

ASS. REC. BY:

REF: C93/AG 2004043/GSF30 Special Instruction

Survey: X50ASSIGNMENT (Office)From (Person): Chin Lee Yip of MG Date/Time: 16/3/20 @ 2:14pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SJK 71234 Insured: SJK 7166at Workshop m/s LIAN HENG PAINTER CO. Tel: 6453 5779of 60 S/M Drive #06-10 S/M Auto City

Policy No: \_\_\_\_\_ Claim No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 25/1/2020  
(Client's Record)CA / REV / REP. / REV 24 HRS PS H.O.D. Endorsement: \_\_\_\_\_Date/Time: 16/3/20 @ 2:14pm Person Contacted: Boss Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate ( )
	<u>SJK 71234 - X</u>	
	<u>SJK 7166 - X</u>	
<u>19/03/20</u>	<u>@ 10:37 am</u>	<u>deal with Nanyang, no estimate.</u>

INS. Pkg. By: fol. REF: ALG-

**ASSIGNMENT**

C-2028

From \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD  WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop n/s Lian Heng  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SJK7123G yr Regn: 30 Oct 2008  
Type:  M. Car /  M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Toyota c.c. 1497  
Colour: Silver A/C: Insured / Std / NI / NA  
Sp. Reading: 148026 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: MR053 HK930 5082350  
Gen. Cond:  Good / Fair / Poor / Burnt  
Steering:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modl: Nil / SRim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 195/55 R18  
R: 11

(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: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: 3 days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Hifly  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. \_\_\_\_\_ mm  
D.O.A. \_\_\_\_\_ D.O.I. 16-03-20  
Survey held at w/s 3 pm  
Des. of Damages:  Frt /  Rear /  O/S /  N/S /  UIC / Rooftop or \_\_\_\_\_  
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Call: 276183</u>

RECEIVED 20 MAR 2020

Date/Time, File Pass to? 20/03/20  
1) TP  
Date/Time, File Return to? \_\_\_\_\_

: Preli. Report  
 : Final Report

Days Of Repair: 3  
Resurvey No. of Trip: 2

Add Fee:  Site Insp (\$) \_\_\_\_\_  
 Interview (\$) \_\_\_\_\_  
 Tech. Invs (\$) \_\_\_\_\_  
 Wheel stud (\$) \_\_\_\_\_

Survey Fee:	<u>180</u>
Transportation:	_____
_____ S + RS _____ St	_____
Folio:	_____
Other:	<u>11</u>
TOTAL:	<u>191</u>

Report Format: PRS  
Lump Sum / A/B: \_\_\_\_\_

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

From: Chin, Lee-Ying

To: 'assignments', Nivitha (LKK Auto)

Cc: Lim, Kok-Chong

Sent: 3/16/2020 2:19:35 PM

Attachments:  letter to 3P and AIG ( 13 march 20 ),pdf  SJK7123G GIA.PDF

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Hi LKK,

Kindly assist to survey, vehicle in.

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)

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**From:** kavitha@aplp.com.sg <kavitha@aplp.com.sg>

**Sent:** Monday, March 16, 2020 11:25 AM

**To:** Teo, Ericweihong <Ericweihong.Teo@aig.com>

**Cc:** Lim, Kok-Chong <Kok-Chong.Lim@aig.com>; Chin, Lee-Ying <Lee-Ying.Chin@aig.com>; Abu Kassim, Noor Mariesa <NoorMariesa.AbuKassim@aig.com>; Hor, Yinrul <Yinrul.Hor@aig.com>; Subramaniam, Divyashni <Divyashni.Subramaniam@aig.com>; charles@aplp.com.sg; ardiilah@aplp.com.sg; henrygladys@singnet.com.sg; kavitha@aplp.com.sg

**Subject:** RE: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SMK7416B AND SJK7123G ON 25/01/2020

Dear Sir/ Mdm,

We refer to your email of even date.

Our clients do not agree to your list of surveyors.

We are instructed to propose the use of one of the motor surveyors named below to conduct the joint pre-repair survey as a single joint expert:

- a. Alan Cheong
- b. TT Rajan
- c. Oh Han Cheong

- d. Andrew How
- e. Dave Ho Joo Koong
- f. Sincere Appraiser
- g. Seah Kwang Boon
- h. L H Teo
- i. Mr Willy Goh
- j. Nicky Seah
- k. Jayson Liaw
- l. Tan Ling Ling

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.

In the event you are not agreeable to our list of surveyor, please note that our client's vehicle can be inspected at:

**Workshop details**

**Lian Heng Painter Company**

160 Sin Ming Drive

#06-10 Sin Ming Auto City

Singapore 575722

Contact : Ms Nomy

Tel : 64535779

Please note that our clients' vehicle will only be available for pre-repair survey within the next two (2) working days. Our clients shall proceed to repair their vehicle thereafter without further notice or reference to you.

All our clients' rights are reserved.

Please note our new office address as of 1<sup>st</sup> June 2019.

151 Chin Swee Road,  
#10-03/05 Manhattan House,

Singapore 169876

Tel no.: 6955 8899

Office mobile no.: 9171 4767

Fax no.: 6900 9899

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**From:** Teo, Ericweihong

**Sent:** Mon, 16 Mar 2020 02:44:35 +0000

**To:** kavitha@aplp.com.sg

**Cc:** Lim, Kok-Chong, Chin, Lee-Ying, Abu Kassim, Noor Mariesa, Hor, Yinrul, Subramaniam, Divyashni, Charles Hoon, Nur Ardiilah Ramli, henrygladys@singnet.com.sg

**Subject:** PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SMK7416B AND SJK7123G ON 25/01/2020

Without Prejudice

Your Reference : AP/2020/002595

Our Reference : 9441893404SG005

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.

Thank you.

Regards,

Eric Teo Wei Hong

AIG

Claim Adjuster II,

Singapore- Auto Express & FNOL

Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.

Tel 8001206556 | Ext: 1002213

[Ericweihong.Teo@aig.com](mailto:Ericweihong.Teo@aig.com) | [www.aig.com](http://www.aig.com)

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**From:** Kavitha <[kavitha@aplp.com.sg](mailto:kavitha@aplp.com.sg)>

**Sent:** Friday, March 13, 2020 3:27 PM

**To:** ClaimsDocManagement <[ClaimsDocManagement@aig.com](mailto:ClaimsDocManagement@aig.com)>

**Cc:** Charles Hoon <[charles@aplp.com.sg](mailto:charles@aplp.com.sg)>; Nur Ardiilah Ramli <[ardiilah@aplp.com.sg](mailto:ardiilah@aplp.com.sg)>; [henrygladys@singnet.com.sg](mailto:henrygladys@singnet.com.sg)

**Subject:** [EXTERNAL] Our ref: AP/2020/002595 CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 25 JANUARY 2020 AT ABOUT 11:00HRS INVOLVING MOTOR VEHICLES NO(S). SJK7123G AND SMK7416B ALONG LENTOR AVENUE

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

Attn: Motor Claims Department

Dear Sirs,

Please find attached, our letter of even date

*Please note our new office address as of 1<sup>st</sup> June 2019.*

**151 Chin Swee Road,  
#10-03/05 Manhattan House,  
Singapore 169876  
Tel no.: 6955 8899  
Office mobile no.: 9171 4767  
Fax no.: 6900 9899**

Regards,

**Kavitha**

**Secretary to Mr Charles Hoon**

A P Law Practice LLC

151 Chin Swee Road #10-03/05 Manhattan House, Singapore 169876

T: 6955 8899 F: 6900 9899 E: [kavitha@aplp.com.sg](mailto:kavitha@aplp.com.sg)

Singapore UEN No.: 201939937D

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message should be disclosed to any party, copied or used for any purpose. Thank you for your co-operation.

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> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Details	
Owner ID Type:	Club/Association/Organisation
Owner ID:	023D
Vehicle Details	
Vehicle No.:	SJK7123G
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1NZX801595
Chassis No.:	MR053HY9305082350
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$11,834.00
Original Registration Date:	30 Oct 2008
First Registration Date:	30 Oct 2008
Transfer Count:	0
Actual ARF Paid:	\$11,834.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Sep 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$32,339.00
COE Rebate Amount:	\$27,613.00
<b>Total Rebate Amount:</b>	<b>\$27,613.00</b>

The information contained herein is correct as at 16 Mar 2020

OK

### 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 willful 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	30/01/2020 17:29
Date Of Accident	25/01/2020 11:00
Exact Location Of Accident	LENTOR AVE EXIT SLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK7123G
Insured/Policyholder	
Name Of Registered Owner	THE TIULAR ROMAN CATHOLIC ARCHBISHOP OF SINGAPORE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91553583
Alternative Phone No	OFFICE-91553583
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	83010061
Cover Note Number	
Driver	
Name of Driver	LAU YUN GOH @FRANCIS XAVIER LAU YUN GOH
NRIC No	SXXXX234I
Date Of Birth	12/12/1932
Occupation	INDOOR
Date Of Driving Pass	18/01/1962
Driving Experience	58 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91553583
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
Postcode  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
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 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 4  
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? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

refer attached report.

**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 SMK7416B  
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 UNKNOWN

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

UNKNOWN

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)

**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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 lodging 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.

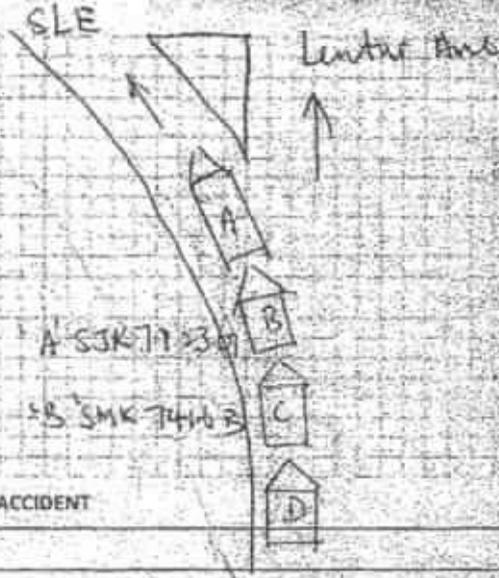
*[Signature]*  
 Policyholder's Signature  
 Date & Time: \_\_\_\_\_

*[Signature]*  
 Insurer's Signature  
 (If I am not the policyholder)  
 Date & Time: \_\_\_\_\_



*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Lentur Ave to exit SLE, I slow down & stopped due to front vehicle stopped followed by an impacts from the rear of my vehicle. I noticed it was a chain collision - no one was injured.

DECLARATION

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

*James Chan*  
 Policyholder's Signature  
 Date & Time: \_\_\_\_\_  
 of \_\_\_\_\_  
 at \_\_\_\_\_  
 Time: \_\_\_\_\_



Reporting Centre Person's Signature  
 Name: \_\_\_\_\_  
 NRIC/IN No.: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20200223/2036

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20200223/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2020 12:47		Vide Report No.:		Station Diary No.: 42	
<b>Informant's Particulars</b>					
Name of Informant: LAU YUN GOH			Address: A QUEEN STREET SINGAPORE 188533		
ID Type / ID No.: NRIC NO / S0079234			Contact No.: Home/Office: Mobile: 82841439		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 87	Date of Birth: 12/12/1932	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	25/01/2020 10:00	Straight Road
Location: Along Road 1 LENTOR AVENUE along LENTOR AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK7123G	Car				Slightly Damaged	0
SMK7416B	Car			slight hit	Seriously Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200223/2036

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20200223/2036

**CONTINUATION OF REPORT**

Driver			
Name	LAU YUN GOH	ID No.	S0079234I
Related Vehicle	SJK7123G (Car)	Contact No.	82841439
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/2/2020, I received a letter from Traffic Police vide TP/IP/07699/2020 instructing me to lodge a traffic accident police report.

I am the driver for vehicle SJK7123G.

On 25/1/2020 at about 10am, I recalled that I was travelling along Lentor Ave near the slip road, which is the exit to SLE. I slowed down and stopped as I wished to join back the road to Lentor. The vehicle (SMK7416B) behind me also stopped. Shortly after, the vehicle (SMK7416B) that was behind my vehicle, collided head-to-rear into the rear portion of my vehicle.

Subsequently, I alighted from the vehicle and realised that it was a chain collision. Another vehicle behind vehicle (SMK7416B) did not stop in time and collided head-to-rear into Vehicle (SMK7416B). The strong impact caused vehicle (SMK7416B) to move forward and collided into my vehicle.

I observed that no one was injured. No police attended to us. We agreed to settle the matter privately.

There was a slight dent on the rear portion of my vehicle caused by the accident.

I am lodging this report as instructed by TP IO Juremah Bte Ahmad, 65476219.



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	02 Feb 2020 <a href="#">Edit Reg</a>		16 Mar 2020 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured:	<b>MOVA AUTOMOTIVE PTE LTD</b> , Co. Reg. No.: 198904033G								
Main Claimant:	<b>THE TIULAR ROMAN CATHOLIC ARCHBISHOP OF SINGAPORE</b>								
Vehicle Reg. No.:	<b>SJK7123G</b>	Date of Loss:	25/01/2020 11:00 - :59 [134 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / 9441893404SG</b>	Policy/Cover. Note No.:	0999994139 (Comprehensive)						
Vehicle Reg. No. (Insured):	<b>SMK7416B</b>	Policy No. (Claimant):							
		Excess:							
Repairer:	<b>Lian Heng Painter Company ( )</b> 160 SIN MING DRIVE, #06-10 SIN MING AUTOCITY, 575722 Sin Ming - Tel:								
Handling Insurer:	<b>AIG Asia Pacific Insurance Pte. Ltd. (Express)</b> - Tel: 65-6419-3000 ... [Handled by <b>MdNoor, Norsiah</b> ] Norsiah.MdNoor@aig.com								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>XING GUO QIANG</b> ] ... [Final Rpt due 25/03/2020]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
• AIG_SG (17/03/2020): Request to upload TP GIA Report									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
<b>Due Date</b>	<b>Priority</b>	<b>Type</b>	<b>Task Group</b>	<b>Subject</b>	<b>Handler</b>	<b>Assigned By</b>	<b>Completed On</b>	<b>Created On</b>	<b>Done?</b>
No results.									

## Claim Documents

\*SJK7123G (9441893404SG)  
[SMK7416B]

TP

THE TIULAR ROMAN CATHOLIC ARCHBISHOP OF SINGAPORE

Jan 25 2020 11:00AM

[MOVA AUTOMOTIVE PTE LTD]

Lian Heng Painter Company

Upload Documents		Upload Photos		Compose New Letter		Upload Video		Upload Audio		View <input type="button" value="View in Browser"/>		
<b>Photos/Images</b>										3 per page	<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print			
1	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
2	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
3	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
4	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
5	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
6	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
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9	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
10	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
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33	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
34	17/03/20 16:27	General View							Load JPG	<input checked="" type="checkbox"/>		
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36	17/03/20 16:28	Chassis Number							Load JPG	<input checked="" type="checkbox"/>		
37	17/03/20 16:28	Dismantled Parts							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
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66	20/03/20 10:08	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
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2	19/03/20 11:11	POLICE REPORT.pdf	 Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	17/03/20 13:28	OI GIA REPORT	 Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>			
<div style="border: 1px solid black; padding: 5px;"> <div style="border-bottom: 1px solid black; height: 30px;"></div> </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/AIG20004043/GSF3E2

Date: 20/03/2020

## REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999994139  
**Claimant Vehicle No :** SJK7123G **Insured Vehicle No :** SMK7416B  
 Date of Loss: 25/01/2020 Nature of Claim: TP Claim No: 9441893404SG

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: **SJK7123G**  
 Make & Model: TOYOTA VIOS, 1.5 E (A) Engine No: 1NZX801595  
 Reg. Date: 30/10/2008 (Man. Year: 2008) Chassis No: MR053HY9305082350  
 Colour: Silver Odometer: 148026 km  
 Engine Capacity: 1497 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: 195/55 R18 Rear Tyre Size: 195/55 R18  
 Front Left Side: HIFLY 5 mm Rear Left Side: HIFLY 5 mm  
 Front Right Side: HIFLY 5 mm Rear Right Side: HIFLY 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 16/03/2020  
 Date Inspected: 16/03/2020 Inspected At: Lian Heng Painter Company  
 160 SIN MING DRIVE, #06-10 SIN MING  
 AUTOCITY  
 Singapore 575722  
 Estimated Period of Repair: 3.0 days

Adjuster: XING GUO QIANG

Manager: Hiew May Fung

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	Deformed	0.00 F	*-F
2	1		*REAR BUMPER CLIPS	Necessary	0.00 F	*-F
3	1		*REAR BUMPER BRACKET	Bent	0.00 F	*-F
4	1		*REVERSE SENSOR	Damaged	0.00 F	*-F
5	1		*REAR END PANEL	Repair	0.00 F	*-F
6	1		*REAR END PANEL TOP GARNISH	Deformed	0.00 F	*-F
<b>Total Parts (\$\$)</b>					<b>0.00</b>	<b>0.00</b>

F=Franchise part.

Report was unsubmitted during this print-out.
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## 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.
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< END OF ESTIMATES >