	Veh No: SMG 2209L Regn: Jul / 17
Estimated Cost:	Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No: SMG 2209 L	Make: Merce C180 cc: 1595
at Workshop m/s: D's Graffiti	Colour: Silver A/C: Insured / Std / NI / NA
at: Blk C Kaki Bukit Ave 6 #01-59 Autobay	Sp Reading: 36707 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No:	C/No: WDD 2050 402 R286781
Claims No:	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In order / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 225/50R17
(Policy Condition)	R: 〃
Remark: The veh had commenced its repair at the time of inspection. N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal: 6 mm R/Bal: 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal: 6 mm L/Bal: 6 mm
Est. Repairs: 6 days Res.: Yes or No	D.O.A: D.O.I: 16-07-19
Lum Sum: % 3 Val. Yes or No	Survey held at: W/S 3.230pm
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction

Date/Time File Pass to:	☐ : Prelim. Report
	☐ : Final Report
Date/Time File Return to:	

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp. 15 ☐ Interview 15 ☐ Tech. Insp. 15 ☐ Weekend 15

Survey Fee:	180
Transportation	
	11
Total	191

Report E-mail: DAR

Nivitha (LKK Auto)

From: Syed-Yusoff, Saliha <Saliha.Syed-Yusoff@aig.com>
Sent: Wednesday, 11 December 2019 1:50 PM
To: SUR; Admin-D (LKKAuto)
Subject: AIG ref: 4146010588SG-005 ll y/r ref: CS3/AIG19012614/GCF3E2
Attachments: 4146010588SG TP sruvey report 1st.pdf

Importance: High

Dear Team,

Kindly assist with the paper adjustment of TP's claim as the PRI was previously conducted by XING GUO QIANG

Kind Regards,
Saliha

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

AIG Building,78 Shenton Way #08-16, Singapore 079120
Tel +(65) 6419 1917 |
www.aig.sg

PHOTOCOPY

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road #07-280, Singapore 470110
Mobile : 9855 6679 Email : automaxsurvey@gmail.com
Registration No: 53110062J

Billing To: Lim Lian Guo Gary
c/o D's Graffiti Concepts Pte Ltd
Blk 1, #01- 59
Kaki Bukit Ave 6
Singapore 417883

Invoice no: TP19070046

Date: 23 SEPT 2019

Vehicle no: SMG2209L

Model: MERCEDES BENZ C180

ITEM	DESCRIPTION	AMOUNT
1	Date of Inspection : 13 July 2019 Copies of the inspection / survey report Correspondence, postages and etc	$ 800.00
2	Photography Services Develop photographs Storage of digital photographs	
3	To submit report by hand	
4	Charges on photocopies, posting, faxes and others incidental works entrusted	
5	Transportation Charges	
6	Reinspection Charges	
	TOTAL :	$ 800.00

Notes :

1. All cheque payment should be "crossed" and made payable to "Automax Survey"
2. Please contact us if there are further enquiries on the invoice

Official Stamp

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road #07-280 Singapore 470110
Mobile 9855 6879 Email automaxsurvey@gmail.com
Registration No 53110062J

Report Ref TP19070046

Date 23 SEPT 2019

Lim Lian Guo Gary
c/o D's Graffiti Concepts Pte Ltd
Blk 1, #01- 59
Kaki Bukit Ave 6
Singapore 417883

THIRD PARTY SURVEY
ACCIDENT OCCCURED ON 11 July 2019

Workshop Name and Address

D's Graffiti Concepts Pte Ltd
Blk 1, #01- 59
Kaki Bukit Ave 6
Singapore 417883

As per your instruction dated 13 July 2019 with regard to the above matter
We have carried out a physical inspection on the said SMG2209L
We enclosed herewith our report and findings as follows

1. VEHICLE PARTICULARS

Registration No	SMG2209L	Engine No	27491030983619
Model	MERCEDES BENZ C180	Mileage	036 707 km
Year / Capacity	JUL 2017 / 1799 cc	Colour	Metallic Silver
Chassis No	WDD2050402R286781		

2. TYRES CONDITION

	Size	Made	Balance	Rim
FRONT O/S	205/45/17	Bridgestone	9.00 mm	Sport
REAR O/S	205/45/17	Bridgestone	9.00 mm	Sport
FRONT N/S	205/45/17	Bridgestone	9.00 mm	Sport
REAR N/S	205/45/17	Bridgestone	9.00 mm	Sport

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110
Mobile: 9855 6879 Email: automaxsurvey@gmail.com
Registration No: 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the **rear** portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 07 working days to complete

5. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.

6. Should you discover any discrepancy in the report, please kindly notify us **within 1 week**, or the report will be treated as correct.

Vehicle Number SMG2209L

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S$)	Our Revised Estimation (S$)	
	List Items				
1 pc	Rear bumper face	bent	$ 2,257.50	$ 2,257.50	1687
2 pcs	Rear bumper side retainer	bent	$ 170.00	$ 170.00	136
2 pcs	Rear bumper bracket	distorted	$ 196.50	$ 196.50	110
8 pcs	Rear bumper side retainer riverts	bent	$ 96.00	$ 96.00	SVC
1 pc	Rear bumper reinforcement	bent	$ 1,247.00	$ 1,247.00	682
1 pc	Rear bumper center retainer	bent	$ 240.00	$ 240.00	110
10 pcs	Rear bumper clips	damaged	$ 50.00	$ 50.00	
1 pc	Rear bumper inner center pad garnish	deformed	$ 204.00	$ 204.00	
1 pc	Rear bumper lower chrome moulding	damaged	$ 280.80	$ 280.80	SVC
1 pc	Rear bumper lower trim	deformed	$ 325.80	$ 325.80	280
1 pc	Rear bumper under cover	deformed	$ 274.00	$ 274.00	
2 pcs	Taillamp assembly	cracked	$ 1,707.60	$ 1,707.60	SVC
2 pcs	Taillamp sealant	necessary	$ 300.00	$ 300.00	
1 pc	Rear end panel	bent	$ 1,744.80	$ 1,744.80	
1 pc	Rear end panel top trim	bent	$ 585.00	$ 585.00	
4 pcs	Rear end panel top trim clips	necessary	$ 60.00	$ 60.00	
		Parts Sub-Total	$ 9,739.00	$ 9,739.00	3259
	Discount	10.00%	$ -	$ 973.90	
			$ 9,739.00	$ 8,765.10	

2933.1

Vehicle Number SMG2209L

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S$)	Our Revised Estimation (S$)
	Special Nett Items			
2 pcs	Rear bumper parking sensor	electronically shocked	$ 640.00	$ ~~640.00~~ X 5 SVC
1 set	Reverse sensor wiring	electronically shocked	$ 380.00	$ ~~350.00~~ X
1 pc	Rear switching module	electronically shocked	$ 585.50	$ 585.50 4 OG
		Special Nett Sub-Total	1,605.50	1,575.50
		Spare Parts Total	11,344.50	$ 10,340.60

LABOUR COST

S/No	JOB DESCRIPTIONS		Workshop Estimation (S$)		Our Revised Estimation (S$)	
		Spare PartsTotal c/f	11,344.50		10,340.60	
1	To check wiring system		$ 50.00	$	40.00	30
2	To buff coat affected areas		$ 180.00	$	150.00	X
3	To remove and refix inferior upholstery		$ 180.00	$	150.00	60
4	To decode electrical module system		$ 380.00	$	350.00	150
5	To respray affected areas		$ 1,600.00	$	1,400.00	200
6	To renew damaged parts, straighten and repair rear floor panel Rear RH and LH fender and aligned all parts		$ 1,800.00	$	1,600.00	200
7	To remove and replace reverse sensor		$ 220.00	$	200.00	40
		Total	15,754.50		14,230.60	680

The repairer has agreed to undertake the repair under part by part Sum Basis. We have adjusted the amount to a part by part Sum Repair of $ 14,230.60

Fong Kok Heng
Qualified Appraiser

4613.1

20%: 3200

4Days.

M3451809083G / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 11/07/2019 17:46
SUBMITTED BY: Chia Pei Ying

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	11/07/2019 17:46
Date Of Accident	11/07/2019 14:45
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG2209L
Insured/Policyholder	
Name Of Registered Owner	LIM LIAN GUO GARY
NRIC No	S8809841B
Email Address	SBC@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-84442254
Alternative Phone No	OFFICE-84442254
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104965394
Cover Note Number	
Driver	
Name of Driver	LIM LIAN GUO GARY
NRIC No	S8809841B
Date Of Birth	23/03/1988
Occupation	INDOOR
Date Of Driving Pass	07/05/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84442254
Fax Number	
Contact Number	OFFICE-84442254
EMail Address	SBC@HOTMAIL.SG

Address	BLK 932 JURONG WEST ST 92 #09-185
Postcode	64032
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	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

FRONT VEHICLE JAM BRAKE. I BRAKE AND STOP IN TIME. SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. I GOT DOWN FROM MY VEHICLE THEN I REALISED IT WAS A 3 CARS CHAIN COLLISION.

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	SLX3454K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJY1138E

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

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

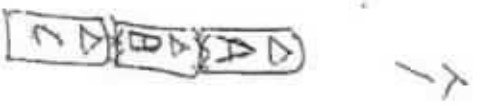
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front vehicle jam brake. I brake and stop in time Suddenly vehicle 13 hit back my rear portion I got down from my vehicle then i realized it was a 3 car chain collision

DECLARATION

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

Policyholder's Signature
Date & Time

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

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

MCC419090924 / Cycle & Carriage Industries Pte Ltd - Pandan Loop
ENTRY DATE & TIME: 12/07/2019 09:51
SUBMITTED BY: Lim Xin Yi

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy 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	12/07/2019 09:51
Date Of Accident	11/07/2019 14:40
Exact Location Of Accident	ALONG PIE TWDS CHANGI (BEFORE CTE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX3454K
Insured/Policyholder	
Name Of Registered Owner	OH HAN BOON (HU HANWEN)
NRIC No	S8512238Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96424320
Alternative Phone No	Office-96424320
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180
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?	YES
If No, Please state action to be taken	
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	1800028722-01
Cover Note Number	
Driver	
Name of Driver	OH HAN BOON (HU HANWEN)
NRIC No	S8512238Z
Date Of Birth	20/04/1985
Occupation	INDOOR
Date Of Driving Pass	23/02/2006

Gender	MALE
Mobile Number	(LOCAL) +65-96424320
Fax Number	
Contact Number	OFFICE-96424320
EMail Address	NOEMAIL
Address	108 PUNGGOL WALK #16-18
Postcode	828764
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)	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

I WAS DRIVING MY CAR ALONG PIE TWDS CHANGI. I WAS TRAVELLING AT THE EXTREME RIGHT LANE AND BEFORE APPROACHING CTE, VEHICLES INFRONT OF ME HAD STOPPED SO I FOLLOWED SUIT TO STOP. AS I STOPPED MY CAR, CAR B (SJY1138E) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION. THE IMPACT WAS SO HUGE THAT MY CAR WAS BEING PUSHED FORWARD AND COLLIDED ONTO CAR C (SMG2209L).

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE KO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1138E
Vehicle Make/Model/Colour	
Details Of Properties	

Name of Driver	LOK WEI WEN IVAN
NRIC/Passport Number	S9230477I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMG2209L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LIAN GUO GARY
NRIC/Passport Number	S8809841B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Policyholder's Signature
Date & Time 12/07/2019 0902

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

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

SKETCH PLAN

A: SLX3454K
B: SJY1138E
C: SMG2209L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SLX3454K) ALONG PIE TOWARD CHANGI. I WAS TRAVELLING AT THE EXTREME RIGHT LANE AND BEFORE APPROACHING CTE, VEHICLES INFRONT OF ME HAD STOPPED SO I FOLLOWED SUIT TO STOP.

AS I STOPPED MY CAR (SLX3454K), VEHICLE B (SJY1138E) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

THE IMPACT WAS SO HUGE THAT MY CAR WAS BEING PUSHED FORWARD AND COLLIDED ONTO VEHICLE C (SMG2209L).

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time: 12/07/2019 0902

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

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre, Jurong Loop

Name: KERLYN
NRIC/FIN No.

Sketch Plan #3

AIG

CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : OH HAN BOON (HU HANWEN)
Period of Insurance : 26 Mar 2019 To 25 Mar 2020
Engine No. : 27091031537187
Chassis No. : WDD1173422N620430

Vehicle No. : SLX3454K
Policy No. : 1800028722-01
Endorsement No. :
Issued Date : 21 Mar 2019

ABOUT THE COVER

Make/Model	MERCEDES Benz CLA180 Coupe				
Engine Capacity/Tonnage	1,595.00 CC	Sum Insured	Market Value	First Year of Registration	2018
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of $3,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than [illegible] years' driving experience.

Age Condition: All Age Condition

Limitation as to use*

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

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - $0 Own Damage - $800 Theft - $0 Flood Cover - $0

Section 2
Property Damage - $0

Windscreen : $100

Named Driver and Excess (where applicable)

OH HAN BOON (HU HANWEN) - $800 (Own Damage)

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

1 Cycle & Carriage Eunos Service Center (For accident reporting only): Add: 330 Ubi Road 3 Singapore 408650 62261919
2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair: Add: 168 Pandan Loop Singapore 128379 62261919

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612221
CYCLE & CARRIAGE - EDWEE
239 ALEXANDRA ROAD
SINGAPORE 159930
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Sketch Plan #4

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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

78 SHENTON WAY #08-16
AIG BUILDING
SINGAPORE 079120

ATTN : SALIHA

Ref : CS3/AIG19012614/Gvf3e2-1

Date : 13-01-2020

Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SLX 3454K	**Veh. Inspected**	SMG 2209L
	Policy No.	1800028722	**Coverage ($)**	0.00
	Claim No.	4146010588SG	**Excess ($)**	0.00
	Assign From	SALIHA	**Assign Date**	11/12/2019

2. Vehicle Particulars & Condition

	Make & Model	MERCEDES BENZ C180	**c.c**	1595
	Engine No.	HIDDEN	**Year of Reg.**	2017
	Chassis No.	WDD2050402R286781	**Colour**	SILVER
	Odometer	36707	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	STANDARD ALLOY RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm
	L/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm
	R/H Rear Tyre	225/50 R17	BRIDGESTONE	6 mm
	L/H Rear Tyre	225/50 R17	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	11/07/2019	**Inspection Date**	16/07/2019
	Survey held at	BLK C KAKI BUKIT AVE6 #01-59 KAKI BUKIT AUTOBAY		
	Repairer	D'S GRAFFITI CONCEPTS PTE LTD		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working Days**

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMG 2209L

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER FACE	BENT	2,257.50	1,687.00
2	REAR BUMPER SIDE RETAINER	BENT	170.00	136.00
2	REAR BUMPER BRACKET	DISTORTED	196.50	110.00
8	REAR BUMPER SIDE RETAINER RIVERT	SERVICEABLE	96.00	-
1	REAR BUMPER REINFORCEMENT	BENT	1,247.00	682.00
1	REAR BUMPER CENTER RETAINER	BENT	240.00	110.00
10	REAR BUMPER CLIPS	DAMAGED	50.00	50.00
1	REAR BUMPER INNER CENTER PAD GARNISH	DEFORMED	204.00	204.00
1	REAR BUMPER LOWER CHROME MOULDING	SERVICEABLE	280.80	-
1	REAR BUMPER LOWER TRIM	DEFORMED	325.80	280.00
1	REAR BUMPER UNDER COVER	SERVICEABLE	274.00	-
2	TAILLAMP ASSEMBLY	SERVICEABLE	1,707.60	-
2	TAILLAMP SEALANT	SERVICEABLE	300.00	-
1	REAR END PANEL	SERVICEABLE	1,744.80	-
1	REAR END PANEL TOP TRIM	SERVICEABLE	585.00	-
4	REAR END PANEL TOP TRIM CLIPS	SERVICEABLE	60.00	-
	LESS 10% DISCOUNT		-	-325.90
			9,739.00	2,933.10
	SPECIAL NETT ITEMS			
2	REAR BUMPER PARKING SENSOR (SN)	SERVICEABLE	640.00	-
1	SET REVERSE SENSOR WIRING (SN)	SERVICEABLE	380.00	-
1	REAR SWITCHING MODULE (SN)	ELECTRONICALLY SHOCKED	585.50	400.00
			1,605.50	400.00
	LABOUR			
	TO CHECK WIRING SYSTEM.		50.00	30.00
	TO TUFF COAT AFFECTED AREAS.	NOT NECESSARY	180.00	-
	TO REMOVE AND REFIX INTERIOR UPHOLSTERY.		180.00	60.00
	TO DECODE ELECTRICAL MODULE SYSTEM.		380.00	150.00
	TO RESPRAY AFFECTED AREAS.		1,600.00	200.00

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Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	TO RENEW DAMAGED PARTS, STRAIGHTEN AND REPAIR REAR FLOOR PANEL REAR RH AND LH FENDER AND ALIGNED ALL PARTS.		1,800.00	200.00
	TO REMOVE AND REPLACE REVERSE SENSOR.		220.00	40.00
			4,410.00	680.00
	GRAND TOTAL		**15,754.50**	**4,013.10**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**3,200.00**

Report Ref No. CS3/AIG19012614/Gvf3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser