

ASS. REC. BY:

REF: CS/ AIG20004023/ A13

Special Instruction:

Surveyor: Adnan**ASSIGNMENT (Office)**From (Person): Tan Benik -WZ

of

AIGDate/Time: 16.3.2020 7:16 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMH 2620 B

Insured:

FBK 2545 A

at Workshop m/s

STK AUTO

Tel:

of

8 Kari Bukit Nuri 4 #103-21

Policy No:

1900 105896

Claim No:

866969103559

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 11.3.2020

CA / REV / REP. / REV 24 HRS

mp

H.O.D. Endorsement:

Date/Time:

16.3.20209:30 a.m

Person Contacted:

LindaVehicle IN OUT

Date/Time

Action/Instruction

(✓)

Estimate

SMH 2620 B-xFBK 2545 A-x

ASS. REC. BY:

REF:

ALG

## ASSIGNMENT

From: \_\_\_\_\_ Date: 16.3.2020

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SMH 2620B

at Workshop m/s STK Auto

of 8 Kaki Bukit Ave 4 #03-21

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 my

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMH 2620B Yr Regn: 2013 / Oct.

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

Truck / Trailer or \_\_\_\_\_

Make: Mercedes Benz C180 C.C. 1595

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 77793 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD20433126117463

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: 225/45R17  
R: 225/45R17

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

TOYO / YOKO or Safarich

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A. _____		D.O.I. <u>16/03/20</u>	

Survey held at STK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP ALG</u>

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B. / C. \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL



## ...CLAIM SUBFOLDER...(New Assignment)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Mar 2020 11:12		16 Mar 2020 07:16 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	SYED ALWI BIN HOOD AL-JUFFRY, ID: S7932484A, Tel: +6590000000		
Main Claimant:	NIU KUN, ID: S8874177C		
Vehicle Reg. No.:	<b>SMH2620B</b>	Date of Loss:	11/03/2020 09:00 - :59 [77 Months and 1 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 8669691035SG	Policy/Cover Note No.:	1900105898 (TP, Fire & Theft) Coverage: 04/06/2019 - 03/06/2020
Vehicle Reg. No. (Insured):	<b>FBK2545A</b>	Policy No. (Claimant):	5116182387
		Excess:	
Repairer:	Stk Auto (s) Pte Ltd (HQ) 8 kaki bukit ave4, #03-21, 415875 Kaki Bukit - Tel:		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Tan, Bennie-WZ - 6419 1718] <a href="#">Bennie-WZ.Tan@aig.com</a>		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 25/03/2020]		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)



There are no mail for this case.

### 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.									

**SMH2620B - TP Claim FBK2545A DOA :11/03/2020**

From: Chin, Lee-Ying  
To: 'assignments', Nivitha (LKK Auto)  
Cc: Lim, Kok-Chong  
Sent: 3/16/2020 7:20:08 AM  
Attachments:  SMH2620B\_ADDENDUM.pdf  index.pdf

---

Hi LKK,

Kindly assist to survey, vehicle in workshop.  
Case assigned to LKK in merimen.

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](mailto:Lee-Ying.Chin@aig.com) | [www.aig.sg](http://www.aig.sg)

6386 0669  
Linda

**From:** STK STK [mailto:stkautosg@gmail.com]  
**Sent:** Thursday, March 12, 2020 10:23 AM  
**To:** AIG SGP, Claims-Survey  
**Subject:** [EXTERNAL] Re: ReSMH2620B - TP Claim FBK2545A DOA :11/03/

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

Dear Motor Claim Department

Please advise the liability as soon as possible.

Once liability is clear , the owner want to change to third party.

Yours sincerely

**Tan Guohua**

Chief Executive Officer

STK AUTO (S) PTE LTD | [www.stkauto.com.sg](http://www.stkauto.com.sg)

Mobile: (65) 9123 7949 | Tel: (65) 63860669

8 Kaki Bukit Ave 4 #03-21 Singapore 415875 @PREMIER

STK STK <[stkautosg@gmail.com](mailto:stkautosg@gmail.com)> 于2020年3月12日周四 上午10:20写道 :

Dear Motor Claim Department

Please arrange survey before repair.

Thank you

Yours sincerely

**Tan Guohua**

Chief Executive Officer

STK AUTO (S) PTE LTD | [www.stkauto.com.sg](http://www.stkauto.com.sg)

Mobile: (65) 9123 7949 | Tel: (65) 63860669

8 Kaki Bukit Ave 4 #03-21 Singapore 415875 @PREMIER



## 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	11/03/2020 11:16
Date Of Accident	11/03/2020 09:25
Exact Location Of Accident	SOUTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2620B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NIU KUN
NRIC No	SXXXX177C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97962987
Alternative Phone No	OTHERS-97962987

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180

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? YES

If No, Please state action to be taken

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	5116182387
Cover Note Number	

### Driver

Name of Driver	HUANG YILONG
NRIC No	SXXXX682C
Date Of Birth	06/10/1988
Occupation	INDOOR
Date Of Driving Pass	19/12/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97625253
Fax Number	
Contact Number	
E-Mail Address	YILONG.HUANG@LIVE.COM

Address	6 BISHAN STREET 25 #03-16
Postcode	573975
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.E/20200311/7020;

#### 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	FBK2545A
Vehicle Make/Model/Colour	SYM / MAXSYM 400I CVT
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SYED ALWI BIN HOOD AL-JUFFRY
NRIC/Passport Number	SXXXX484A
Contact Number	91015171
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## Accident 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.

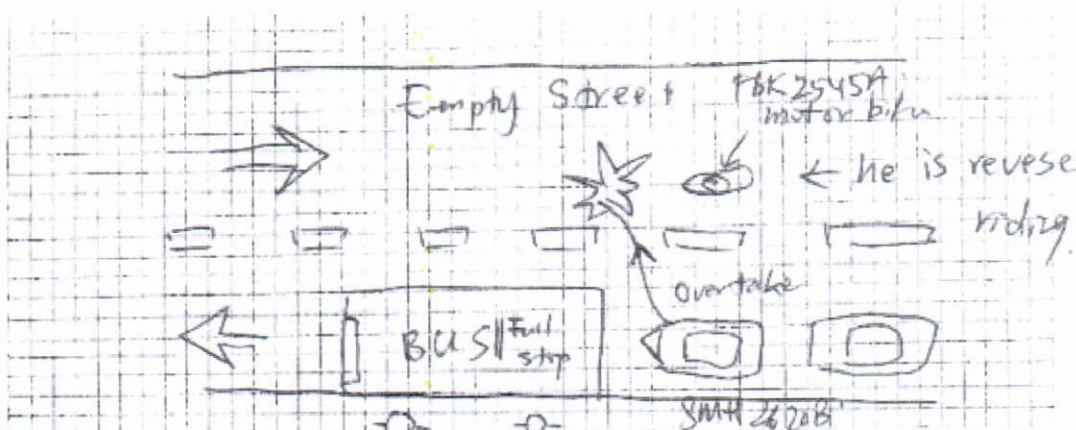
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vac@idac.com.sg

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.: 11 MAR 2020

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving the car on south Buona Vista Rd, there's a Bus stopped in front for quite long, while the opposite way is totally empty.

Then I decided to overtake it, when I drove out the car, on the opposite side a motor bike appear behind me with at least 30-40 kmh.

then it hit my right front side of the car, and the motor rider was not fallen down, and no injury occurred.

## 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:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vac@vicon.com.sg

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 11 MAR 2020



# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



E/20200311/7020

1 of 2

## POLICE REPORT (NP299)

Report No. E/20200311/7020

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-3910000

Date/Time Report Made 11/03/2020 13:54	Vide Report No.	Station Diary No.
Name Of Informant HUANG YILONG	Address 6 BISHAN STREET 25 #03-16 SINGAPORE 573975	
ID Type / ID No. NRIC NO / S8856682C	Contact No. Home/Office:	Mobile: 97625253
Nationality SINGAPORE CITIZEN	Email Address Yilong.huang@live.com	
Occupation Managing director/Chief executive officer	Sex Male	Age 31
Institution/School Name	Date of Birth 06/10/1988	Race Chinese
Date/Time Of Incident 11/03/2020 09:30 - 11/03/2020 09:45	Location Of Incident 6 BISHAN STREET 25 #03-16 SINGAPORE 573975	

### Brief details.

my car was hitted by a motor bike in south buona vista road. the motor bike was riding in the wrong direction.it caused my car broken. And the driver refused to admit the fault.  
the counter party name: SYED ALWI BIN HOOD AL-JUFFRY. S7932484A

Subjects Involved			
Victim			
Person Name	HUANG YILONG		
ID Type	NRIC NO	ID No	S8856682C
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable		Date/Time: 11/03/2020 13:54	
Officer In-Charge Of Case:		Classification Of Case:	

Authentication Stamp



Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



E/20200311/7020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200311/7020

Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address Type	
Address	6 BISHAN STREET 25 #03-16 SINGAPORE 573975	Mobile No	97625253
Is Informant A Victim?	Yes		
Person Name	HUANG YILONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/03/2020 13:54

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVA320030958 Vehicle Registration No: SMH2620B  
Name (as shown in NRIC) : HUANG YILONG NRIC/FIN/Passport No : S8856682C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 6 BISHAN STREET 25 #03-16 Singapore ( 573975 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97625253  
Email Address : \_\_\_\_\_  
Date of Accident : 11.03.2020 Time of Accident : 09:45  
Place of Accident : SOUTH BUONA VISTA RD  
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPDATE; TO OWN DAMAGE CLAIM. EXCESS \$1.1K. ATTACHED  
POLICE REPORT. PREFER WORKSHOP NAME IS: **STK AUTO (S)**  
**PTE LTD. OFFICE HANDPHONE NO: 63860669 NAME: LINDA**

FILE BY SIT1

Policyholder / Driver's Signature  
Date: 12.03.2020

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature  
Name: SITI  
NRIC/FIN No.: \_\_\_\_\_  
Date: 12.03.2020