15/5	2010		

Payee 3: (Strike if N.A.)

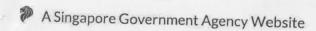
CC 4/A/G 2000 3583 / EKS3

LKK:			
IDAC:			

INS. CASE OWNE	R:	CC 4/A/G 2000	1 5773 /	PESS IDAC:	
Surveyor:	Steve		NMENT WW	Date / Time : 3 [3]	
Parada (CC)	I / PTP			Registered in Merimen:	4/3/2020
Pre-assign / CCU					
Insured Vehicle N	6. : SCV 100	IP	Claim No.		
Name of Insured	-6:		Policy No.	:- <u></u>	
Insured Tel No.		HP:	Make / Model		
Excess Sec II :S\$		D.O.A: 20/2/2020	Place of Accid	ent:	
Is driver the owne	r? (YES / NO)	Nature of Accident :			
If NO, Driver Na		HE STATES	OI GIA REPO	RT: YES / NO ; TP GIA REPO	ORT: YES / NO
Driver Tel		(V/L: YES / NO)	Insured Liabili		
C.D.D (XI)	(F				
GBD 654	<u> </u>				
INSRS: WSP: Car P Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:	WS Tel Lial	
Date/ Time					
	GBD 6545K:	X; SCVWOIP:	X	STAGE	DATE / PIC
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup): Call OI:	
				After call ltr to OI:	
				Documentation Check List:	Handler Typist
				Notification ltr (if non-pickup)	
				After call ltr to OI: Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA : Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
	The state of the s	6 days) Reduction:5,009.2	21/58%	Email	Call
FINAL SETTLEMENT	Date/Time: 04/01/2021	Confirm with SINI		Email Call	
Final Liability:	, ,	/ Assessed) BOLA S/N No.: 3		If NO or B 28, Ass. Lia:	· ·
Repair Cost:	s\$ 3,600.00	1>			
Loss of Rental (LOR): Loss of Use (LOU):	S\$ 630.00 (\$ 90 x	days) 7 days)			
Loss of Income (LOI):	S\$ (\$ x				
LOR only LOU only	LOR + LOU I	OR + LOI [Tick only or	ne]		
GIA/LTA Search	S\$			1) (1)	. (D.) C
Medical:	S\$	(e.g. Tow/ Independ	ent \	Claim status: Normal/Reje Report Format: TP	ect/Private Settle
Disbursement: Legal Cost	S\$ S\$	(e.g. 10w/ independ	ont j	3) Survey fee: \$320	
Total:	ss 4,230.00	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$ 4,230.00	Name 1: Car Pro Auto			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

ASSIGNMENT Veh No: GBD 6545k Yr Regn. Veh No: GBD 6545k Yr Regn. Veh No: Type: M.Carl M.Coycle Plaus (Val) Lorry / Taxt / Prime Mover / Truck / Trailler or Make: N/SSP N/VSS	ASS. REC. BY: FOR REF: Alq	
Edimated Cost OD (FP) WS 17P RES I OD RES I EVAINVIMV To Insured: (A) Pro But-7 of Cliff C wood lond S Road 399 J YIV Tu Insured: Policy No. Claims No. Stam Insured: (Clearine Record) Make: (Clearine Record) Make: (Clearine Record) Make of Veit: APP (Policy Condition) Ramaria: The veit had commenced its repair at the time of inspection. Bal. or Market Value: Band or Mark	ACCIO	<u>ENMENT</u>
Estimated Cost: OD (TP) WS ITP RES I OD RES / EVAINV. IMV To Intiger Vehicle No: QS D 6545 K At Workshop mis Car Pro Nut-D OG IT C wood lond 3 99 J Y/V Tu Insured: Policy No. Claims No. Sam Insured: Excess: (Clearle Record) Make of Veh: April 1 Jammed / Leaked / Burnt or Broke of Veh: April 2 Jammed / Leaked / Burnt or Broke of Veh: April 3 Jun / Excest / Brot Size: Consistent? Yes or No Cust Repairs: days Res.: Yes or No Lum Sum: Addon / Instruction CA / REV / REP. / 24 HRS Person Contacled: Date / Time Addon / Instruction Date / Time Addon / Instruction Date / Time Addon / Instruction Addon / Instruction Person Contacled: Date / Time Addon / Instruction Date / Time Addon / Instruction Addon / Result / Signature / Signat	Pate: 41 31 2020	Veh No: GSD 6545K Yr Regn: 12/12/13
Truck I Trailer or Make: QB D 6545 k at Workshop m/s	110111	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No: Of BIT C wood londs Road 349 J Y/V Tu Insured: Insured: Insured: Claims No. Sum Insured: Claims No. Sum Insured: Claims No. Sum Insured: Cloid Record: (Pelicy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Date / The Seen: Consistent?: Yes or No Est. Repairs: Gay Res: Yes or No Est. Repairs: CA / REV / REP. / 24 HRS Person Contaction Date / Time Action Instruction Vehicle: IN / Out Date: Person Contaction Date / Time Action Instruction Vehicle: IN / Out Person Contaction Days Of Repair: Colour AIC: Insured J Std / NI / NA Tricatio: Insured J Std / NI / NA Sp. Reading 19/334 Tricatio: Insured J Std / NI / NA Sp. Reading 19/900 Burnt Steering: Indirect J Jump or		Truck / Trailer or
at Workstop mis (ay Pro Aut o (ay	Cancourt	Make: NISSAN NV350 c.c 2488
of BIC C wood londs Road 349 1 Y/V Tout Insured. Policy No. Claims Record) Make of Veh: AFY Prof. Steering: Invited I Jammed I Leaked Burnt or Brake: Integral at the time of Inspection. Steering: Invited I Jammed I Leaked Burnt or Modi: Nil SiRim SiD ARIm or Tyre Size: F: Claims I SiD ARIM or Tyre Size: Claims I SiD ARIM or Tyre Size: F: Claims I SiD ARIM or Tyre Size: Claims I	(n n n n n	Colour SIL A/C: Insured / Std / NI / NA
Insured: Policy No. Claims No. Sum Insured: C(Glient's Record) Make of Veh: Make of		Sp.Reading 189334 T/Radio: Insured / Std / NI / NA
Claims No. Sum Insured: Excess: (Client's Record) Make of Veht: ANY (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No GIA / PR Seen: Consistent? Yes or No CS. Repairs: days Res.: Yes or No CS. Repairs: Action / Instruction CA / REV / REP. / 24 HRS Date / Time Action / Instruction RECEIVED 1 0 MAR 2020 Date / Time Action / Instruction Date / Time Action / Instruction RECEIVED 1 0 MAR 2020 Date / Time Action / Instruction Date / Time Action / Instruction RECEIVED 1 0 MAR 2020 Date / Time Action / Instruction Resurvey No. of Trip: Survey Fee: Transportation: Transportation: Transportation: Transportation: Transportation: Transportation: Transportation: See Instruction (See Instruction) Repair / Port / Jammed / Leaked / Burnt or Modi: NII / Spring / Instruction / Instructi		Eng/No:
Steering: Indrodr Jammed Leaked Burnt or Brake: Indrodr Jammed Leaked Burnt or Brake: Indrodr Jammed Leaked Burnt or Modi: Nil SiRim Sto Airim or Tyre Size: F: 95 fls (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value:	Policy No.	
(Client's Record) (Client's Record) (Make of Veh: Mary Year) (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: (DAC Accident Rport: Consistent? : Yes or No Eat. Repairs: days Res.: Yes or No Lum Sam: % 3 Val.: Yes or No Lum Sam: % 3 Val.: Yes or No Date: Person Contacted: Person Contacted: IN / OUT Date: Person Contacted: The Will of Inspection Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Date / Time Action / Instruction Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Person Contacted: IN / OUT Date / Time Action / Instruction Date /	Claims No.	
Modi: Nil / SirRim / Sio AjRim or Tyre Size: F: 9SKISC R: 1 Bs / DUN / EXNOVA / GY / FS / LIZA / MIC) OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal. mm mm R/Bal. mm mm R/Bal. mm mm R/Bal. mm mm mm mm mm mm mm	Sum Insured: Excess:	
Tyre Size: F: ISKISC Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction Date / Time	(Client's Record)	
Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had consistency is a consistency in the veh had c	Make of Veh: After 2pm	0 104 0 ==
Remark: The what commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Est. Repairs: Lum Sum: Person Contacted: Date: Person Contacted: Date:		Tyre Size: F: 195/05 C
repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date: Date / Time Action / Instruction Winter Standard (Market) Action / Instruction Date / Time Action / Instruction Profile Standard (Market) RECEIVED 1 0 MAR 2020 Descritine, Fige Page No? 10165/Feb Final Report Profile Resurvey No. of Trip: Detertine, Fige Resurve Survey Fee: Transportation: Add Fee: Site Insp (\$) Photos Profile Standard		
Bal. or Market Value: IDAC Accident Rport: 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 Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time	Remark. The ventilad commenced its	-
Date: Person Contacted: Vehicle: IN/OUT Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: Vehicle: IN/OUT The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis frame / Body Structure affected due to collision. Date: The U/C / Chassis f	repair at the time of inspection.	TOYO / YOKO or
Date/Time Action / Instruction Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date/Time Action / Instruction Person Contacted: Person Contacted: Person Contacted: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.	Bal. or Market Value:	F 201
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA REV REP. 24 HRS Vehicle: IN OUT Date: Person Contacted: Date Time Action Instruction Walk Strock GIA (Pp) RECEIVED 0 MAR 2020 Date Time, Fig Pass to? 10 103 / 26 Presi. Report Date Time, Fig Rebum to? Add Fee: Stite Insp (\$) Survey Fee: Transportation: Add Fee: Stite Insp (\$) Photos New Yell Double Time, Fig Rebum to? Add Fee: Stite Insp (\$) Photos New Yell Double Time, Fig Rebum to? Add Fee: Stite Insp (\$) Photos New Yell Double Time, Fig Rebum to? Add Fee: Stite Insp (\$) Photos New Yell Transportation: Survey Fee: Transportation: Survey Fee: Transportation: Transportation: Survey Fee: Transportation: Transport	IDAC Accident Rport: Consistent? : Yes or No	0
Est. Repairs: Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Person Cont	GIA / PR Seen: Consistent? : Yes or No	1/2/20
CA I REV I REP. I 24 HRS Vehicle: IN / OUT Date: Person Contacted: The U/C I Chassis frame I Body Structure affected due to collision. Date / Time	Est. Nepails.	Sie Tillian Contraction of the tillian of the tilli
Date: Person Contacted: Vehicle: IN/OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time	Euiii Guiii.	Survey field at
Date / Time Action / Instruction Instruc	CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date/Time Action / Instruction Warday Estruct (GIA (Ppd MN9)) RECEIVED 1 0 MAR 2020 RECEIVED 1 0 MAR 2020 Date/Time, File Pass to? 10/03/2-0 1) Typist Dete/Time, File Return to? Add Fee: Site Insp (\$) _s + Rs_si Interview (\$) Photos Representation: Tech. Invs (\$) Others Weel and (\$) Interview (\$) Photos Weel and (\$) Others		
Date/Time, File Pass to? Date/Time, File Pass to? Preli. Report Days Of Repair:		
DeterTime, File Pass to? I of 10/3/20 Preli. Report Days Of Repair: Final Report Days Of Repair: Survey Fee: Transportation: Add Fee: Site Insp (\$		11V-30K
Date/Time, File Pass to? I O O 3/20 I Final Report Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Transportation: Interview (\$) Photos Pep Formai: Interview (\$) Photos Tech. Invs (\$) Others	1) 1 2 1/1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J1)
Date/Time, File Pass to? 10/03/20 1) Typ: 4		%)
Date/Time, File Pass to? 10/03/20 1) Typ: 4		
Date/Time, File Pass to? 10/03/20 1) Typ: 4	1 0 MAR	2020
Typist Final Report Resurvey No. of Trip: Survey Fee: Transportation: Survey Fee: Survey F	RECEIVED	
Typist Final Report Resurvey No. of Trip: Survey Fee: Transportation: Survey Fee: Survey F		
Typist Final Report Resurvey No. of Trip: Survey Fee: Transportation: Survey Fee: Survey F		Days Of Panair
Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSI Interview (\$) Photos Figure 1.E.I: (\$ \$3,600/- US) Transportation: Streen. Invs (\$) Others	10/03/20	
2) Add Fee: : Site Insp (\$)S+RSSI : Interview (\$) Photos : Tech. Invs (\$) Others : Westend (\$) : Westend (\$)		
: Interview (\$) Photos : Tech. Invs (\$) Others : Westend (\$) : Westend (Add Fe	- Tanana
Reput Format : : Tech. Invs (\$) Others : Westend (\$)	2)	The state of the s
Jump Sum / LB J: (% \$ 3,600/- US) : Weetend (%)	Roy Saymai	CONTRACTOR OF THE PROPERTY OF
\$ 5,000/r 4 2		COLUMN CO
(/	\$ 5,000/- 43	TOTAL

	to an analyt				* * * * * * * * * * * * * * * * * * * *		1			
91	ASS. REC. BY:		REF:	SAIGOR	202563	ECR:	Specia	I Instruction:		
	Burrapr :	Stave			MENT (Of	fice)				
my	From (Person);	Yinnul Hor		of	AIG .		D:	nte/Time: _	33 2021	0
5.	Estimated Cost:				Bill to:				1	
	OD TP/WS	TP RES / OD B	ES/EVA	/INV/M	7 /-CS					
	: To Inspect Veh	icle No: GBI	06545	K			Insured:	SCVI	001P	
	at Workshop m	1s Car Pro F	tuto.				Tel:_	9750	6777 Vir	ncent.
	of BIK66	Joodlands Rd	3997	Yes Rec	Ind. Ret.				H	
	Policy No:					n No:	60040	92894	86	
	Sum Insured:					cess:				
	Make of Veh:						. D	O.A.	29 2000)
	(Client's Record)				4/3/2020	A. Apr				
	CA / REV /	REP. / REV 24	HRS		16/0/2000	1316	-1.	H.O.D. End	orsement:	
	Date/Time:	#3	Per	son Contact	ted: Vince	ent	Ve	hicle IN/	out)	
	Date/Time	A ati a ff	Tale	10 6 /	<u> </u>					
	Date/Time	Action/Instruction	-	note (v	1					
	-	GBD 6548K								
		SCV 1001 P-	Χ.							-
	*				,					
	05/03/20	@ 15:3	2 pm	chede	ed with	Sin	: , 9ot	estmet	4	
							0	TO BE A		Marine are are as
						1000				



Enquire Vehicle & Owner Information (Vehicle No. SCV1001P As At 29 Feb 2020 / 10:15:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

W8CPA-10127.20/LG

Current Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S1213162C

Owner Name:

TAN CHOR HIANG

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House

No.:

Registered Street Name: LANTANA AVENUE

Registered Unit No.:

Registered Building Name: -

Registered Postal Code: 277909

Current Vehicle Details

SCV1001P

Vehicle No.:

Make Description/Model: MERCEDES BENZ / E250 SEDAN EDITION E (R18 LED SR) Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.