

22/03/2002

A.S. REC. BY:

Surveyor: Kenneth

REF: es/AIG20002951/Kyd3

Special Instruction:

From (Person):

Har Yinnul

ASSIGNMENT (Office)

of AIG

Date/Time: 20/2/2020 @ 10:18am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFN1787L

Insured:

8CW 3836D

at Workshop m/s

Heng Yap seng

Tel:

9183 3008

of

160 Sin Ming Drive #08-13

Policy No:

Claim No: 3216294418SG003

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/02/2020

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 11:07am @ 11/02/2020

Person Contacted:

Mr Chong

Vehicle IN OUT

Date/Time	Action/Instruction	Estimate	✓
	SFN1787L-X		
	8CW 3836D-NA/INCO 9012572/WI		

DUA: 5/6/2009

ASS. REC. BY:

REF:

AIG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Henry Yap Beng

Insured: _____

Policy No. _____

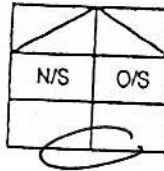
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: 05 Consistent? : Yes or NoEst. Repairs: 1.5 days Res.: Yes or NoLum Sum: 1.5 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

/ EST not ready

18/8 Confirm LIS \$4100-00 (Red \$9350-90, 69%)

Veh No: SEN1787L Yr Regn: 01.19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Avante c.c. 1591Colour: n. Silver A/C: Insured / Std / NI / NASp. Reading: 8550 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM140841CMK U 846684Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: _____ R: R5/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Nexen

Front Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 18/12/20 D.O.I. 20/2/2020

Survey held at _____

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, File Pass to?

☐ : Prelim. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

18/8/20 Typist

Days Of Repair: 5Resurvey No. of Trip: 3

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format:

Lump Sum / I.B.I. (\$)

\$4100/-

PRE-REPAIR INSPECTION REQUEST – SFN1787L vs SCW3836D (OI) on D.O.A.: 18/02/2020

From: Hor, Yinrul
To: 'assignments@lkkauto.com', Admin A (admin-a@lkkauto.com)
Cc: Lim, Kok-Chong, Chin, Lee-Ying, Abu Kassim, Noor Mariesa, Hor, Yinrul, Subramaniam, Divyashni, Teo, Ericweihong
Sent: 2/20/2020 10:18:37 AM
Attachments:  3472_email.19.2.20.pdf

Hi,

Please refer to the enclosed request from **Kurup & Boo**.

Claim no : 3216294418SG003
Case Owner : Norsiah Bte Md Noor

If you have any queries/concerns, please let us know.
*Kindly assist to assign **Kenneth Kong** as Single Joint Expert as requested.*

Thanks & Regards,

Hor Yin Rul (Viviane)
AIG
FNOL Adjuster I
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.

Tel: 8001206556 | Ext: 1002208
Yinrul.Hor@aig.com | www.aig.sg

From: boo@kurupnboo.com.sg <boo@kurupnboo.com.sg>
Sent: Thursday, February 20, 2020 8:54 AM
To: Abu Kassim, Noor Mariesa <NoorMariesa.AbuKassim@aig.com>
Cc: Lim, Kok-Chong <Kok-Chong.Lim@aig.com>; Chin, Lee-Ying <Lee-Ying.Chin@aig.com>; Hor, Yinrul <Yinrul.Hor@aig.com>; Subramaniam, Divyashni <Divyashni.Subramaniam@aig.com>; Teo, Ericweihong <Ericweihong.Teo@aig.com>; boo@kurupnboo.com.sg
Subject: RE: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SCW3836D AND SFN1787L ON 18/02/2020

Our Ref : BMC.3472.20.wh

AIG Asia Pacific Insurance Pte Ltd

Dear Sirs

We refer to your email dated 19 February 2020.

We are instructed to appoint Mr Kenneth Kong of LKK Auto Consultants Pte Ltd for the pre repair inspection.

Regards

Boo Moh Cheh

Kurup & Boo

111 North Bridge Road

#15-03 Peninsula Plaza

Singapore 179098

Tel : 6223 3343

Fax : 6225 7248

From: Abu Kassim, Noor Mariesa
Sent: Wed, 19 Feb 2020 06:30:27 +0000

To: boo@kurupnboo.com.sg

Cc: Lim, Kok-Chong, Chin, Lee-Ying, Hor, Yinrul, Subramaniam, Divyashni, Teo, Ericweihong

Subject: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SCW3836D AND SFN1787L ON 18/02/2020

Without Prejudice

Your Reference : BMC.3472.20.wh
Our Reference : 3216294418SG003

Dear Sir/Madam,

We refer to your Notice of Accident of even date.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert:

Name of Surveyor	Company Name
AIG In House Surveyor	AIG Asia Pacific Insurance Pte Ltd
Lawrence Ng Chun Kee	Priority Services
Jeffrey Ong Leng Kiat	Priority Services
Jimmy Lee	Priority Services
EC Looi	Automobile Inspection Services Pte Ltd
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon HanXin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Mohammed Rasul	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Regards,

Mariesa Abu Kassim (Mariesa)
AIG

NoorMariesa.AbuKassim@aig.com | www.aig.com

From: Boo Moh Cheh [<mailto:boo@kurupnboo.com.sg>]

Sent: Wednesday, February 19, 2020 1:13 PM

To: AIG SGP, Claims-Survey

Subject: [EXTERNAL] Our Ref : BMC.3472.20.wh

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

Our Ref : BMC.3472.20.wh

Your Ref : Insured vehicle no. SCW 3836D

19 February 2020

AIG Asia Pacific Insurance Pte Ltd

Dear Sirs

REQUEST FOR PRE REPAIR INSPECTION

ACCIDENT INVOLVING VEHICLES NO. SFN 1787L AND SCW 3836D AT JUNCTION OF ANG MO KIO AVE 1 AND 6 ON 18 FEBRUARY 2020

We attach a copy of our letter today for your attention.

Regards

Boo Moh Cheh
Kurup & Boo
111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel : 6223 3343
Fax : 6225 7248

KURUP & BOO

UEN 53130914B

ADVOCATE & SOLICITOR

COMMISSIONER FOR OATHS

NOTARY PUBLIC

111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel. No. 6223 3343
6221 8623
Fax. No. 6225 7248
Writer's e-mail :
boo@kurupnboo.com.sg

Our Ref : BMC.3472.20.wh
Your Ref : Insured vehicle no. SCW 3836D

19 February 2020

U R G E N T

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 AIG Building
Singapore 079120

Via Email
aigsgp_claimssurvey@aig.com
and BY HAND

Dear Sirs:

**ACCIDENT INVOLVING VEHICLES NO. SFN 1787L AND SCW 3836D AT JUNCTION
OF ANG MO KIO AVE 1 AND 6 ON 18 FEBRUARY 2020**

We act for Ms Khoo Sock Beng, the owner of the vehicle no. SFN 1787L which
was involved in the above accident.

For your immediate attention, we attach a copy of the Singapore Accident Statement
lodged by or on behalf of our client.

By way of notice, we inform you that our client damaged vehicle is now in the
workshop named below:

Heng Yap Seng Auto Services

Block 160, Sin Ming Drive

#08-13 Sin Ming AutoCity

Singapore 575722

Contact : Mr Chong Han Meng

HP No. : 9183 3008 Fax : 6873 2017

We hereby give you **two days'** notice for your representative to go the above
workshop to inspect our client's damaged vehicle. Kindly contact Mr Chong Han
Meng prior to going to the workshop for the survey.

Yours faithfully



BOO MOH CHEH

enc

cc Heng Yap Seng Auto Service

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	18/02/2020 11:25
Date Of Accident	18/02/2020 07:35
Exact Location Of Accident	JUNCTION ANG MO KIO AVENUE 1 & ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN1787L
Insured/Policyholder	
Name Of Registered Owner	KHOO SOCK BENG
NRIC No	SXXXX506E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97866865
Alternative Phone No	OFFICE-97866865

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107100359-01
Cover Note Number	

Driver

Name of Driver	KHOO SOCK BENG
NRIC No	SXXXX506E
Date Of Birth	27/08/1957
Occupation	INDOOR
Date Of Driving Pass	10/11/1988
Driving Experience	31 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97866865
Fax Number	
Contact Number	OFFICE-97866865
Email Address	NOEMAIL

Address	35 HOUGANG AVENUE 7 #04-02 SINGAPORE
Postcode	538802
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	DRIZZLING
Road Surface	WET

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?	
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

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WILL SEND TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW3836D
Vehicle Make/Model/Colour	
Details Of Properties	REFER ATTACHED
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)	

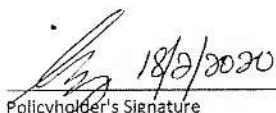
SKETCH PLAN

IMPORTANT NOTICE

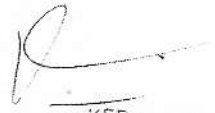
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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:

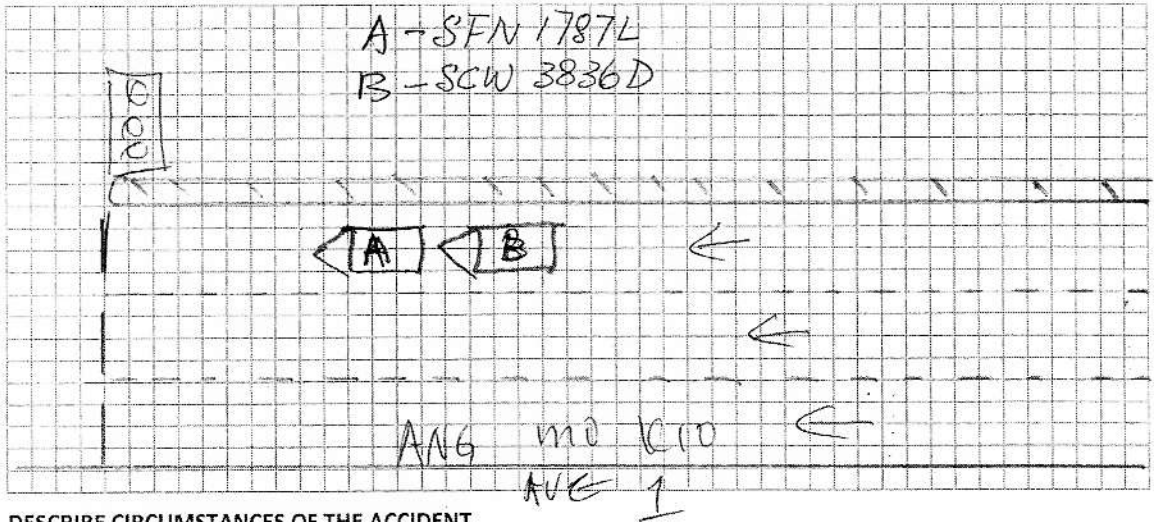
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ang mo kio Ave 1 towards the direction of Thomas road, at the junction of Amk Ave 1 and Amk Ave 6, I was turning to amk Ave 6, the vehicle SCW 3836D hit the rear of my vehicle

DECLARATION

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

 18/2/2000
Policyholder's Signature
Date & Time:

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


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

HENG YAP SENG AUTO SERVICES

Blk 160, Sin Ming Drive, #08-13 Sin Ming AutoCity, Singapore 575722

Hp : 9183 3008

Fax : 6873 2017

Vehicle No : SFN1787L
Vehicle Model : Hyundai Avante

Not Authorised
Resurvey B4 point

Estimate Repair Cost

No.	Qty	Parts List Items		
1	1	Rear bumper	\$ B1	450.40 ✓
2	2	Rear bumper brackets	CM \$	158.00 ✓
3	2	Rear bumper retainers	\$ D1	68.00 ✓
4	1	Rear bumper reinforcement	\$ B1	460.00 ✓
5	2	Rear bumper reflectors	nlscm \$	222.00 ✓
6	1	Rear bumper lower garnish	\$ B1	269.00 ✓
7	1 set	Rear bumper clips	\$ M	40.00 ✓
8	1	Rear bootlid	\$ B1	1,782.40 ✓
9	1	Rear bootlid centre logo	\$ M	41.00 ✓
10	1	Rear bootlid "AVANTE" emblem	\$ M	47.00 ✓
11	1	Rear bootlid lock	\$ M	116.20 ✓
12	2	Rear bootlid hinges	\$ R	98.00 X
13	1	Rear bootlid weatherstrip	ndldi \$	161.00 ✓
14	2	Rear bootlid reflectors	\$ S	588.00 X
15	1	Rear bootlid inner trim	\$ S	269.00 X
16	1 set	Rear bootlid inner trim clips	\$ M	40.00 X
17	2	Tail lamps	\$ S	1,764.00 X
18	2	Tail lamp panels	\$ R	338.00 X
19	1	Rear end panel	\$ B1	499.00 ✓
20	1	Rear end panel top garnish	\$ M	79.00 ✓
21	1	Rear spare tyre top board	\$ S	299.00 X
22	1	Rear spare tyre compartment	\$ R	599.90 X
23	1	Rear exhaust silencer	\$ R	608.00 X
24	1 set	Rear exhaust silencer mounting	\$ S	64.00 X
			Total	\$ 9,060.90

Parts Special Nett Items

25	1	Rear number plate	\$ M	60.00 455m
26	4	Reverse sensor	\$ S	350.00 2005m
27	1	Reverse camera	\$ S	400.00 X
				\$ 810.00

Total Parts \$ 9,870.90

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Labour

1	Labour charge to remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	\$	1,500.00	700
2	To putty and respray painting on affected areas.	\$	1,200.00	800
3	To remove, replace rear bootlid fittings to facilitate repair.	\$	300.00	50
4	To remove, replace reverse sensor.	\$	150.00	50
5	To remove, replace reverse camera.	\$	150.00	30
6	To remove, replace rear exhaust silencer.	rr \$	200.00	x
7	To check wiring and lightings.	\$	80.00	20

Total Labour \$ 3,580.00

Total Parts and Labour \$ 13,450.90