15/5/2010

INS. CASE OWNER: | CC3 /AIG1600 6362, Kh 63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth | DOI: 4/4/16 | Date / Time: 4/4/16 | Registered in Merimen: 7/4/16

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJW3633P	Claim No. :	3638194274867
Name of Insured :	Tan Kim Yong	Policy No. :	7100455464
Insured Tel No. :	HP: 97440011	Make / Model :	Toyota Wish -1.8 (A)
Excess Sec II :S$	D.O.A : 31/3/16	Place of Accident :	PIE Nav Exit 22 Thomas Jurong

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

PDPL

SJW3633P → SHB7806R → SKE1343Y →

INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: Tran-ah WSP: TP Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
7/4/16 VIC	SHB7806R - DM/ IHC 090263181WI DOM 13/?/16 SJW3633P - X
8/04/2016 @ 3pm	Total vehicle 3 - OI last vehicle. Call OI D informed him TP claim and NCD affected to revert to the matter. Write letter to OI and file pass to QA - Lynn
	- TO FINALISE COR.
28/12/17	- TP INDEMNITY. - EMAIL TO AIG TO TRIUMP. CLOSE CASE. - SUBMIT WP REPORT.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI: 08/04/2016	Suan 4/4
After call ltr to OI: Lynn	

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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. 30/g 28 FIC-OK	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ — 3 vehicle CC OI last	TP INDEMNITY
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — (S$ x days)	
Loss of Income (LOI):	S$ — (S$ x days)	
LOR only ☐ LOU only	☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —	3) Survey fee: @ 320.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

ASS. REC. BY: Kenneth

REF: AIG/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 20 % 3'Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJB 7806R Yr Regn: 08, 12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Chevrolet Epica c.c 1991

Colour White/Blue A/C: Insured / Std / NI / NA

Sp.Reading 463365 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1LA6PRJBB 107393

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: 195/65R15

R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Rovelo

Front		Rear	
R/Bal.	6 mm	R/Bal.	4 mm
L/Bal.	6 mm	L/Bal.	4 mm
D.O.A.	31/3/16	D.O.I.	4/4/16

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Bonnet

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

Date / Time	Action / Instruction
4/4	GIA & EM not ready
7/4	File pass to Cashier
	UNCONFIRMED LIG $ 14,000.00
	CHECK ROAD : $ 3,007.73

Date/Time, File Pass to? 1) _____ Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Insp ($ _____) ☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___$ +RS___$	
Photos	
Others	
TOTAL	

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CC3/AIG16006362/Khg3

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 07-04-2016

Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 3633P	Veh. Inspected	SHB 7806R
Policy No.		Coverage ($)	0.00
Claim No.		Excess ($)	0.00
Assign From		Assign Date	07/04/2016

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

5. General Information

Accident Date	31/03/2016	Inspection Date	04/04/2016
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CC3/AIG16006362/Khg3

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 07-04-2016

Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 3633P	Veh. Inspected	SHB 7606R
Policy No.		Coverage ($)	0.00
Claim No.		Excess ($)	0.00
Assign From		Assign Date	07/04/2016

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

5. General Information

Accident Date	31/03/2016	Inspection Date	04/04/2016
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

TRANS-CAB AUTO SERVICES PTE LTD
NO.2 ANG MO KIO ST 63 SINGAPORE 569111
TEL NO.6287 6666 FAX NO.6257 1330
CO/GST REG NO.201019626G

SHB 7806R - AIG

Done - 4/4/16

Candy

Not Authorised
4 Sup &

Vehicle No.:	**SHB 7806R - Candy**
Chassis No.:	KL1LA69RJBB107393
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0
Date of Accident :	31.03.16
Third Party Insurer :	**AIG**

		PART		LIST
1	1	Front Bumper	$	Bur 1,202.00 ✓
2	1	Front Bumper Reinforcement	$	295.25 ?
3	1	Front Bumper Lower Absorber	$	180.00 ?
4	1	Front Bumper Lower Grille	$	Sm 78.00 ✗
5	1	Front Bumper Retainer RH	$	Sm 102.00 ✗
6	1	Front Bumper Retainer LH	$	Sm 102.00 ✗
7	1	Front Bumper Lower Stiffener	$	R 134.37 ✗
8	1	Front Headlamp RH	$	mfcm 816.00 ✓
9	1	Front Headlamp LH	$	816.00 ?
10	1	Front Bumper Fog Lamp Outer Cover LH	$	Sm 32.40 ✗
11	1	Front Bumper Fog Lamp Outer Cover RH	$	Sm 32.40 ✗
12	1	Front Support Panel Assy (Panel A-Frt)	$	Bur 1,222.32 ✓
13	1	Bonnet (Panel A-Hood)	$	Bur 1,250.00 ✓
14	1	Centre 'CHEVROLET' Logo Badge	$	Mc 144.30 ✓
15	1	Bonnet Moulding	$	Dd 257.00 ✓
16	1	Bonnet Insulator	$	Sm 84.63 ✗
17	1	Bonnet hinge RH	$	R 36.00 ✗
18	1	Bonnet hinge LH	$	R 36.00 ✗
19	1	Bonnet cable	$	Sm 150.00 ✗
20	1	Bonnet lock	$	R 200.00 ✗
21	2	HORN LH	$	Sm 320.00 ✗
22	1	Radiator Grille (Grille A-Rad)	$	CM 367.00 ✓
23	1	Radiator Assembly (Radiator A)	$	(Hons CM) 618.00 ✓
24	1	Aircon Condenser (Conderser A)	$	600.00 ?
25	1	Air Cleaner Assembly	$	Sm 112.00 ✗
26	1	Front Centre Member	$	Sm 265.63 ✗
27	1	Air Intercooler	$	652.00 ?
28	1	Fan Blade (Small)	$	536.00 ?
29	1	Fan Blade (Big)	$	634.00 ?
30	1	Front Fender LH	$	R 837.60 ✗

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SHB 7806R - AIG

Candy

31	1	Front Fender RH	$	R 837.60 X
32	1	Front Fender Liner LH	$	Sn 47.00 X
33	1	Front Fender Liner RH	$	Sn 47.00 X
34	1	Rear Bumper	$	Bt 1,202.00
35	1	Rear Bumper Beam	$	Bt 239.94
36	1	Rear Bumper Centre Absorber	$	CM 260.00
37	1	Rear Bumper Side Retainer RH	$	CM 68.76
38	1	Rear Bumper Side Retainer LH	$	CM 68.76
39	1	Rear Bumper Reflectors RH	$	Bt 119.74
40	1	Rear Bumper Reflectors LH	$	Bt 119.74
41	1	Rear Bumper stay RH	$	CM 35.00
42	1	Rear Bumper stay LH	$	CM 35.00
43	1	Rear Bumper Tow Hook Cover	$	Sn 93.00 X
44	1	Rear Luggage Floor Panel	$	R 973.00 X
45	1	Rear Luggage Floor Panel Insulator	$	NN 63.50 X
46	1	Rear Luggage Floor Panel Trim Board	$	Sn 378.00 X
47	1	Rear End Panel Inner	$	Bt 336.84
48	1	Rear End Panel Outer	$	Bt 623.76
49	1	Rear End Panel Inner Trim	$	MyCM 263.84
50	1	Bootlid	$	Bt 973.00
51	1	Bootlid inner trim board	$	Sn 400.00 X
52	1	Bootlid Weatherstrip	$	772.14 Dis Bd 344.28 50%in
53	1	Bootlid Lock - Top	$	Bd 466.56
54	1	Bootlid lock - bottom	$	R 39.40 X
55	1	Bootlid 'CHEVROLET' Badge	$	Ne 120.62
56	1	Bootlid Logo	$	Ne 138.84
57	1	Bootlid 'EPICA LT' Badge	$	Ne 119.84
58	1	Bootlid inner handle	$	Sn 45.55 X
59	1	Bootlid Reflector Centre	$	Sn 217.97 X
60	1	Bootlid Reflector RH	$	Sn 128.40 X
61	1	Bootlid Reflector LH	$	Sn 128.40 X
62	1	Bootlid Hinge RH	$	R 120.00 X
63	1	Bootlid Hinge LH	$	R 120.00 X
64	1	Rear Tail Lamp RH	$	CM 479.30
65	1	Rear Tail Lamp Panel RH	$	R 359.00 X
66	1	Rear Tail Lamp LH	$	MyCM 479.30
67	1	Rear Tail Lamp Panel LH	$	R 359.00 X
68	1	Rear Exhaust Box (Muffler A-EXH,RR)	$	R 1,110.00 X
69	1	Rear Fender RH	$	R 1,145.00 X

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SHB 7806R - AIG

Candy

70	1	Rear Fender Inner Cowling RH	$	Sin 298.00 ✓
71	1	Rear Fender Inner Trim RH	$	Sin 418.44 ✗
72	1	Rear Fender LH	$	Bur 1,145.00 —
73	1	Rear Fender Inner Cowling LH	$	Di's 298.00 —
74	1	Rear Fender Inner Trim LH	$	Sin 418.44 ✗

TOTAL	**$**	**27,797.72**
10%	**$**	**2,779.77**
	$	**25,017.95**

Specical Nett

1	1Set	Front Bumper Fastener Clip	$	Nex 24.00 —
2	1Set	Front Licence Plate With Holder	$	Del 192.00 4 Sin
3	1Set	Radiator Grille Clip	$	Nex 18.00 —
4	1Set	Bootlid inner trim board Clip	$	nn 40.00 ✗
5	1Set	Radiator Grille Top Cover Clip	$	nn 10.00 ✗
6	1Set	Front Fender Liner Clip	$	nn 40.00 ✗
7	1Set	Rear Bumper Parking Sensor	$	Dd/Short 300.00 —
8	1Set	Rear Bumper Fastener Clip	$	Nex 30.00 —
9	~~2~~Set	Rear Fender inner cowling clip	$	5 Nex 30.00 4
10	1Set	Rear Fender Inner Trim Clip RH	$	nn 30.00 ✓
11	1Set	Rear Fender Inner Trim Clip LH	$	nn 30.00 ✗
12	1	Rear Boot Sticker 'Trans-cab'	$	Nex 30.00 —
13	1	Rear Boot Sticker '6555-3333'	$	Nex 30.00 —
14	1	Door Sticker " Trans-cab " LH	$	nn 80.00 ✗
15	1	Door Sticker " Trans-cab " RH	$	nn 80.00 ✗
16	1	Rear Exhaust Mounting	$	Sin 10.00 ✗
17	1	Spare Tyre	$	Sin 180.00 ✗
18	1	Spare Wheel Rim	$	Sin 126.74 ✗
19	1	Spare Tyre Board	$	Sin 10.00 ✗
20	2	Rear Windscreen Sealant	$	Nex 80.00 4 Osn
21	1	Rear Windscreen Inner Sponge Seal	$	Nex 100.00 3 Osn

TOTAL	**$**	**1,470.74**
TOTAL PARTS	**$**	**26,488.69**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	8,400.00 2 000/

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SHB 7806R - AIG

Candy

To Check Electrical Lighting Concerned.	$		170.00 4cl
To Rust-Proofing Of The Affected Areas.	$		170.00 15cl
Putty And Spray Painting Of The Affected Portion.	$		8,350.00 18cl
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	$		170.00 6cl
To reinstall rear bumper parking sensor.	$		170.00 6cl
To transfer of end panel fittings and conduct water seepage test.	$		170.00
To transfer of luggage floor panel fittings and conduct water seepage test.	$		170.00 } 10cl
To transfer of boot fittings and conduct water seepage test.	$		170.00 6cl
To transfer of Fender fittings, attachments and perform water seepage test.	$	Agreed	170.00 X
To check steering geometry and computer wheel alignment	$	~~	220.00 X
To transfer of tire, rim and on wheel balancing.	$	~~	170.00 X
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	$		170.00 12cl
To vacuum, replace, refix and recharge air condenser	$		380.00 10cl
To replace, refix and top up coolant for radiator	$		170.00 5cl
To vacuum, replace, refix and recharge Air Intercooler	$		170.00 5cl

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SHB 7806R - AIG

Candy

Towing Fees.	$	120.00 SL
	$	**19,510.00**
TOTAL	$	**45,998.69**

Repair Days ~~30~~ 12 Days

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 modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/04/2016 09:33

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 witholding of material facts may allow insurance companies to repudiate policy ability
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 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	01/04/2016 09:42
Date Of Accident	31/03/2016 10:40
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB7806R
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	Taxi
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	BAY KIM HENG
NRIC No	S0057464C
Date Of Birth	17/05/1954
Occupation	Outdoor
Date Of Driving Pass	21/11/1974
Driving Experience	41 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-97343475
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 142 RIVERVALE CRESCENT #09-12
Postcode	540142
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes,Please state which Police Station	
Police Station Name	Thomson Npp 25 Sin Ming Road
Police Station Address	**ROAD**: 25 SIN MING ROAD #01-180 , **POSTCODE**: 570025 , **COUNTRY**: Singapore
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	No
If Yes,against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20160331/2148

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW3633P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN KIM YONG
NRIC/Passport Number	S7313845J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE1343Y
Vehicle Make/Model/Colour	MERCEDES BENZ C180K

Details Of Properties

Name of Driver	BOEY LIH HAN
NRIC/Passport Number	S7705583E
Contact Number	92287655
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	BAY KIM HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7806R
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	STEVEN GOH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7806R
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TAN KIM YONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJW3633P
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	BOEY LIN HAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKE1343Y
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

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 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.
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 w ell 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.

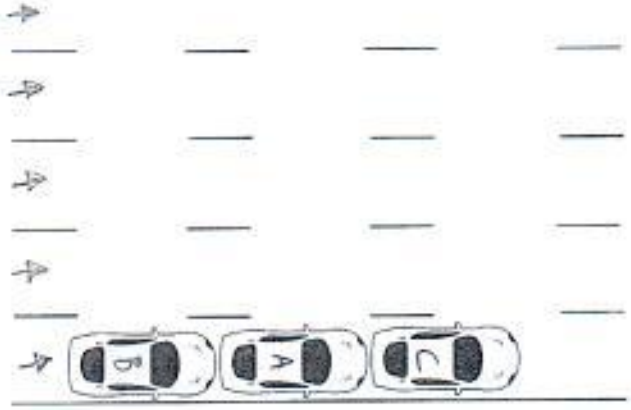
(collectively the "Purposes")

(b) all insurer(s) w ho 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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		CANDY

Sketch Plan DE TUNGRIS JURONG



Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

PLEASE SEE ATTACH POLICE REPORT

Declaration

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

		CANDY
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20160331/2148

Report No. T/20160331/2148

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-160 SINGAPORE
570025
Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
31/03/2016 18:34		50

Informant's Particulars

Name of Informant: BAY KIM HENG			Address: APT BLK 142 RIVERVALE CRESCENT #09-12 SINGAPORE 540142	
ID Type / ID No.: NRIC NO / S0057464C			Contact No.: Home/Office:	Mobile: 97343475
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 17/05/1954	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2016 10:40	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Jurong at Eng Neo Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB7806R	Taxi	CHEVROLET		Red	Seriously Damaged	1
SJW3633P	Car	TOYOTA		Grey		0
SKE1343Y	Car	MERCEDES BENZ		Silver		0

SINGAPORE POLICE FORCE

T/20160331/2148

Report No. T/20160331/2148

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	BAY KIM HENG		ID No.	S0057454C
Related Vehicle	SHB7806R (Taxi)		Contact No.	97343475
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	31/03/2016	Date Discharge	31/03/2016	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	STEVEN GOH		ID No.	NIL
Related Vehicle	SHB7806R (Taxi)		Contact No.	96860713
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	TAN KIM YONG		ID No.	S7313845J
Related Vehicle	SJW3633P (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

SINGAPORE POLICE FORCE

T/20160331/2148

Report No. T/20160331/2148

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-160 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Driver:			
Name	BOEY LIH HAN	ID No.	S7705583E
Related Vehicle	SKE1343Y (Car)	Contact No.	92287655
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31.3.16 at about 1040hrs I was travelling along PIE towards Jurong near Eng Neo Exit on the 1st lane. It was heavy traffic and the cars infront of me slowed down and stopped. As such, I followed suit and stopped. About second later, I then heard a loud bang and felt an impact on the rear of my Taxi. My Taxi surged forward and hit onto the car infront of me (SKE1343Y). I then came out from my Taxi and realized that it was a 3 cars involved chain-accident. A vehicle SJW3633P had hit onto the rear of my Taxi which in turn my Taxi hit onto the vehicle (SKE1343Y) infront. The rear and front portion of my Taxi was badly damaged. 3 LTA officers and ambulance came to the scene. I and the driver (SKE1343Y) were conveyed to Tan Tock Seng Hospital. I was given 3 days of medical leave.

SINGAPORE POLICE FORCE

T/20160331/2148

Report No. T/20160331/2148

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE 570025
Tel No: 1800-4529999

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: E / LEW CHOON WAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2016 18:34
Officer In Charge Of Case: TP / AEIT / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:

Authentication Stamp
NP168

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHB7806R
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Apr 2016
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1456952K
Chassis No.:	KL1LA69RJBB107393
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	$14,578.00
Original Registration Date:	28 Aug 2012
First Registration Date:	28 Aug 2012
Transfer Count:	0
Actual ARF Paid:	$14,578.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Aug 2020
PARF Rebate Amount:	$10,933.00

Intended COE Rebate Details

COE Expiry Date:	27 Aug 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	$48,892.00
COE Rebate Amount:	$26,910.00
Total Rebate Amount:	**$37,843.00**

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Apr 2016

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 witholding of material facts may allow insurance companies to repudiate policy ability
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 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	31/03/2016 15:56
Date Of Accident	31/03/2016 10:40
Exact Location Of Accident	PIE NEAR EXIT 22 TWDS JURONG
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW3633P
Insured/Policyholder	
Name Of Registered Owner	TAN KIM YONG
NRIC No	S7313845J
Email Address	TKIMYONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97440801
Alternative Phone No	Office-97440801
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100455464
Cover Note Number	
Driver	
Name of Driver	TAN KIM YONG
NRIC No	S7313845J
Date Of Birth	11/04/1973
Occupation	Indoor
Date Of Driving Pass	16/06/1994
Driving Experience	21 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-97440801
Fax Number	
Contact Number	Office-97440801
EMail Address	TKIMYONG@YAHOO.COM

Address	BLK 140 BISHAN ST 12 #09-488
Postcode	570140
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- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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

PLEASE REFER AS ATTACHED

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7806R
Vehicle Make/Model/Colour	CHEVROLET/TAXI
Details Of Properties	
Name of Driver	BAY KIM HENG
NRIC/Passport Number	S0057464C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE1343Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	BOEY LIH HAN
NRIC/Passport Number	S7705583E
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

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 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.
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.

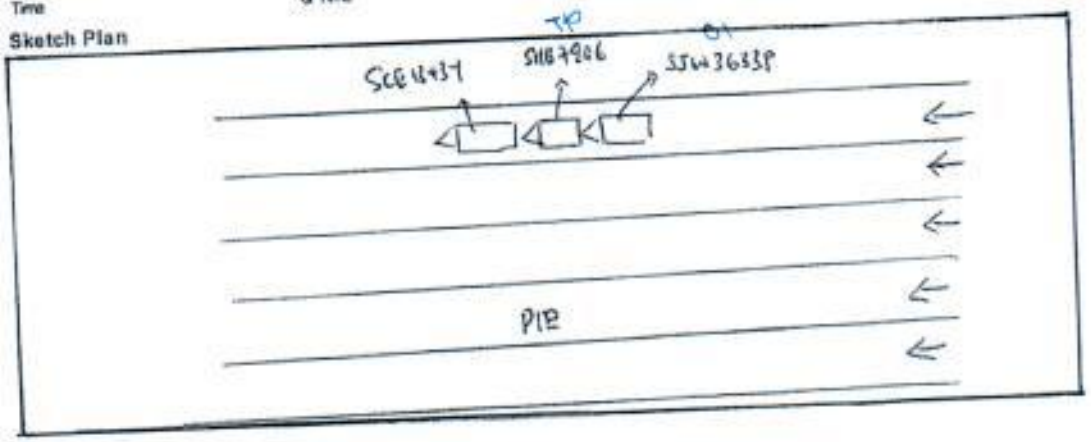
31/3/16.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- First car in front made a last minute emergency brake at PIE (SKE 1343 Y) (MERC), causing Taxi (SHB 7806 R) also E-brake and I am behind the taxi, and I hit the rear of the taxi.

- Accident happened near PIE towards Jurong Just before EXIT 22.

- AT that moment I am only travelling at 70 km/h ~~ee~~. But the car infront emergency brake is too sudden.

Declaration

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

31/3/16

Policyholder's Signature / Date & Time

31/3/16.

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

AIG

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Tan Kim Yong.

VEHICLE NUMBER : SJD 3633P.

DATE/TIME OF ACCIDENT : 10.40 a.m.

PLACE OF ACCIDENT : PIE near EXIT 22 towards Jurong

THIRD PARTY VEHICLE (IF ANY) : SHB 7806Z & SKZ 1547.

****

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From Bishan To Teban Garden.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Rear Collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

.....

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000

AIG

HOTLINE TEL (65) 6419-3000
FAX (65) 6419-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

TOYOTA AUTO PROTECTOR

CERTIFICATE NO. 2100455464-00000

OWN DAMAGE EXCESS S$600.00 (1)
WINDSCREEN EXCESS S$100.00

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) **VEHICLE REGISTRATION NO.** SJW3633P
2) **NAME OF INSURED** Tan Kim Yong (Chen Jinrong)
3) **EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT** 8 Mar 2016
4) **DATE OF EXPIRY OF INSURANCE** 7 Mar 2017
5) **PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE***

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.
b) Any other person who is driving on the Insured's order or with his permission.
This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions.
A Young and/or Inexperienced Driver Excess ("YIDR") of S$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) **LIMITATION AS TO USE***

Use only for social, domestic and pleasure purposes and for the Insured's business.
The Policy does not cover use for hire or rewards, tuition, driving test, racing, pacemaking, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS
1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel : 6631 1188)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
2. CorrianDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65604601)
4. Ethoz - 93 Bukit Batok Cres(Tel:65647777) 5. Glass-Fix - 62 Ubi Ave 3 (Tel: 62780887) - For windscreen only
6. Kian Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538118)
8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723882) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67419336)
10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67478196)

LOSS OF USE Loss of Use 15 Days (1500 - 1800cc) - Refer to policy wordings for details

*** NAMED DRIVER** NA

HIRE PURCHASE COMPANY DBS BANK LTD
/EMPLOYER'S LOAN

**Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 8 Mar 2016

030210-447
INCHCAPE AUTO TOYOTA-UBI I LLL
33 LENG KEE ROAD
SINGAPORE 159102

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

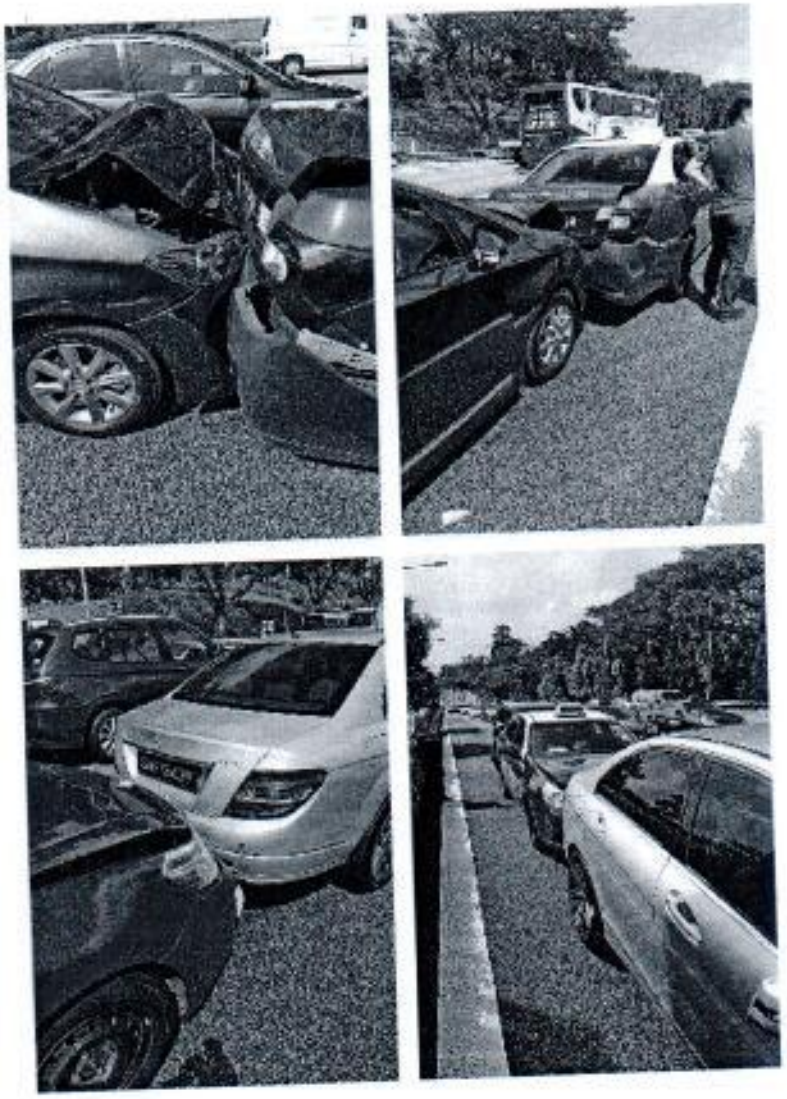

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7313845J
TAN KIM YONG
(CHEN JINRONG)
陈 锦 荣
CHINESE
11-04-1973
M
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S7313845J
TAN KIM YONG
(CHEN JINRONG)
11 Apr 1973
01 Mar 2004


S7313845J
24-04-2003
APT BLK 140 BISHAN STREET 12 #09-488
SINGAPORE 570140
S7313845J
Date 31-01-2003


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
10 Jun 1994
License No. S7313845J

Accident Scene Photos



Accident Scene Photos

Accident Photo

Accident Photo

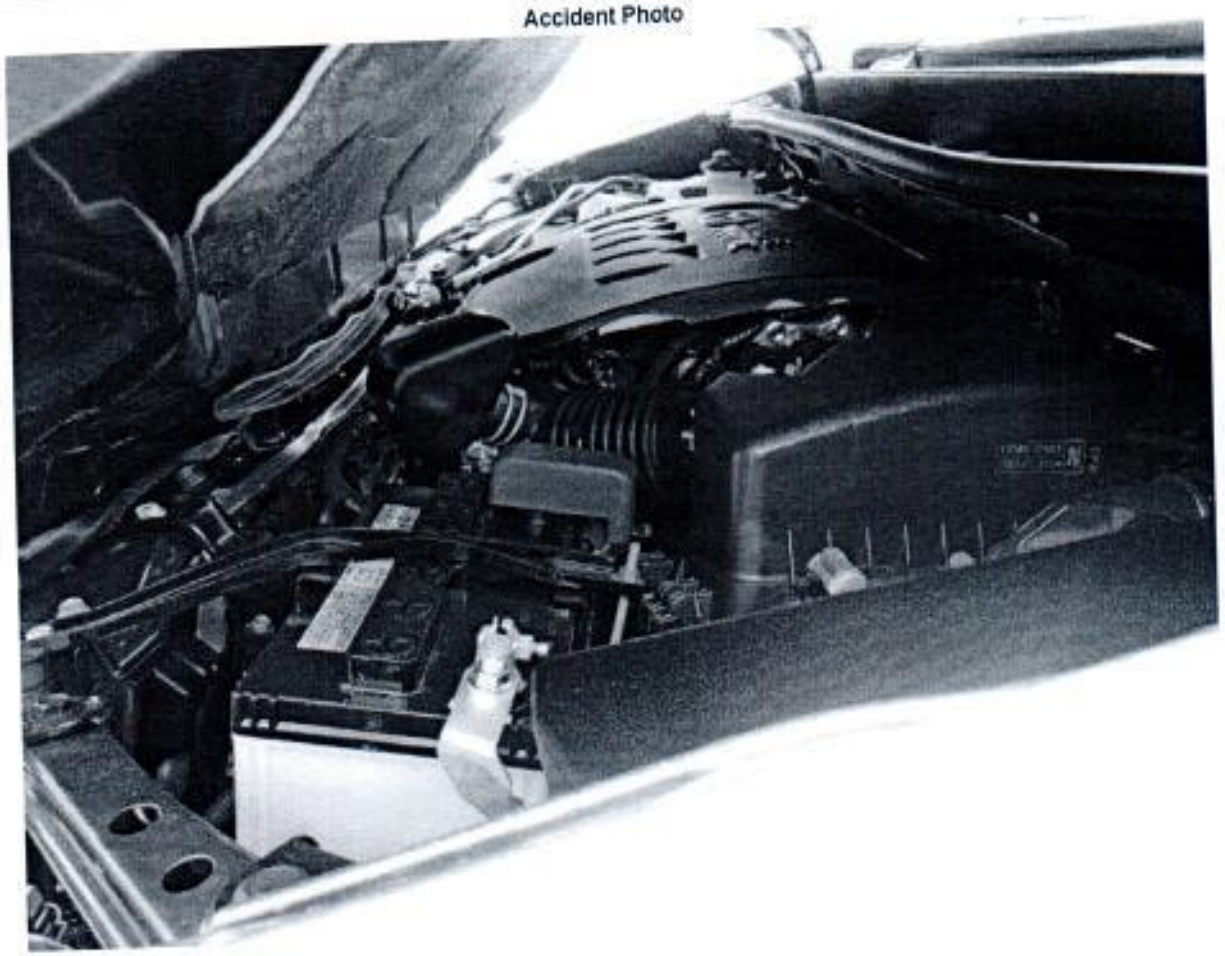
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

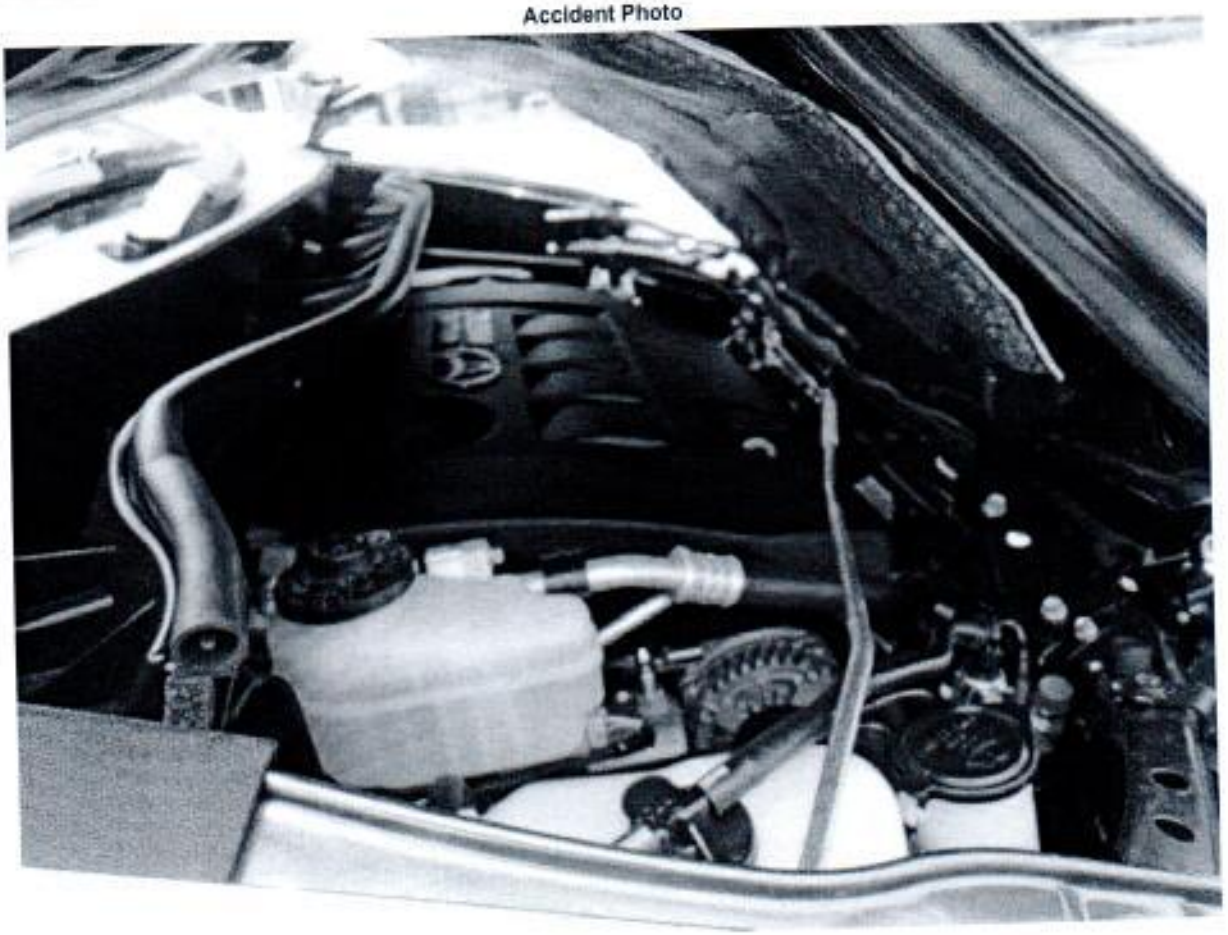


Accident Photo

Accident Photo

Accident Photo

Accident Photo



Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Thursday, 28 December, 2017 4:59 PM
To: 'Dally Amri, Mimi Zarina'
Cc: 'KianMeng.Chan@aig.com'; 'TongShing.Loo@aig.com'; Admin A; Vic (LKKAuto)
Subject: YOUR REF: TP / 3638194274SG / TRANSCAB SHB 7806R ON 21.03.2016 / AIG SJW 3633P

YOUR REF: TP / 3638194274SG
OUR REF:CC3/AIG16006362/Khb3

Dear Sirs,

We refer to the subject of this e-mail. We have inspected TP vehicle on 04.04.2016

This is a clear scenario of BOLA 28,chain collision case. OI has been cleared and no issue since 08.04.2016.However, third-party claimant did not take any further action after inspection.

The claim file has been inactive for over a year now.

In view of no further development from TP side, we will temporarily close file and will submit our WP report to your good-office.

In future, if TP will pursue their claim, we will notify you for our further handling.

Thank you.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6749-5792 | email: joyirene@lkkauto.com | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)