

ASS. REC. BY:

REF: CS3/ AIG 20007A/Gsfz

Special Instruction: Shirley

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Winnie Fan

of AIG

Date/Time: 13-1-2020 10:03 A.M

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJP 353D

Insured: SLN 1051E

at Workshop m/s Kian Trong Auto Centre

Tel: 6456268

of BIK 176 Sn Ming Dvr #01-08

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 6-1-2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 13-1-2020

11:00am

Person Contacted:

Wendy

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	JP 353D - X
	SLN 1051E - X
14/01/20	@ 12:06 pm declined with Wendy, no estimate.

Winn

"ny"

ASS. REC BY: PR REF: ALG.

ASSIGNMENT

(-2028)

From _____ Date: _____
Estimated Cost: _____
OD / TPYWS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s Kian Teong Auto
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SIP 353 D Regn: 10 Mar 2009
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Lexus c.c. 2500
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 151765 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTHBK 26 200 5098410
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD / Alm or
Tyre Size: F: 225/45 R17
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: \$600k
IDAC Accident Rport: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 5 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 2/3-01-20
Survey held at w/s
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
	<u>col: 28253</u>
<u>02/4</u>	<u>call wendy that she said she didn't arrange UKK for 2nd dismantable resurvey and After repair inspection.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
1) _____
Date/Time, File Return to? _____
2) _____

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Inve (\$)
 : Weekend (\$)

Survey Fee:	
Transportation:	
Photos:	
Other:	

Report Format: _____
Emp. Form / U/C: _____



RE: Our Ref : JP 353D/KT/jp/sl/ps 2nd NOTICE TO CONDUCT PRE-REPAIR...

From: Fan, Winnie-LW

To: Admin A, assignments

Cc: Fong, Andy-SY

Sent: 1/13/2020 10:43:12 AM

Attachments:  1st PRS - SJP 353D_20200109113637.pdf  2nd PRS (AIG).pdf

Hi LKK,

Kindly assist to survey, car in.

Winnie Fan

AIG

Claims Service Associate

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

winnie-lw.fan@aig.com | www.aig.sg

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From: Accident@kscgp.com <Accident@kscgp.com>

Sent: Friday, January 10, 2020 3:04 PM

To: Subramaniam, Divyashni <Divyashni.Subramaniam@aig.com>

Cc: jiapei@kscgp.com

Subject: [EXTERNAL] Our Ref : JP 353D/KT/jp/sl/ps 2nd NOTICE TO CONDUCT PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLN1051E AND SJP353D ON 06/01/2020

This message is from an external sender; be cautious with links and attachments.

Dear Sirs,

We refer to the subject matter.

Please find enclosed 2nd Notice to Conduct Pre-repair Survey herewith for your attention and necessary action.

Thank you.

Regards,

Sampu

for and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708

Email: accident@kscgp.com

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Your Ref : SLN 1051E
Our Ref : **SJP 353D/KT/jp/sl/ps**
Date : 10 January 2020

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

AIG Asia Pacific Insurance Pte. Ltd.

BY EMAIL ONLY

DATE OF ACCIDENT: 06 JANUARY 2020
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1	Lau Kwok Kwong	LKK Auto Consultants Pte Ltd
2	Chuah Poh Siong, Gary	Perfect Automobile Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Kian Teong Auto Centre
Block 176 Sin Ming Drive
#01-08 Sin Ming Autocare
Singapore 575721
Contact Person/Tel : Ms Wendy Tel: 6455 6268 / Fax: 6455 5166

Yours faithfully,

PS

Your Ref : SLN 1051E

Our Ref : SJP 353D/KT/jp/sl/ps

Date : 10 January 2020

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

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	07/01/2020 16:28
Date Of Accident	06/01/2020 14:20
Exact Location Of Accident	BARTLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP353D
Insured/Policyholder	
Name Of Registered Owner	SARITA KISHINCHAND PRIMALANI
NRIC No	
Email Address	
Mobile Phone No	(LOCAL) +1
Alternative Phone No	OFFICE-
Vehicle Particulars	
Manufacturer	LEXUS
Model	IS-250 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA168054
Cover Note Number	
Driver	
Name of Driver	SARITA KISHINCHAND PRIMALANI
NRIC No	
Date Of Birth	
Occupation	INDOOR
Date Of Driving Pass	
Driving Experience	
Gender	FEMALE
Mobile Number	(LOCAL) +
Fax Number	
Contact Number	OFFICE-
EEmail Address	

Address
 Postcode
 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 - CHANGE/CROSS LANE
 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) 2
 Passenger 1
 NAME: : MADHU
 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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: VIDEO WITH CLIENT
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN1051E
 Vehicle Make/Model/Colour MAZDA
 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)