

ASS. REC. BY:

REF:

es/GAI20000651/Avd3

Special Instruction:

Surveyor: AdrianASSIGNMENT (Office)

From (Person):

Sheng Wong

of

GAI

Date/Time:

10/01/2020 @ 10:23am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 5719K

Insured:

SMG 9767X

at Workshop m/s

CAS Garage

Tel:

9791 6119

of

1 kaki Bukit Ave 6 # 02-22 Autobay

Policy No:

Claim No:

CLMOMVP000001050

Sum Insured:

Excess:

Make of Veh:

D.O.A.

09/01/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:58am @ 10/01/2020

Person Contacted:

Sharon

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate

✓

SLS 5719K - XSMG 9767X - X

ISS. REC. BY:

REF:

GAI

ASSIGNMENT

From:

Date:

10/01/2020

Estimated Cost:

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

To Inspect Vehicle No:

8LS5719K

at Workshop m/s

CAS Garage

of

1 Leaki Bukit Ave 6 # 02-22 Autobay

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.

N/S	O/S

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

1up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SL55719K

Yr Regn:

2017 Sept.

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

Truck / Trailer or

Make:

Kia Cerato K3

c.c 1591

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp Reading

37365

T/Radio: Insured / Std / NI / NA

Eng/No:

KNAF X411MJ5744607

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F: 205/55R16

R: 205/55R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

10/01/20

Survey held at

CAS Garage

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

TP Grant American

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Wheel end (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other:

TOTAL

Report Format:

Lump Sum / HPL: \$

Nivitha (LKK Auto)

From: Motor Claims <motorclaims@sg.gaig.com>
Sent: Friday, 10 January 2020 10:23 AM
To: Allan Goh; Nicole Chong; assignments@lkkauto.com; sur@lkkauto.com
Cc: CAS Garage Garage; Ngian, Kelvyna
Subject: Re: Our Ref:CLMOMVP000001050, PRI - ACCIDENT INVOLVING SLS 5719K AND SMG 9767X ALONG BARTLEY RD ON 09.01.2020

Without Prejudice

Dear Sirs,

Noted on your request, our client has yet to report the accident so we will survey on a without prejudice basis.

Dear LKK,

Please accept assignment for TP survey. Thank you.

Regards

Shery Wong, Executive, Claims | P. +65 68046077 | F. +65 62353354 | shery.wong@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



A+ (Superior)
Affirmed August 17, 2018

Moody's
A1 (Good)
Published December 2018

Standard & Poor's
A+ (Strong)
Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Allan Goh <allan@casgarage.sg>
Sent: 09 January 2020 8:02 PM
To: Nicole Chong <nicole@casgarage.sg>
Cc: Motor Claims <motorclaims@sg.gaig.com>; CAS Garage Garage <contact@casgarage.sg>; Ngian, Kelvyna <kelvyna.ngian@sg.gaig.com>
Subject: [External] Re: Our Ref:CLMOMVP000001050, PRI - ACCIDENT INVOLVING SLS 5719K AND SMG 9767X ALONG BARTLEY RD ON 09.01.2020

Hi all,

The survey address is as follow:

CAS Garage Pte. Ltd.
No.1 Kaki Bukit Ave 6

#02-22
Singapore 417883

Regards,
Allan Goh
CAS Garage Pte. Ltd.
No.1 Kaki Bukit Ave 6
#02-22
Singapore 417883
UEN: 201828067M
Mobile: 8782 7171

On Thu, 9 Jan 2020 at 17:58, Nicole Chong <nicole@casgarage.sg> wrote:
Dear Sharon,

We request LKK to survey our client's vehicle.

On Thu, 9 Jan 2020 at 17:27, Motor Claims <motorclaims@sg.gaig.com> wrote:

Without Prejudice

Hi Nicole,

Please be reminded to update your records of our email to motorclaims@sg.gaig.com

Our client has not reported accident. Can we have a copy of the SAS report?

We append the following list of our panel surveyors:-

1. AJAX Adjusters & Surveyors Pte Ltd
2. A-PAC Adjusters & Surveyors Pte. Ltd.
3. Priority Services
4. RT Appraisal Pte Ltd
5. LKK Auto Consultants

Kindly let us know which SJE is selected and furnish the estimates for the survey to be carried out.

Regards

Shery Wong, Executive, Claims | P. +65 68046077 | F. +65 62353354 | shery.wong@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



A+ (Superior)
Affirmed August 17, 2018

Moody's
A1 (Good)
Published December 2018

Standard & Poor's
A+ (Strong)
Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Nicole Chong <nicole@casgarage.sg>
Sent: 09 January 2020 4:59 PM
To: Motor Claims <motorclaims@sg.gaig.com>
Cc: Allan Goh <allan@casgarage.sg>; CAS Garage Garage <contact@casgarage.sg>
Subject: [External] Re: RE: PRI - ACCIDENT INVOLVING SLS 5719K AND SMG 9767X ALONG BARTLEY RD ON 09.01.2020

Dear Sharon,

your insured vehicle is **SMG 9767X**

On Thu, 9 Jan 2020 at 16:49, Motor Claims <motorclaims@sg.gaig.com> wrote:

Hi Nicole

We do not seem to have records of insuring either of the vehicles stated in the subject header.

Please confirm our insured vehicle number.

Regards

Sharon
Great American

From: Nicole Chong <nicole@casgarage.sg>
Sent: 09 January 2020 4:46 PM
To: Ng, Sharon <sharon.ng@sg.gaig.com>
Cc: Allan Goh <allan@casgarage.sg>; CAS Garage Garage <contact@casgarage.sg>
Subject: [External] RE: PRI - ACCIDENT INVOLVING SLS 5719K AND SMG 9767X ALONG BARTLEY RD ON 09.01.2020

WITHOUT PREJUDICE

Kindly arrange survey our client's vehicle

Do let us know when is the available date and time for inspection of the vehicle at:

CAS Garage Pte. Ltd.

Addr: 8 Kaki Bukit Ave 4, #08-26

Premier@ Kaki Bukit

Singapore (417883)

Once arranged, please contact Allan Goh at 8782 7171 during the inspection.

Thank you and have a nice day! Hope to hear from you soon

Regards,

Nicole Chong

Admin and Finance Officer

CAS Garage Pte. Ltd.

Addr: 1 Kaki Bukit Ave 6, #02-22

Autobay. Singapore (417883)

Hp: 9791 6119

Office: 6484 2220

UEN: 201828067M

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WITHOUT PREJUDICE

Regards,

Nicole Chong

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Regards,
Nicole Chong

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Addr: 1 Kaki Bukit Ave 6, #02-22

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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	10/01/2020 15:01
Date Of Accident	09/01/2020 15:25
Exact Location Of Accident	BARTLEY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS5719K
Insured/Policyholder	
Name Of Registered Owner	LAI LI YU
NRIC No	SXXXX167J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98893645
Alternative Phone No	OFFICE-98893645
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3
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	1700056340-02
Cover Note Number	
Driver	
Name of Driver	LAI LI YU
NRIC No	SXXXX167J
Date Of Birth	02/01/1986
Occupation	INDOOR
Date Of Driving Pass	31/07/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98893645
Fax Number	
Contact Number	OFFICE-98893645
Email Address	NOEMAIL

Address	945 HOUGANG STREET 92 #04-151
Postcode	S530945
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	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	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SMG9767X
Vehicle Make/Model/Colour	
Details Of Properties	
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 INJURED PERSON 1

Name LAI LI YU

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

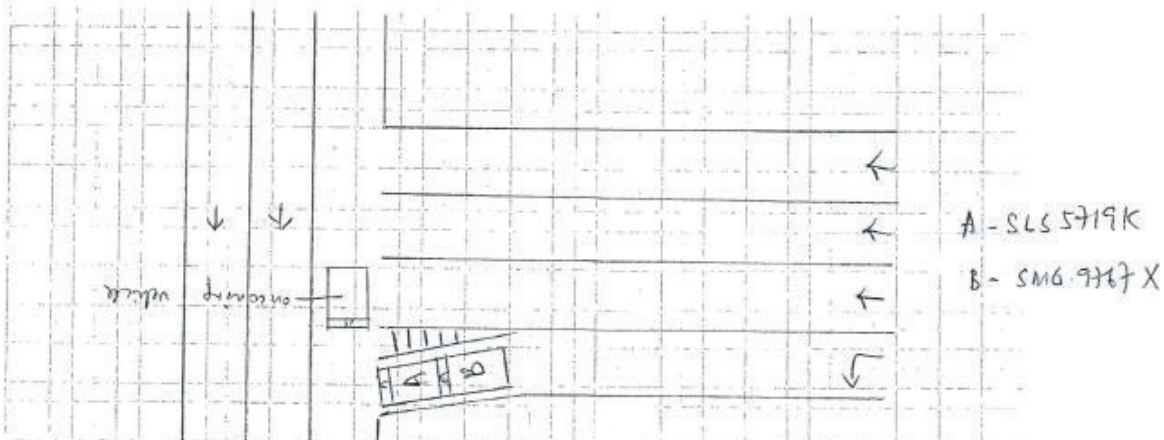
Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report T/20200109/2163

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.:

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:

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

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20200109/2163

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20200109/2163

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: F / Sgt 2 MUHAMMAD SYAFIQ BIN ROSMANJA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2020 21:24
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20200109/2163

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20200109/2163

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LAI LIYU	ID No.	S8601167J
Related Vehicle	SLS5719K (Car)	Contact No.	98893645
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/01/2020	Date Discharge	09/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/01/2020 at about 1530hrs, while I was driving my vehicle (Registration Number : SLS5719K) along Bartley Road turning into Bartley Road East, I had met with an accident. As I was waiting for the traffic to clear before turning right, I had stopped my vehicle at the slip road when suddenly there is a vehicle (Registration Number: SMG9767X) had hit on the rear of my vehicle. I then went out of my vehicle to make a check on the damages on my vehicle. I then took photos of the accident scene and had exchange particulars with the other party. Both parties then left the accident scene. After the accident, I felt giddy and pain all over my body thus I had went to Parkway East Hospital to make a check. I was given a total of 3 days of Medical Leave from the said hospital.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20200109/2163

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20200109/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2020 21:24	Vide Report No.:	Station Diary No.: 186
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Informant's Particulars

Name of Informant: LAI LIYU			Address: APT BLK 945 HOUGANG STREET 92 #04-151 SINGAPORE 530945	
ID Type / ID No.: NRIC NO / S8601167J			Contact No.:	Mobile: 98893645
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 34	Date of Birth: 02/01/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Primary school teacher			Driving Licence Information: Class:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2020 15:30	Type of Location: Straight Road
Location: Along Road 1 BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS5719K	Car	KIA	CERATO K3 1.6A	Blue	Seriously Damaged	0
SMG9767X	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS5719K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700056340-02	28/09/2019	27/09/2020