

INS* CASE OWNER:

Ahmad / Sydzar

CC3 / AIG150

19092 / Khg3

ASSIGNMENT

Surveyor:

Kenneth Kung

DOI:

9/11/15

Date / Time:

9/11/15

Registered in Merimen:

9/11/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJP 7759 X

Name of Insured:

Kakichelvan Saraya

Insured Tel No.:

HP: 98345685

Excess Sec II :SS

D.O.A: 9/11/15

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

286021408456

Policy No.:

2100296338

Make / Model:

Honda Stream

Place of Accident:

Serangoon Road

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHD 9436B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

16/11

VIC

23/11/15 @ 11AM

SHD 9436B - CC3 / 111 1501434 / Khg 312 BAH 37/11/15

SJP 7759 X - X

TO GET EVIDENCE FROM BOTH PARTIES.
SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS
AND TP OUT INTO HIS LANE FROM BUS LANE.
INFORMED TP CLAIM. OI HAS NO EVIDENCE
TO PROVIDE. INFORMED HIM OF WORST CASE.
HE AGREED TO SETTLE & AWAKE NCD 6000.
PENDING ESTIMATE

FINALIZED
FOR BULK SETTLEMENT.
TP CON FOSTER M. V PRINCE VIC / SHD 9436B
TP INACTIVITY. NO LOD TIL DATE. TOWN ON
5/5/16. BULK AIG TO TOWP. CLOS.
TO CLOSE & SUBMIT WP REPORT.

07/05/16

STAGE DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S SS 1,600.00 (2 days) Reduction: 86 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

50

(Agreed / Assessed) BOLA S/N No.:

NIL

Repair Cost:

SS -

(COMPLETING WORKING)

Loss of Rental (LOR):

SS -

(days)

Loss of Use (LOU):

SS -

(\$ x days)

Loss of Income (LOI):

SS -

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

SS -

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

Total:

SS -

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS -

Name 1:

Payee 2: (Strike if N.A.)

SS -

Name 2:

Payee 3: (Strike if N.A.)

SS -

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

4320.00

ASSIGNMENT

Kenneth

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 0214 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: S11D 9436B Yr Regn: 02, 12

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

Truck / Trailer or A

Make: Chvrolet Epice c.c. 1991

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

Sp. Reading 013411 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: K212A69RTB.B 072129

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: Falken 195/65R15

R: Gy

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

TOYO / YOKO or

Front 7 mm Rear 3 mm

R/Bal. 7 mm L/Bal. 3 mm

L/Bal. 7 mm L/Bal. 3 mm

D.O.A. 9/11/15 D.O.I. 9/11/15

Survey held at ✓

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

O/S Rear

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

Date / Time	Action / Instruction
<u>9/11</u>	<u>Est not ready</u>
<u>11/11</u>	<u>File pay to Catherine</u>
<u>31/3</u>	<u>@ 1600L Confirmed Tarping (2 x 108.07)</u>
	<u>CRP: \$ 10,088.72 (86%)</u>
	<u>KIV check injury</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / L.B.I: (\$)




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/AIG15019092/Khg3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 11-11-2015	
Code : AIG			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJP 7759X	Veh. Inspected	SHD 9436B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/11/2015
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	09/11/2015	Inspection Date	09/11/2015
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346		
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.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD 9436B - AIG

ROEL

Not Noted
6/1 Sep 8/60d.

Vehicle No.:	SHD 9436B - ROEL
Chassis No.:	KL1LA69RJB072129
Date of Accident :	09.11.15
Vehicle Make:	CHEVROLET
Vehicle Model:	CHEVROLET EPICA 2.0
Third Party Insurer :	AIG

		PART		LIST
1	1	Side Rocker Panel Garnish RH	\$	<i>sn</i> 236.40 <i>x</i>
2	1	Rear Door RH	\$	<i>n</i> 1,133.00 <i>x</i>
3	1	Rear Fender RH	\$	<i>n</i> 1,145.00 <i>x</i>
4	1	Rear Fender Inner Cowling RH	\$	<i>sn</i> 76.60 <i>x</i>
5	1	Rear Tail Lamp RH	\$	<i>sn</i> 479.30 <i>x</i>
6	1	Rear Bumper	\$	<i>Bul/Pad</i> 1,202.00 <i>✓</i>
7	1	Rear Bumper Side Retainer RH	\$	<i>sn</i> 68.76 <i>x</i>
8	1	Rear Bumper Reflectors RH	\$	<i>sn</i> 119.74 <i>x</i>

TOTAL	\$	4,460.80
10%	\$	446.08
	\$	4,014.72

Specical Nett

1	1Set	Rear Bumper Parking Sensor	\$	<i>sn</i> 300.00 <i>x</i>
2	1 Set	Rear Bumper Fastener Clip	\$	<i>nn</i> 30.00 <i>✓</i>
3	1 Set	Rear Fender Liner Clip	\$	<i>nn</i> 30.00 <i>x</i>
4	1	Door Sticker "6555-3333"	\$	<i>nn</i> 80.00 <i>x</i>
5	1	Rear Tyre RH	\$	<i>sn</i> 360.00 <i>x</i>
6	1	Rear Wheel Rim RH	\$	<i>sn</i> 254.00 <i>x</i>

TOTAL	\$	1,054.00
TOTAL PARTS	\$	5,068.72

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,800.00 <i>40d</i>
To Rust-Proofing Of The Affected Areas.	\$	<i>nn</i> 220.00 <i>x</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 <i>x</i>
Putty and Spray Painting Of The Affected	\$	2,700.00 <i>40d</i>

TRANS-CAB AUTO SERVICES PTE LTD
NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
TEL NO.6287 6666 FAX NO.6366 8862
CO/GST REG NO.201019626G
SHD 9436B - AIG

ROEL

To Check Electrical Lighting Concerned.	\$	170.00	102
To check steering geometry and computer wheel alignment	\$	220.00	nn X
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	nn X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00	8a

TOTAL	\$	6,620.00
Over All Total	\$	11,688.72

REPAIR DAYS

10 DAYS

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 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	09/11/2015 13:42
Date Of Accident	09/11/2015 02:15
Exact Location Of Accident	Serangoon Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9436B
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/3921
Cover Note Number	

Driver

Name of Driver	TOH SEONG KIAN
NRIC No	S0183271I
Date Of Birth	30/11/1953
Occupation	Outdoor
Date Of Driving Pass	02/10/1973
Driving Experience	42 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-97641932
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 575 ANG MO KIO AVE 10 #13-1851
Postcode	560575
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	Side Swipe- Same Direction
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?	<u>No</u>
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	Bishan Neighbourhood Police Centre
Police Station Address	ROAD: 20 Bishan Street 23 , POSTCODE: 579757 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20151109/2020	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP7759X
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
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 INJURED PERSON 1

Name	TOH SEONG KIAN
Approximate Age	
Injuries Sustain	

Injured person in which vehicle?	SHD9436B
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/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

Sketch Plan

A SHD 9936B

B SJP 7759X

SELANGOR ROAD

Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

Declaration

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

Witnessed by Reporting Centre
Personnel

Police Report Pg.1

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



T/20151109/2020

1 of 3

Report No. T/20151109/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2015 11:53			Vide Report No.:		Station Diary No.: 31
Informant's Particulars					
Name of Informant: TOH SEONG KIAN			Address: APT BLK 575 ANG MO KIO AVENUE 10 #13-1851 SINGAPORE 560575		
ID Type / ID No.: NRIC NO / S01832711			Contact No.: Home/Office:		Mobile: 97641932
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 30/11/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2015 02:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SERANGOON ROAD TOWNER ROAD BEFORE JUNCTION OF BALESTIER HILL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH SEONG KIAN	ID No.	S01832711
Related Vehicle	NIL	Contact No.	97641932
Hospital/Clinic	YAP FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	09/11/2015	Date Discharge	09/11/2015
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

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



T/20151109/2020

2 of 3

Report No. T/20151109/2020

CONTINUATION OF REPORT

Brief Details.

On 09/11/2015 at about 0215hrs, I was driving my vehicle, SHD9436B (V1) along Serangoon Rd towards Towner Rd on the second lane from the left when another vehicle, SJP7759X (V2) coming from the right rear suddenly hit the right rear of V1 as such my vehicle swerved a bit to the left.

I wish to inform the driver of V2 then overtook my vehicle and stopped in front of V1. I wish to inform that both of us did not exchange particulars however I did take down the bearing registration of V2. I wish to inform the driver of V2 then drove off.

I wish to inform that the rear right portion of V1 is slightly dented and the rear right mudguard of V1 is damaged. The left front portion of V2 is slightly dented.

I wish to inform that I do have an in-built camera in my vehicle however it only captured my vehicle swerving. No Police or ambulance was at scene. After the accident, I then went home and when I woke up, I had back pains as such I went to the doctor and was given 3 days MC.

Police Report Pg.1

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



T/20151109/2020

3 of 3

Report No. T/20151109/2020

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 /

Nur Sahidah Binte Ibrahim

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/11/2015 11:53

Officer In Charge Of Case:

TP / AEIT /

Juremah Bte Ahmad

Contact No.: 65476191

Classification Of Case:

Authentication Stamp
NP168





Text size: + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHD9436B

Vehicle to be
Exported: Yes

Intended De-
registration Date: 09 Nov 2015

Vehicle Make: CHEVROLET

Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO

Primary Colour: Red

Manufacturing Year: 2011

Engine No.: Z20S1447437K

Chassis No.: KL1LA69RJBB072129

Maximum Power
Output: 110.0 kW (147 bhp)

Open Market Value: \$13,834.00

Original Registration
Date: 28 Feb 2012

First Registration
Date: 28 Feb 2012

Transfer Count: 0

Actual ARF Paid: \$13,834.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility
Expiry Date: 27 Feb 2020

PARF Rebate
Amount: \$10,375.00

Intended COE Rebate Details

COE Expiry Date: 27 Feb 2020

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

QP Paid: \$37,512.00

COE Rebate
Amount: \$20,170.00

**Total Rebate
Amount: \$30,545.00**

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 09 Nov 2015

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.
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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.
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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	11/11/2015 15:42
Date Of Accident	09/11/2015 02:30
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7759X
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	KALAICHELVAN SALAYA
NRIC No	S1536710E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98345605
Alternative Phone No	Office-98345605

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM

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 Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100296338
Cover Note Number	

Driver

Name of Driver	KALAICHELVAN SALAYA
NRIC No	S1536710E
Date Of Birth	18/04/1962
Occupation	Indoor
Date Of Driving Pass	09/01/1980
Driving Experience	35 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-98345605
Fax Number	
Contact Number	Office-98345605
EEmail Address	NOEMAIL

Address	22 VEERAMSAMY ROAD
Postcode	207328
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- Change/cross lane
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

I WAS GOING STRAIGHT. VEHICLE B FROM MY LEFT WITHOUT ANY SIGNAL SUDDENLY CUT INTO MY LANE AND HIT MY VEHICLE FRONT LEFT PORTION.

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9436B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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:

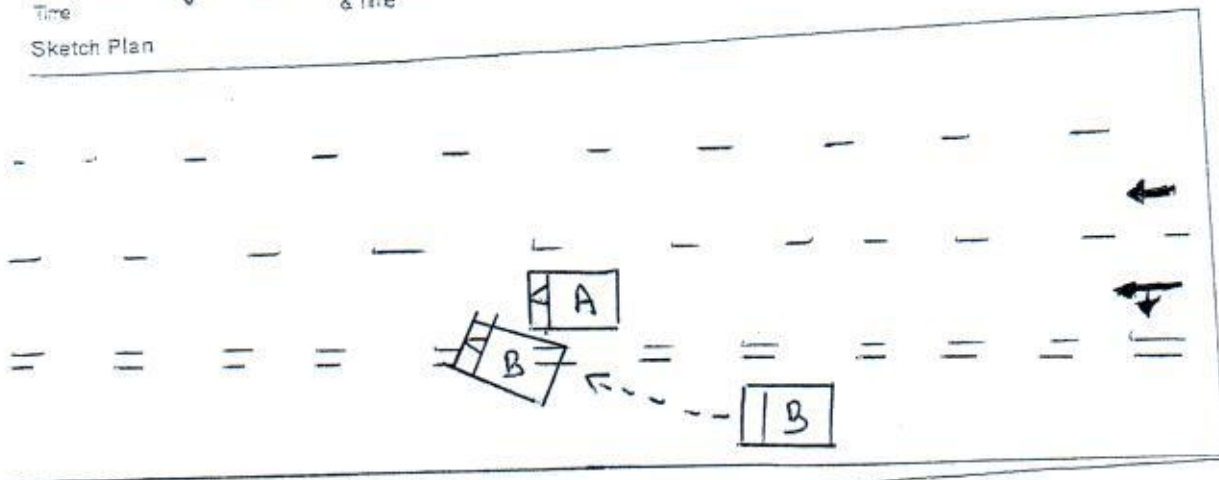
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law firms/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 law firms/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

Sketch Plan



Describe Circumstances of the Accident

I was going straight, veh 8 from my left without any signal suddenly cut into my lane & hit my veh front left portion.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Insurance Co.	AIG	
Vehicle NO.	SJP 795X	Date Of Accident: 09.11.2015
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim LEANER AUTO		





HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUTOPLUS

CERTIFICATE NO. 2100296338-03000

(The below excess is subject to GST)

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

(For policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF No

1) VEHICLE REGISTRATION NO.

SJP7759X

2) NAME OF INSURED

Kalaichelvan Salaya

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

7 Apr 2015

4) DATE OF EXPIRY OF INSURANCE

8 Apr 2016

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : 40 years old and above

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

An "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") of an additional sum of S\$3,000.00 in addition to the Policy Excess applies to You and an Authorised Driver (named or unnamed) if You are or the said Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 year's 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, pace-making, 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.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118)
2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887)
3. Ethos - 22 Tampines St 92 (Tel: 66547777)
4. DPS Body & Paint (Subsidiary of C&C) - 208 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
6. Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Move Automotive - 1006 Bukit Merah Lane 3 (Tel: 67233892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank

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 7 Apr 2015

AIG Asia Pacific Insurance Pte. Ltd.

501759-000
H T INSURANCE AGENCY
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOCP

AIG Building, 78 Shenton Way #07-16 Singapore 079120

AIG Asia Pacific Insurance Pte. Ltd.

CL Reg No. 20110640049

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Status of Driving Licence

Licence No. :	S1536710E
Status of Driving Licence :	Valid
Class of Driving Licence :	3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

The above information is accurate as at 16/11/2015 12:01 AM.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/AIG15019092/Khg3

23 NOVEMBER 2015

KALAICHELVAN SALAYA
22 VEERASAMY ROAD
SINGAPORE 207328

Dear Sir/Madam,

ACCIDENT INVOLVING SJP 7759X AND SHD 9436B ON 09/11/2015

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **04/12/2015**, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Vic Alpeh
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. *AIG Asia Pacific Insurance Pte Ltd*
(Motor Claims Dept)

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Tuesday, 7 March, 2017 7:15 PM
To: Ahmad, Syaza
Cc: Admin A; Vic (LKKAUTO)
Subject: RE: AIG Ref: 2860214084SG
Attachments: Video.mov

Dear Syaza,

We refer further to your below email.

Please be informed that we had settled to TP at a global sum basis @ 80% liability in favour of their client on 31/03/2016 and also to the enclosed TP CCTV Footage.

However, till date, we haven't received the LOD from TP.

As such, in view of TP inactivity, we will proceed to temporarily close the matter and submit our WP report in merimen.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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From: Hsiao Tong (LKKAUTO)
Sent: Thursday, 18 August, 2016 11:14 AM
To: 'hai-chuan.ng@aig.com' <hai-chuan.ng@aig.com>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Cc: Ahmad, Syaza (Syaza.Ahmad@aig.com) <Syaza.Ahmad@aig.com>; CS A Team <cs-a@lkkauto.com>
Subject: FW: AIG Ref: 2860214084SG

Dear Mr Ng,

Received with thanks.

Dear Vic,

FYNA. CC3/AIG15019092/Khg3