

ASS. REC. BY:

Surveyor: Hock Ann

REP:

CS3/AIG20005796/HW302

Special Instruction:

ASSIGNMENT (Office)

From (Person):

Chin Lee Ying

of

AIG

Date/Time:

18/2/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKH 1938 R

Insured:

QIS 9365U

at Workshop n/a

Wee Hoe Auto

Tel:

68580019

of

19 Kim Chuan Terrace.

Policy No:

2100360548

Claim No:

8010917815 SG

Sum Insured:

Excess:

Make of Veh:

D.O.A.

12/1/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

1wp

H.O.D. Endorsement:

Date/Time:

18/2

Person Contacted:

Vehicle IN / OUT

Date/Time	Action/Instruction
	<u>Inspected: 51 Ubi Ave 1 #01-20 Pangs Lim Ind Park</u>
	<u>SKH 1938 R - NA / IP20005796/h4. DOR: 12/1/2020</u>
	<u>QIS 9365U - X</u>
	<u>18/2/20 → survey taken</u>
	<u>18/2/20 → survey taken</u>
	<u>19/2/20 → refer print out</u>
<u>24/2/20</u>	<u>Submit DAR</u>

ASSIGNMENT

From:

Date:

18.2.2020

Estimated Cost:

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

To Inspect Vehicle No:

SK4 1938R

at Workshop m/s

WEE HOE AUTO

of

19 km Chuan TIRAU

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
X	X

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SK4 1938R Regn: 22/07/2007

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

Truck / Trailer or

Make:

T. H-53

c.c 1598

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

1222611m

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MA0537EE 106155654

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65/15

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5 mm

R/Bal.

5 mm

L/Bal.

5 mm

L/Bal.

5 mm

D.O.A.

12/1/20

D.O.I.

18/2/20

Survey held at

WEE HOE

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

DAR → 10h

mp' 48 → 3 day

PHI case

MV - 27000

PV - 13588

NV - 13401

RECEIVED 25 FEB 2020

WEE HOE → 685800/9

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 24h - typist

Report Form:

Merimen

Lump Sum / L.R. /

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

180

11

191

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Jan 2020 Edit Reg		18 Feb 2020 00:00 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	LIM LEE KIANG, ID: S1644423E		
Main Claimant:	YER WEE KEAT		
Vehicle Reg. No.:	SKH1938R	Date of Loss:	12/01/2020 00:00 - :59
Claim Type:	TP / 8010917815SG	Policy/Cover Note No.:	2100360548 (Comprehensive)
Vehicle Reg. No. (Insured):	SJS9365U	Policy No. (Claimant):	
		Excess:	
Repairer:	Wee Hoe (HQ) 19 KIM CHUAN TERRACE, 537041 Tai Seng - Tel:		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Syed-Yusoff, Saliha] Saliha.Syed-Yusoff@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by LEE HOCK ANN] ... [Final Rpt due 27/02/2020]		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

- AIG_SG (19/02/2020): Request to upload TP GIA Report

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

* PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHIC...

From: Chin, Lee-Ying
To: 'assignments', Nivitha (LKK Auto)
Cc: Lim, Kok-Chong
Sent: 2/18/2020 9:07:52 AM
Attachments:  2334_001.pdf  2767_001.pdf

Hi LKK,

Kindly assist to survey, vehicle in workshop.

Wee Hoe Auto Service
19 Kim Chuan Terrace.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

Veh In

VISION LAW LLC

Advocates & Solicitors
(Incorporated with limited liability)

ERIC NG CHENG BOON
WONG KING LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI D/O MUNIAMY
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
CHHONG YUNHEI, CLARISSA
SONIA LIM WEI LEE

Unique Entity Number: 200721148H

133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Main
TEL : (65) 6534 2811 (Hunting)
FAX : (65) 6535 6802
E-MAIL : annatan@visionlawllc.com

Conveyancing & Family Law Practices
TEL : (65) 6358 0703
Fax : (65) 6358 0448

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE

OUR REF: AW1-atv-INS-W30-SKH1938R-2020 – [please reply to: annatan@visionlawllc.com](mailto:annatan@visionlawllc.com)
YOUR REF: SJS9365U

13 January 2020

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120
Attn: Motor Claims Department

BY FAX 6835-7416 ONLY
AIGSGP_ClaimsSurvey@aig.com

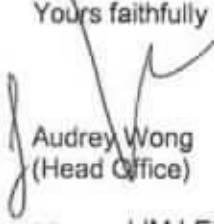
Dear Sirs

DATE OF ACCIDENT: 12 January 2020
NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **WEE HOE AUTO SERVICE** to notify you of a road traffic accident on **12 JANUARY 2020** at about **2130HOURS** at **ALONG CTE TOWARDS SLE** involving our client's vehicle **SKH 1938 R** and **SJS 9365 U** driven by you at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully


Audrey Wong
(Head Office)

cc. LIM LEE KIANG (By post)
35 Miltonia Close
#05-29
Singapore 768065

(By fax 6858-0195 only – SKH 1938 R)

Form 1

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

VISION LAW LLC

Advocates & Solicitors
(Incorporated with limited liability)

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-ISEN
PAUL YAP TAI SAN
ANJALI D/O MUNIANDY
ANG KIM NOI DIANE
RAYENDRA KRISHNASAMY
CHISONG YUNHUI, CLARISSA
SONIA LIM WEI LEI

Unique Entity Number: 200721148H

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#18-01/02 Chinatown Point
Singapore 059413

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Conveyancing & Family Law Practice

TEL : (65) 6358 0703
Fax: : (65) 6358 0448

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE

OUR REF: AW1-atv-INS-W30-SKH1938R-2020 – [please reply to: annatan@visionlawllc.com](mailto:annatan@visionlawllc.com)
YOUR REF: SJS9365U

14 January 2020

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120
Attn: Motor Claims Department

BY FAX 6835-7416 ONLY
AIGSGP_ClaimsSurvey@aig.com

Dear Sirs

NAME OF CLAIMANT: YER WEE KIAT
VEHICLE NUMBER: SKH1938R
YOUR INSURED VEHICLE NUMBER: SJS9365U
ACCIDENT ALONG CTE TOWARDS SLE ON 12 JANUARY 2020 AT ABOUT 2130HOURS

1. We refer to your letter dated 14 January 2020 informing that you wish to conduct a pre-repair survey and to your List of Surveyors.
2. TAKE NOTICE that we object to all your surveyors stated in your said List, for appointment as the Single Joint Expert.
3. Pursuant to the Pre-Action Protocol for NIMA cases, we now propose for appointment as Single Joint Expert the following 5 surveyors for your consideration:
 - (a) Andrew How
 - (b) Lee Kok Weng
 - (c) Seah Kwang Boon
 - (d) Thor Teck Soon, David
 - (e) Winson Goh
4. Please reply within 2 working days.

Yours faithfully

Audrey Wong
(Head Office)

Form 4

CONFIDENTIALITY

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	991B
Vehicle Details	
Vehicle No.:	SKH1938R
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	3ZZ4933604
Chassis No.:	MR053ZEE106155654
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,853.00
Original Registration Date:	29 Sep 2009
First Registration Date:	29 Sep 2009
Transfer Count:	2
Actual ARF Paid:	\$17,451.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Sep 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,743.00
COE Rebate Amount:	\$13,588.00
Total Rebate Amount:	\$13,588.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 19 Feb 2020

OK

Find your perfect drive and
save up to \$22,500*


[Find out more](#)

*Terms and conditions apply.

Toyota Corolla Altis 1.6A

Price Range

Depreciation

Year Reg

Vehicle Type

[Home](#) » [Used Cars](#) » [GV Credit Pte Ltd](#) » Toyota Corolla Altis 1.6A (COE till 10/2024)

Toyota Corolla Altis 1.6A (COE till 10/2024)

[Overview](#)
[Financial](#)
[Insurance](#)
[Accessories](#)
[Similar](#)
[Research](#)
[Photos](#)
[Map](#)
[PREM](#)


Price

\$29,800 - 77

Depreciation

\$6,380 /yr

Reg Date

21-Oct-2009
(4yrs 8mths 1day COE left)

Mileage

N.A.

Manufactured

2009

Road Tax

\$816 /yr

Transmission

Auto

Dereg Value

\$14,282 as of today (change)

OMV

\$17,853

COE

\$15,287

ARF

\$17,853

Engine Cap

1,598 cc

Power

80.0 kW (107 bhp)

Curb Weight

1,195 kg

No. of Owners

2

Type of Vehicle

Mid-Sized Sedan

Features

Fuel-Efficient And Powerful 1.6L 16 Valve DOHC VVT-i Engine, Smooth Auto Transmission With ECT, Dual SRS Airbags, ABS, Digital Climate Control Aircon. View specs of the Toyota Corolla Altis (2008-2013)

Accessories

Grey Original Leather Seats, Multi Steering Control And Retractable Mirrors With Indicators.

Description

2.98% Per Annum By GV In House Financing. No Admin Fees! All Wear And Tear Done! 2 Years Warranty Engine And Gearbox. Add-ons Option New Paintwork Of Your Choice! New Leathers! New Rims And Tyres Of Your Choice! New Pioneer DVD Player! New Recording Camera Front And Back! New Reverse Camera! Full Grooming!

Category

COE Car, Premium Ad Car

Status

Available

Resources



Free

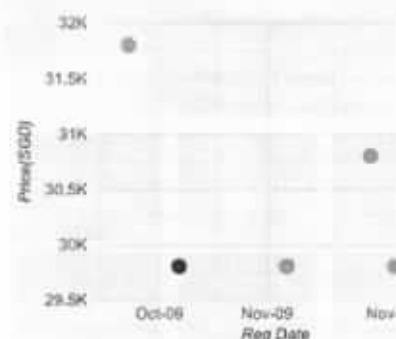
Get value of your existing car for free. Get started

Complete



Location Map

Price Chart



Click on the point to view the vehicle

[Shortlist](#)
[Compare](#)
[Add no](#)
[Report Error](#)
[More Actions](#)

Seller Information

GV Credit Pte Ltd

★ PREMIUM DEALER 2020 ★

53 vehicles for sale, 17 sold in past 3 mths

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	13/01/2020 15:04
Date Of Accident	12/01/2020 21:30
Exact Location Of Accident	CTE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1938R
Insured/Policyholder	
Name Of Registered Owner	YER WEE KEAT
NRIC No	SXXXX991B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83939929
Alternative Phone No	OFFICE-83939929

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V14031/VPE/R00
Cover Note Number	

Driver

Name of Driver	YER WEE KEAT
NRIC No	SXXXX991B
Date Of Birth	20/02/1989
Occupation	INDOOR
Date Of Driving Pass	23/03/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83939929
Fax Number	
Contact Number	OFFICE-83939929
EMail Address	NOEMAIL

Address	BLK 458 YISHUN AVE 11 #13-732
Postcode	760458
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	AFTER RAINED
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG CTE TWDS SLE ON THE FIRST LANE. VEH INFRONT OF ME STOP, I ALSO FOLLOW TO STOP MY VEH, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION. TOTAL 4 VEH INVOLVED IN THE ACCIDENT.

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	SJS9365U
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJY8477E
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMH2836X
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)

Accident Sketch Plan

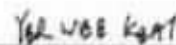
SKETCH PLAN

IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

SKETCH PLAN

A = SKH 1938 R

$$Q = 535 \text{ } 9265 \text{ U}$$

C = 53Y 8477 E

D = SMH 2936X

CTE 4045 SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Statement
-------	----	-----------

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/PIN No: _____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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Date Of Accident	12/01/2020 21:30
Exact Location Of Accident	CTE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1938R
Insured/Policyholder	
Name Of Registered Owner	YER WEE KEAT
NRIC No	SXXXX991B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83939929
Alternative Phone No	OFFICE-83939929

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V14031/VPE/R00
Cover Note Number	

Driver

Name of Driver	YER WEE KEAT
NRIC No	SXXXX991B
Date Of Birth	20/02/1989
Occupation	INDOOR
Date Of Driving Pass	23/03/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83939929
Fax Number	
Contact Number	OFFICE-83939929
Email Address	NOEMAIL

Address	BLK 458 YISHUN AVE 11 #13-732
Postcode	760458
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	AFTER RAINED
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG CTE TWDS SLE ON THE FIRST LANE, VEH INFRONT OF ME STOP, I ALSO FOLLOW TO STOP MY VEH, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION. TOTAL 4 VEH INVOLVED IN THE ACCIDENT.

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	SJS9365U
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJY8477E
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMH2836X
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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be used 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.

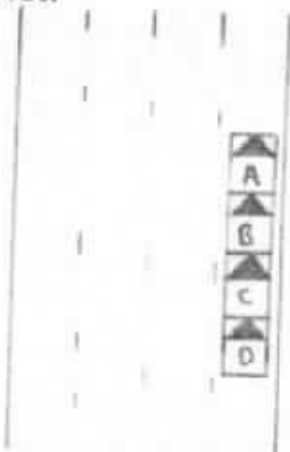
Yee Wai Kait
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A = SKH 1938 R

B = SJS 7265 U

C = SJY 8477 E

D = SMH 2936 X

CTE tuds SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

DECLARATION

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

Y. V. B. 12/11
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name:
RDC/RIN No.:


































...CLAIM SUBFOLDER...(Pending for Survey Report)




























CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Jan 2020 Edit Reg		18 Feb 2020 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	LIM LEE KIANG , ID: S1644423E								
Main Claimant:	YER WEE KEAT								
Vehicle Reg. No.:	SKH1938R	Date of Loss:	12/01/2020 00:00 - :59 [123 Months and 14 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 8010917815SG	Policy/Cover Note No.:	2100360548 (Comprehensive)						
Vehicle Reg. No. (Insured):	SJS9365U	Policy No. (Claimant):							
		Excess:							
Repairer:	Wee Hoe (HQ) 19 KIM CHUAN TERRACE, S37041 Tai Seng - Tel:								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Syed-Yusoff, Saliha] Saliha.Syed-Yusoff@aig.com								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by LEE HOCK ANN] ... [Final Rpt due 27/02/2020]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AIG_SG (19/02/2020): Request to upload TP GIA Report 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SKH1938R (8010917815SG)
[SJS9365U]
TP
YER WEE KEAT
Jan 12 2020 12:00AM
[LIM LEE KIANG]
Wee Hoe

Upload Documents			Upload Photos		Compose New Letter		Upload Video		Upload Audio		View		View in Browser	
Photos/Images											3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)										Thumbnail	Print	
1	24/02/20 10:31	Chassis Number										Load JPG	<input checked="" type="checkbox"/>	
2	24/02/20 10:31	Odometer Reading										Load JPG	<input checked="" type="checkbox"/>	
3	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
4	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
5	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
6	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
7	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
8	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
9	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
10	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
11	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
12	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
13	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
14	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
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20	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
21	24/02/20 10:31	General View										Load JPG	<input checked="" type="checkbox"/>	
22	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
23	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
24	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
25	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
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27	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
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31	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
32	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
33	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
34	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
35	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
36	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	
37	24/02/20 10:32	General View										Load JPG	<input checked="" type="checkbox"/>	

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
38	24/02/20 10:32	General View	 Load JPG	<input checked="" type="checkbox"/>
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42	24/02/20 10:32	General View	 Load JPG	<input checked="" type="checkbox"/>
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56	24/02/20 10:32	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
57	24/02/20 10:32	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
58	24/02/20 10:32	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
59	24/02/20 10:32	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
60	24/02/20 10:32	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
61	24/02/20 10:32	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
62	24/02/20 10:32	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	19/02/20 15:09	TP GIA REPORT	 Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	19/02/20 12:12	OI GIA REPORT	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG20002796/HVF3E2

Date: 26/02/2020

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100360548
Claimant Vehicle No : SKH1938R **Insured Vehicle No :** SJS9365U
 Date of Loss: 12/01/2020 Nature of Claim: TP Claim No: 8010917815SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SKH1938R**
 Make & Model: TOYOTA COROLLA ALTIS, 1.6 (A) Engine No: 3ZZ4933604
 Reg. Date: 29/09/2009 (Man. Year: 2009) Chassis No: MR053ZEE106155654
 Colour: Silver Odometer: 122261 km
 Engine Capacity: 1598 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65 R15 Rear Tyre Size: 195/65 R15
 Front Left Side: Bridgestone 5 mm Rear Left Side: Bridgestone 5 mm
 Front Right Side: Bridgestone 5 mm Rear Right Side: Bridgestone 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 18/02/2020
 Date Inspected: 18/02/2020 Inspected At: 51 UBI AVE 1 #01-25 PAYA UBI IND PARK
 Repairer : Wee Hoe (HQ)
 Estimated Period of Repair: 3.0 days

Adjuster: LEE HOCK ANN

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Cracked	0.00 F	*- F
2	1		*REAR BUMPER CLIPS	Necessary	0.00 F	*- F
3	1		*REAR BUMPER SPONGE	Cracked	0.00 F	*- F
4	1		*REAR BUMPER DAMPER L/H	Bent	0.00 F	*- F
5	1		*REVERSE SENSOR	Shorted	0.00 F	*- F
6	1		*REAR END PANEL	Repair	0.00 F	*- F
7	1		*TAIL LAMP R/H	Cracked	0.00 F	*- F
F=Franchise part.						
Total Parts (S\$)					0.00	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >