cc4/ A16/20007867/Tres3

| ANSIGNATION From: Date SHC 8/18.3 \$\frac{1}{2}\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ASS. REC BY: Tanth NEF: | 919, | auditerration collegen market debatters confirmation of counterfacture and consideration | religion como colificia e con concesto como describes de consensado entre que se especia estado consensado desc |
|--|---|--|--|--|
| Estimated Cost OD 179 INS 179 RES I OD RES / EVA / INV / IMV To inspect Vehicle No: at Workshop mis of noured: Pokey No. Claims No. Sum Inspect (Clerif's Record) Make of Vehic Make of Vehic (Clerif's Record) Make of Vehicle Make of Vehicle (Clerif's Record) Make of Vehicle Make of Vehicle (Clerif's Record) Make of Vehicle Make of Vehicle (Clerif's Record) Make of Vehicle Make of Vehicle (Clerif's Record) Make of Vehicle Make o | . • | ASSIGN | | |
| Estimated Cest OD ITP I WIS ITP RESIOD RESIEVA / INV I MV To inspect whole No: at Workshop m's of nounce: Poscy No. Claims No. Sum Insured: Clerk's Record) Make of Vehic (Client's Record) Make of Vehic (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport GIA / PR Seen: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No CLum Sum: '\$ 3 Veh; Yes or No GIA / PR Seen: Consistent?: Yes or No CLum Sum: '\$ 3 Veh; Yes or No CLum Sum: '\$ 4 Cody I Institution '\$ 5 Veh; Yes or No Claim Sum: '\$ 7 Veh; Yes or No Claim Sum: '\$ 1 Veh; Yes or No Claim Sum: '\$ 1 Veh; Yes or No Claim Sum: '\$ 1 Veh; Yes or No Clai | From: Date: | Veh | No: SHC 8983 | A. Yr Regn 20/6 / Man |
| Truck Trailer or Make: Hyundo 140 cc // KS Add: Hyundo 140 cc // KS Add: Hyundo 140 cc // KS Add: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Na Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 0 7 Thradio: Insured / Std / Ni / Ni Ni Sp. Reading 3 8 5 0 7 Thradio: Insured / Std / Ni Ni Sp. Reading 3 8 5 0 7 Thradio: Insured / Std / Ni Ni Sp. Reading 3 8 5 0 7 Thradio: Insured / Std / Ni | Man Spreamanneascontenences (Spreamono) & Miles (S) | Туре | o: M.Car / M.Cycle / Bus / Van / | Lorry / Taxi) Prime Mover / |
| To inspect vende No. al Workshop m/s of insured: Policy No. Claims No. Sum insured: (Clent's Record) Make of Veh: Sum insured: (Policy Condition) Remark: The veh had commenced its IPOR Condition (Policy Condition) Remark: The veh had commenced its IPOR Condition (Policy Condition) Remark: The veh had commenced its IPOR Condition (Policy Condition) Remark: The veh had commenced its IPOR Condition (Policy Condition) Remark: The veh had commenced its IPOR Condition (Policy Condition) Remark: The veh had commenced its IPOR Seen: Consistent?: Yes or No But or Market Value: IPOR Seen: Consistent?: Yes or No Dum Sum: 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN 1001 Date: Person Contacted: Date / Time Action / Instruction Date / Time Action | OD / TP / WS / TP RES / OD RES / EVA / INV / MY | rigina circum riflerengingen inner contentificipation protection in media. | Truck / Trailer or | The second section with the second contract is a second contract to the second contract to |
| Sp. Rending 3.85507 Tification Insured Insured Insured: Policy No. Claims No. Sum insured: Excess: (Client's Record) Make of Veh: Sum insured: Excess: (Client's Record) Make of Veh: Seat: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA J PR Seen: Consistent?: Yes or No GIA J PR Seen: Consistent?: Yes or No St. Repairs: Seat: IDAC Accident Rport: Seat: Consistent?: Yes or No GIA J PR Seen: Consistent?: Yes or No CIA J REV J REP. J 24 HRS Dought Insured: Date Time Action J Instruction Action J Report Days Of Repair: Insured: Sp. Result Sp. No. Survey Fee: Tracepration: Traceprat | | Mak | s: Hyunda 14 | oc /685 |
| Insured: Ins | | Colo | | |
| Insured: Policy No. Claims No. Sum Insured: Excess: (Clent's Record) Make of Veh: What of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Bal or Market Value: IDAC Accident Rport: Consistent?: Yes or No. GA / PR Sen: Consistent?: Yes or No. CA / REV / REP. / 24 HRS Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Days Of Repair: Survey Fee: Tracecontation: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: Interview: Inter | of | Sp.R | leading 385507 . | T/Radio: Insured / Std / NI / NA |
| Clains No. Sum Insured: Excess: Gen. Cond. 66d Fair Poor Burnt Steering: Inocest Jammed Leaked Burnt or Steering: Inocest Jammed Leaked Burnt or Steering: Inocest Jammed Leaked Burnt or Make of Veh: Modi: Nil (3Rim STD A/Rim or Tyre Size: F: 20 Loft/U Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport Consistent? : Yes or No GIA PR Seen: Consistent? : Yes or No Est. Repairs: days Res.: Yes or No Ulm Sum: % 3 Val.: Yes or No Date: Person Contacted: Ulvi ii Date Time Action Instruction Add Fee: Site Insp \$ Survey Fee: Transportation: Transportat | Inquired | Eng/ | No: | and the same of th |
| 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. Bal. or Market Value: IDAC Accident Rport GA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction A Constraint Report Date: Person Contacted: Date / Time Action / Instruction A Constraint Report Date / Tim | 0 P N | C/No | : KM HLB41 | um 44 03 9815. |
| Brake: Indegrit Jammed / Leaked / Burnt or Modi: Nil (Syrim / STD A/Rim or Tyre Size: F: 20 \$ USKUU R: USKUU For USKUU USKUU For USKUU For USKUU For USKUU USKUU For USKUU USKUU For USKUU U | | Gen. | Cond: 66od / Fair / Poor / Burn | nt · |
| Make of Veh: Modi: Nil (Syrim / STD A/Rim or Tyre Size: F: 205 (LOKU) | Sum Insured: Excess: | Stee | ring: Inordor / Jammed / Leaked | d/Burnt or |
| (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction Date / Time Action / Instruction Date / Time Action / Instruction Date / Final Report DeterTime, File Pass to? DeterTime, File Reaum to? Add Fee: Survey No. of Trip: Transportation: Tree, Interview (\$) Protes Protes Transportation: Tree, Interview (\$) Protes Tree, Interv | (Client's Record) | Brak | e: Inorder / Jammed / Leaked | d/Burnt or |
| Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: The veh had commenced its repair at the time of inspection. Remark: Toyo / YOKO or | Make of Veh: | Modi | : Nil (S/Rim / STD A/Rim | or |
| Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: A 3 Val.: Yes or No CA / REV / REP. / 24 HRS Desc. of Damages: Frt / Rear / OS / Nis Vuic / Rooftop or Date: Person Contacted: Date / Injury Date/Time, File Pass Io? Date/Time, File Reburn Io? Add Fee: Survey No. of Trip: Survey Fee: Transportation: Add Fee: Site Insp (\$ | | Tyre | Size: F: 205/6 | okub |
| TOYO / YOKO or Market Value: Bal. or Market Value: | (Policy Condition) | | R: 1 | и· |
| Bal. or Market Value: IDAC Accident Rport Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Des. of Damages: Fr / Rear / of S / N/S Puic / Rooftop or Date: Person Contacted: Vehicle: N/ OT The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Action / Instruction Action / Instruction Final Report Date / Time, File Return to? Add Fee: Site Insp (\$ | Remark: The veh had commenced its | N/S O/S BS/ | | |
| IDAC Accident Rport | repair at the time of inspection. | то | ro i yoko orM | auhoin |
| Dock Accident Rport Consistent 7: Yes or No Est. Repairs: days Res.: Yes or No Do.A. Do.A. Do.D. Co.D. Do.D. Do. | Bal. or Market Value: | Fron | | Rear |
| Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Desc. of Damages: Frt / Rear / Ofs / N/S / VU/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Action / Instruction Date / Time Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision. Date / Time, File Pass to? Date / Time, File Return to? Add Fee: Site Insp (\$) Survey Fee: Transportation: 2) Add Fee: Site Insp (\$) Protos Feet Formatic: Tech. Invs (\$) Protos Union Structure affected (\$) Protos The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Survey Fee: Transportation: Transport | IDAC Accident Rport: Consistent? : Yes or N | R/Ba | l mm | , R/Bal |
| Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. Date/Time Action / Instruction Action / Instruction Person Contacted: Pe | GIA / PR Seen: Consistent? : Yes or N | lo L/Ba | mm | L/Bal mm |
| Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Action / Instruction Date/Time, File Pass to? Prell. Report Prell. Report Prell. Report Preson Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? State Inspect Prell. Report Prell. Report Prell. Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? State Inspect Prell. Report Prell. Report Prell. Resurvey No. of Trip: Survey Fee: Transportation: Prell. Report Prell. Re | Est. Repairs:days Res.: Yes or | No D.O. | Α | D.O.I. 30/7/20 |
| Date: Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame Body Structure affected due to collision. Date / Time Action / Instruction Action / Instruction Rody Injury | Lum Sum: % 3 Val.: Yes or | | | |
| Date / Time Action / Instruction Days Of Repair: Date/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Transportation: Transportation: Transportation: Protoco Instruction Protoco Protoco Transportation: Tech. Invis (%) Protoco Protoco Tech. Invis (%) Protoco Tech. Invis (%) Others Days Of Repair: Tech. Invis (%) Protoco Tech. Invis (%) Protoco Tech. Invis (%) Others Days Of Repair: Tech. Invis (%) Protoco Tech. Invis (%) Others Days Of Repair: Tech. Invis (%) Protoco Tech. Invis (%) Others Days Of Repair: Tech. Invis (%) Protoco Tech. Invis (%) Others Days Of Repair: Tech. Invis (%) Protoco Tech. Invis (%) Others Days Of Repair: Tech. Invis (%) Protoco Tech. Invis (%) Others Days Of Repair: Tech. Invis (%) Others Days Of Repair: Days Of R | CA / REV / REP. / 24 HRS | Des. | of Damages : Frt / Rear / O/S | I N/S MU/C I Rooftop or |
| Date / Time Action / Instruction Date / Time Action / Instruction | W 1 | 1416 | | |
| Date/Time, File Pass to? Date/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Transportation: Add Fee: Site Insp (\$ | | 1 | ne U/C / Chassis frame / Bod | ly Structure affected due to collision. |
| Date/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Transportation: | | | , , , , , , , , , , , , , , , , , , , | |
| Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSi Photos Required Forms: Tech. Invs (\$) Photos Transportation: | —————————————————————————————————————— | 7 | | |
| Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSi Photos Required Forms: Tech. Invs (\$) Photos Transportation: | | | | |
| Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSi Photos Required Forms: Tech. Invs (\$) Photos Transportation: | | | | |
| Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSi Photos Required Forms: Tech. Invs (\$) Photos Transportation: | | | | |
| Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSi Photos Required Forms: Tech. Invs (\$) Photos Transportation: | | | | |
| Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSi Photos Required Forms: Tech. Invs (\$) Photos Transportation: | | - | | |
| Date/Time, File Return to? Add Fee: Site Insp (\$)S+RSSi Photos Required Forms: Tech. Invs (\$) Photos Transportation: | | | | |
| Date/Time, File Return to? Transportation: 2) Add Fee: Site Insp (\$)s+Rssi Interview (\$) Photos Reput Formati : | . Frem. Report | Days | Of Repair: | |
| 2) Add Fee: Site Insp (\$)s + Rssi | | Resu | vey No. of Trip: | Survey Fee: |
| Reput Forms): Tech. Invs (\$) Photos Lunar Save (1 & t. (*)) Tech. Invs (\$) | Date rune, rue return to? | A -1 -1 | | Transportation: |
| Report Formal: Tech. Invs (\$) Others | | Add Fee: | |)S + RSSI |
| Lunan Spice LLR to Co. | Recent Formsi | | |) Photos |
| | | | |) Others |

RE: Accident involved with SHC8983A and SGK106M 29.07.2020

AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>

Thu 30/7/2020 2.01 PM

To: Olivia Wendy Kunjan <OliviaWendyK@sparkcarcare.com>

Cc: Lim Tien Siong < limts@cdge.com.sg>

CAUTION: This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment

unless you know the sender.

Hi Olivia,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

From: Olivia Wendy Kunjan [mailto:OliviaWendyK@sparkcarcare.com]

Sent: Thursday, July 30, 2020 1:43 PM

To: AIG SGP, Claims-Survey

Cc: Wong, Ken-FK; Lim Tien Siong

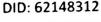
Subject: [EXTERNAL] Accident involved with SHC8983A and SGK106M 29.07.2020

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

Officer In Charge,

Thanks & Regards

Olivia Wendy K
Accident Reporting Centre
ComfortDelgro Engineering Pte Ltd





From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Thursday, 30 July 2020 1:35 PM

To: Olivia Wendy Kunjan <OliviaWendyK@sparkcarcare.com>

Subject: Scan Image

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.