| UTVeYOT: | Kennuth Gric Teo was | Hory of | GNMENT A19 | (Offic | e) | _ Da | te/Tim | e: 3.4. | 2020 |
|--|---|------------------------|-----------------|---------|-------|--------|--------|-----------|-------|
| stimated Cost | TP RES / OD I | RESIEVAINV SMG 7749 | /MV7·CS | ll to: | | ured: | | | 55491 |
| | ds Heng | jap seng A | 170 | n'no I | Moisy | Tel: _ | 91 | 83300 | 8 |
| Policy No: | o sin Ming | VP14 710'6 | | Claim N | - 0 | | | 7. | |
| Sum Insured:_ | | | | Exces | s: | | |), 2 | רכער |
| Make of Veh: | | | | | | D. | .O.A. | 31.3. | |
| (Client's Record | REP. / REV 2 | 4 HRS Person Co | ntacted: | mr | thug | | H.O.D, | 51. 2. | nt: |
| (Client's Record | REP. / REV 2 | 4 HRS Person Co | ntacted:stimate | Mr | hug | | H.O.D, | Endorseme | nt: |
| (Client's Record CA / REV / Date/Time: 3 | REP. / REV 2 | ion (/) E | ilidotod. | Mr | thug | | H.O.D, | Endorseme | nt: |
| (Client's Record CA / REV / Date/Time: 3 | REP. / REV 2 4/20 5.0 Action/Instructi SMG 71 | ion (/) E | ilidotod. | Mr | thug | | H.O.D, | Endorseme | nt: |

PRE-REPAIR INSPECTION REQUEST - SMG7745Y vs SKS5549X (OI) on D.O.A.: 31.3.2020

From:

Teo, Ericweihong

To:

admin-a@lkkauto.com, assignments@lkkauto.com

Cc:

Lim, Kok-Chong, Abu Kassim, Noor Mariesa, Hor, Yinrul, Subramaniam, Divyashni

Sent: Fri Attachments:

Friday, 3 April, 2020 4:28:26 PM

3493.EMAIL.3.4.20.pdf

Hi,

Please refer to the enclosed request from Kurup & Boo.

Claim no

:7293255132SG003

Case Owner

: WAN NUR SALIHA BINTE SYED YUSOFF

If you have any queries/concerns, please let us know.

Kindly assist to assignMr Kenneth Kong as Single Joint Expert as requested.

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 | www.aig.com

From: boo@kurupnboo.com.sg <boo@kurupnboo.com.sg>

Sent: Friday, April 3, 2020 3:59 PM

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

Cc: boo@kurupnboo.com.sg

Subject: RE: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SKS5549X AND

SMG7745Y ON 31.3.2020

Our Ref : BMC.3493.20.wh

3 April 2020

AIG Asia Pacific Insurance Pte Ltd

Dear Sirs

We refer to your email dated 3 April 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: Teo, Ericweihong

Sent: Fri, 3 Apr 2020 07:27:50 +0000

To: boo@kurupnboo.com.sg

Cc: Lim, Kok-Chong, Abu Kassim, Noor Mariesa, Hor, Yinrul, Subramaniam, Divyashni

Subject: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SKS5549X AND SMG7745Y

ON 31.3.2020

Without Prejudice

Your Reference: BMC.3493.20.wh Our Reference: 7293255132SG003

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 | | |
|--------------------------|--|--|--|
| 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 | www.aig.com

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

Sent: Friday, April 03, 2020 2:04 PM

To: AIG SGP, Claims-Survey

Subject: [EXTERNAL] Our Ref: BMC.3493.20.wh

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

Our Ref : BMC.3493.20.wh

Your Ref: Insured vehicle no. SKS 5549X

3 April 2020

URGENT

Via Email only

aigsgp_claimssurvey@aig.com

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building Singapore 079120

Dear Sirs

REQUEST FOR PRE REPAIR INSPECTION ACCIDENT INVOLVING VEHICLES NO. SMG 7745Y AND SKS 5549X AT FORT ROAD ON 31.3.2020

We act for Cosmo Automobiles Rental Pte Ltd, the owner of the vehicle no. SMG 7745Y 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 youtwo 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.

Regards

Boo Moh Cheh Kurup & Boo 111 North Bridge Road #15-03 Peninsula Plaza Singapore 179098

Tel: 6223 3343 Fax: 6225 7248

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 within misrepresentation or witholding 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.
- Any false reporting may be referred to the Police for investigation.
- e. 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

| AC | \mathbf{r} | INC. | | C) | | C 44 | - 1 |
|----|--------------|------|----|----|----|------|--------|
| AC | ы | | ν. | ы | ΑІ | E W | - 20 1 |
| | | | | - | - | _ | |

Date Of Report

31/03/2020 17:06

Date Of Accident

31/03/2020 10:50

Exact Location Of Accident

ALONG FORT ROAD TOWARDS TANJONG RHU ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG7745Y

Insured/Policyholder

Name Of Registered Owner

COSMO AUTOMOBLIES RENTAL PTE LTD

Co Reg No

2XXXXX129M

Email Address

ANDREW@COSMOAUTOMOBILES.COM.SG

1

31

Mobile Phone No.

Alternative Phone No.

OFFICE-90990920

Vehicle Particulars

Manufacturer

TOYOTA

Model

SIENTA STANDARD (AUTO)

Exact Purpose for which vehicle was being used at WORK PURPOSE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE HIRE

Insurance Company

Name of Insurance Company

ETIQA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE ..

Fleet Policy

YES

Policy Number

M0015323

Cover Note Number

Driver

Name of Driver

SEAH KWONG WAI, SEBASTIAN

NRIC No Date Of Birth

SXXXX227H 19/11/1987

Occupation

OUTDOOR

Date Of Driving Pass

23/05/2007

Driving Experience

12 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91805663

Fax Number

Contact Number

EMail Address

NOEMAIL

Page 1 of 15

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SEAH KWONG WAI, SEBASTIAN

Approximate Age

32

Injuries Sustain

Injured person in which vehicle?

SMG7745Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

BLK 3158 ANG MO KIO STREET 31 #24-323

Address Postcode

31

563315

SKETCH PLAN

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| | 1 | 7 _ | | | |
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| Refer to | Police rep | art = 7/20 | 171880060 | 076. | |
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Oriver's Signature
(If driver is not the policyholder),
Date 8 Time:
3 1 MAR 2020

Page 5 of 15

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

Policyholder's Signatura Date & Time: 3 1 1327





8 8 9

1 of 3

Report No. T/20200331/2076

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

| REPORT OF | A TRAFFIC | ACCIDENT |
|-----------|-----------|----------|
|-----------|-----------|----------|

| Date/Tim 31/03/20 | e Report M 20 16:42 | ade: | Vide Report No.: | 794 S IST | Station Diary No.: |
|----------------------|--------------------------|------------------------------|---|-----------|---------------------|
| Informa | urs Particu | lars | 同型的对象还是由某个特别 从和 | 建筑 | 相相的特殊的 |
| Name of | Informant: | , SEBASTIAN | Address: APT BLK 315B ANG MO KIO SINGAPORE 563315 | | 1 |
| ID Type | / ID No.: D / S873722 | 27H | Contact No.: Home/Office: | Mobile | : 91805663 |
| National | ity: ORE CITIZ | EN | Email: | | |
| Sex: Male | Age: | Date of Birth: 19/11/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institut | tion / School Name: |
| Occupat Private I | | 2.7 30 | Driving Licence Information: Class: 3 | Date o | of Expiry: |

| Type of Accident: | Injury Others | D | rink rive: | Date/Time of Accident: 31/03/2020 10: | 8 | Type of Location: Straight Road |
|--|-------------------------------|-------------------------|---------------|---|-----------|------------------------------------|
| Location: Along Road 1 FORT ROAD TANJONG RI | | ad 2 | (#) 1# | | | |
| Weather: Clear | | Road Su Dry | rface: | | Ro | ad Speed Limit: |
| Traffic Flow: One Way | | Traffic Co Pedestria | | ng | Tra | ffic Volume: ht |
| Type of Collis | sion: ving Vehicles - Head | To Rear | | | 200000000 | yone conveyed by bulance: |

| Details of Vo | Type | | Make | Model | Color | Condition | No of Passenge |
|---------------|------|---------|------|-------|-------|---------------------|----------------|
| SKS5549X | Car | 7-27-09 | | | 4 | Slightly Damaged | 0 |
| SMG7745Y | Car | | | | | Slightly Damaged | 0 |

| Details of Person linvolved 12 18 19 19 19 19 | 是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
|---|--|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

2 of 3 Report No. T/20200331/2076

Tel No: 1800-4599999

CONTINUATION OF REPORT

| Name | Zhou Guang Yu | | | . " | S8364118E |
|------------------|-------------------------------------|------------|---------|-------------------------|-----------------------------------|
| Related Vehicle | SKS5549X (Car) | | | ct No. | 96505199 |
| Hospital/Clinic | NIL | | | of g ce & Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disch | narge . | NIL . | |
| | ted Medical Leave NIL | Degree of | Injury | NIL | |
| Day of the same | | | A | | The state of the second the |
| Name | SEAH KWONG WAI, SEBASTIAI | N | ID No. | | S8737227H |
| Related Vehicle | SMG7745Y (Car) | | | ct No. | 91805663 |
| Hospital/Clinic | Healthpath Medical Clinic & Surgery | | | of g ce & Date | Class: 3 Date of Expiry: NIL |
| Date Treatment. | | Date Disc | | | |
| No. of Days gran | ted Medical Leave 05 | Degree of | Injury. | Sligh | t . |

Brief Details.

On the above mention date and time, I as driving along the said road. Upon reaching the Zebra Crossing, I spotted the vehicle in front of my stop, as such I stopped as well.

However, out of sudden, the vehicle behind me SKS 5549X unable to stop in time and hit onto me.

Due to the accident, I suffered some injuries and seek my own medical treatment.

This is the 1st time such an incident have happened and I am lodging this report for police investigations,

Page 7 of 15

5.10





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999

3 of 3 Report No. T/20200331/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: F / SI TAN THIAM HUAT | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 31/03/2020 16:42 |
| | |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp NP168 | rrature: |
| . Linguage co. | Collos Force |