

INS. CASE OWNER:

CC 6/AIG150 17555 / mihab

LKK:

IDAC:

Surveyor:

MEF

DOI:

ASSIGNMENT

15-10-15

Date / Time:

15-10-15

Registered in Merimen:

16-10-15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGW 31614

Name of Insured:

Lee Liat Guan

Insured Tel No.:

HP:

97542671

Excess Sec II :SS

D.O.A:

13-10-15

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

570565124959

Policy No.:

Make / Model:

Place of Accident:

Along Buona Vista Drive

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

SGN 8073E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Supreme Auto



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SGN 8073E - X

SGW 31614 - CC3/AIG/1107133/111824

20/10/15

NO OI GIA, first sent out.

25/7/16 @ 12.11PM

CALLED OI MR LEE @ 97542671 & 63100843 2x. NO ANSWER.

28/7/16 11.02AM

CALLED OI. BOTH NUMBER NOT AVAILABLE.

16/08/16 @ 1.09PM

CALLED OI MR LEE @ 97542671. NO ANSWER.

17/08/16 @ 11.12AM

CALLED OI 2x. No Answer.

18/08/16 9.08AM

CALLED OI NO RESPONSE.

18-08-16

TO SEND LETTER TO OI

20/08/16

NO FEEDBACK FROM OI. EMAIL LIABILITY CLAR. PENDING COR PINAUBITION.

04-04-17

TO EXPEDITE SETTLEMENT WHICH IS NOT MUCH.

PRELIMINARY ADVICE

Date/Time:

Sent By:

26-07-17 TO CLOSE THE FILE. ✓

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.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$280.00

Surveyor: MA

REF:

ASSIGNMENT

From: _____ Date: 15.10.2015 15/10

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Autuwork Houseof Blk 176 5m Ming Drive # 02-01

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: 6 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SAN8073E Yr Regn: NOV / 06Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer orMake: Toy Actic c.c. 1598Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 132508 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: M20032EC 107133OKGen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/70/R14

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 13/10/2015 D.O.I. 15/10/2015

Survey held at _____

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

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

Date / Time Action / Instruction

MINAUGED COR (CONCURRENCE) LHS \$ 1,600.00 WITH 6 DAYS
NO PARTS PRICES
CASH: \$ 700.00 / 32%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

Report Format: _____

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

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 : CC6/AIG15017555/M1hv3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 16-10-2015		
		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGW 3161U	Veh. Inspected	SGN 8073E	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	16/10/2015	
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	13/10/2015	Inspection Date	15/10/2015	
Survey held at	SUPREME AUTO SERVICE PTE LTD 176 SIN MING DRIVE #02-01 SIN MING AUTOCARE SINGAPORE 575721			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 6452 8211 FAX: 6451 7420

ESTIMATE

PETER GN HOONG SIONG

c/o 46 Lenton Plain

Singapore 786548

Date: 15/10/2015

QUANTITY	PARTICULARS	AMOUNT (\$)
RE : TOYOTA COROLLA ALTIS / SGN 8073 E		
1 pc	✓ rear boot lid <i>LA</i>	
1 pc	✓ rear boot emblem '1.6E'	
1 pc	✓ rear boot emblem 'ALTIS'	
1 pc	✓ rear boot emblem 'COROLLA' <i>nee</i>	
1 pc	✓ rear boot emblem 'VVTi'	
1 pc	✓ rear boot lock <i>bt</i>	
1 pc	✓ rear boot lock catch <i>R</i>	
1 pc	✓ rear boot weatherstrip <i>dis</i>	
1 pc	✓ rear bumper <i>net</i>	
2 pcs	✓ rear bumper bracket <i>R</i> @	
1 pc	✓ rear bumper side retainer <i>dis</i>	
1 pc	✓ rear end panel	
1 pc	✓ rear end panel garnish	
2 pcs	✓ rear tail lamp assy @	
<p><i>Not Authorized</i> <i>HS Dept</i> <i>after part photo</i> <i>HK Auto W.A.</i> <i>15/10/2015</i> <i>5 - 8 wks</i></p>		sub-total 0.00
		less 25% 0.00
		sub-total 0.00
1 set	reverse sensor <i>short</i> s.nett	200 220.00
	To remove and replace all the parts mentioned above, knocking and straighten up the necessary affected areas.	800 950.00
	To check wiring system.	30 40.00
	To spray painting on affected areas.	800 1,000.00
	To remove seats, trimming to enable repair.	40 120.00
	To remove and replace reverser sensor.	60 80.00
	To apply rust proofing.	60 120.00
	To apply waterproof sealant on weilded panels.	80 120.00
Total		0.00
		<i>2,420.00</i>

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	14/10/2015 14:48
Date Of Accident	13/10/2015 18:30
Exact Location Of Accident	ALONG BUONA VISTA DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8073E
Insured/Policyholder	
Name Of Registered Owner	PETER GN HOONG SIONG
NRIC No	S6925212E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97571507
Alternative Phone No	Others-97571507

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	Motorcycle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5040519958-05
Cover Note Number	

Driver

Name of Driver	PETER GN HOONG SIONG
NRIC No	S6925212E
Date Of Birth	14/08/1969
Occupation	Indoor
Date Of Driving Pass	11/05/1992
Driving Experience	23 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-97571507
Fax Number	
Contact Number	Others-97571507
Email Address	NOEMAIL

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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' 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

Sketch Plan

Buona Vista Dr.		A - SGIN 8073 E
		B - SGW 3161 U
		

Describe Circumstances of the Accident

I was driving along Buena Vista Dr towards Vista Exchange Green. Vehicle in front of me stopped. I stopped too. A few seconds later, Vehicle B (SWW131614) failed to stop in time and collided into my vehicle rear with a hard impact. I felt unwell after the accident.

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

Print Received Message

This mail is associated with :

***SGN8073E (5705651249SG)**

[SGW3161U]

TP

PETER GN HOONG SIONG

Oct 13 2015 6:00PM

[Lee Liat Guan]

Supreme Auto Service Pte Ltd - Sin Ming

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on 19/10/2015 15:56 PM.
To LKK_HQ
Subject No OI GIA Report (SGN8073E VS SGW3161U)

Hi

Pls be advice that no OI GIA report received
Pls find OI details below for your further actions

OI name : Lee Liat Guan

Address :

222

Depot Road

#02-81

Singapore 109705

Mobile No : 97542671

Home Phone No. : 63100843

Thank you.

Leong Kah Yin @ Janny

MCD515125508 / ComfortDelGro Engineering Pte Ltd - Braddell
ENTRY DATE & TIME: 31/10/2015 11:50

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 31/10/2015 12:06

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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 31/10/2015 11:50
Date Of Accident 13/10/2015 18:30 ✓
Exact Location Of Accident AT BUONA VISTA DRIVE ✓
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW3161U
Insured/Policyholder
Name Of Registered Owner ✓ LEE LIAT GUAN
NRIC No S2187759Z
Email Address ✓ JOSEGLLEE@YAHOO.COM
Mobile Phone No (LOCAL) +65-97542671
Alternative Phone No Home-63100843

Vehicle Particulars

Manufacturer TOYOTA
Model LEXUS RX400H HYBRID

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 REPORTING ONLY

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 2100031773
Cover Note Number

Driver

Name of Driver LEE LIAT GUAN
NRIC No S2187759Z
Date Of Birth 06/01/1964
Occupation INDOOR
Date Of Driving Pass 17/03/1986
Driving Experience 29 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97542671

Fax Number
 Contact Number HOME-63100843
 EMail Address JOSELGLEE@YAHOO.COM
 Address 222 DEPOT ROAD #02-81
 Postcode 109705
 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 UNKNOWN - ROLL FORWARD AND TOUCH
 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

Are accident photos available for attachment? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGN8073E
 Vehicle Make/Model/Colour TOYOTA / ALTIS
 Details Of Properties
 Name of Driver PETER GN HOONG SIONG
 NRIC/Passport Number S6925212E
 Contact Number 97571507
 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

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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.

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.

Joseph Lee 31/10/15

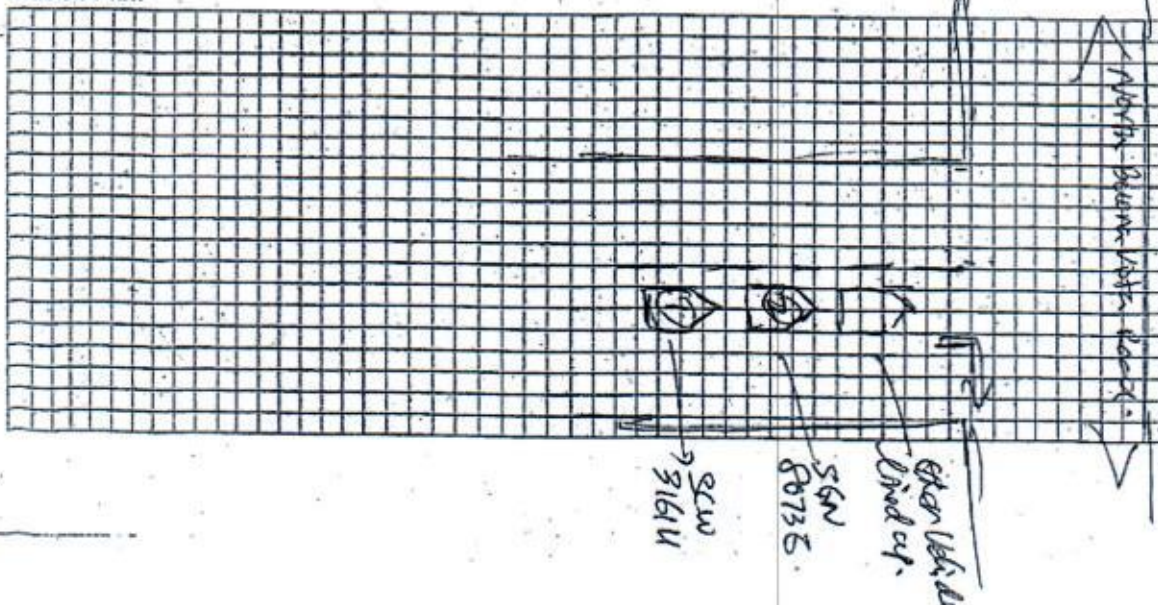
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



The minor accident happened on 13/10/15 along Buona Vista Drive around 6:30 pm peak hour traffic. It was bumper to bumper and everyone was waiting at the traffic light junction. My car was about 8-10 car from the traffic junction waiting as the jam was quite bad.

I leaned forward the back & stretched my hand to pick up my document. The next thing I realized was ~~that~~ my vehicle sliding forward. I quickly stepped on my brake but it was too late and it hit the vehicle SGN 2073 E in front. This has caused ~~that~~ its bumper to dislodge and a small dent in his bumper. My vehicle suffered no visible dent or damage.

I called AIG Hotline to ask if I need to report the accident as my car suffered no damages which need repair for claim. AIG staff told me I need not make any report.

Subsequently I received a letter from LRIC informing me to make my accident report.

Declaration

☒ We declare the foregoing particulars are true in every respect.

Joseph Lee

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





Hotline Tel: 654 6410-5000
Fax: 654 6415-5723

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

LEXUS AUTO PROTECTOR

CERTIFICATE NO. 2100031773-08000

(The above excess is subject to GST)
OWN DAMAGE EXCESS S\$500.00 (1)
WINDSCREEN EXCESS S\$100.00
(Windscreen excess is waived if the repair is done at Borneo Motors Workshop)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SGW3161U

Lee Liat Guan

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

13 Jul 2015

4) DATE OF EXPIRY OF INSURANCE

12 Jul 2016

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.

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 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 reward, tuition, driving test, racing, bodemaking, 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 / LEXUS AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1368)

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

2. Comfordelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. CPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Elhoz - 30 Bukit Batok Crest (Tel: 66547777) 5. Glass-Pix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Delu Lane 12 (Tel: 67475550) 7. Li-Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415338)

10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1800 - 2000cc) - Refer to policy wordings for details

* **NAMED DRIVER** NA

HIRE PURCHASE COMPANY NA

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 19 Jun 2015

AIG Asia Pacific Insurance Pte. Ltd.

030211-321
INCHCAPE AUTO LEXUS-LKLJLW
33 LENG KEE ROAD
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

INCHCAPE

INCHCAPE AUTO LEXUS-LKLJLW

Accident Photo



Accident Photo



Accident Photo



Accident Photo



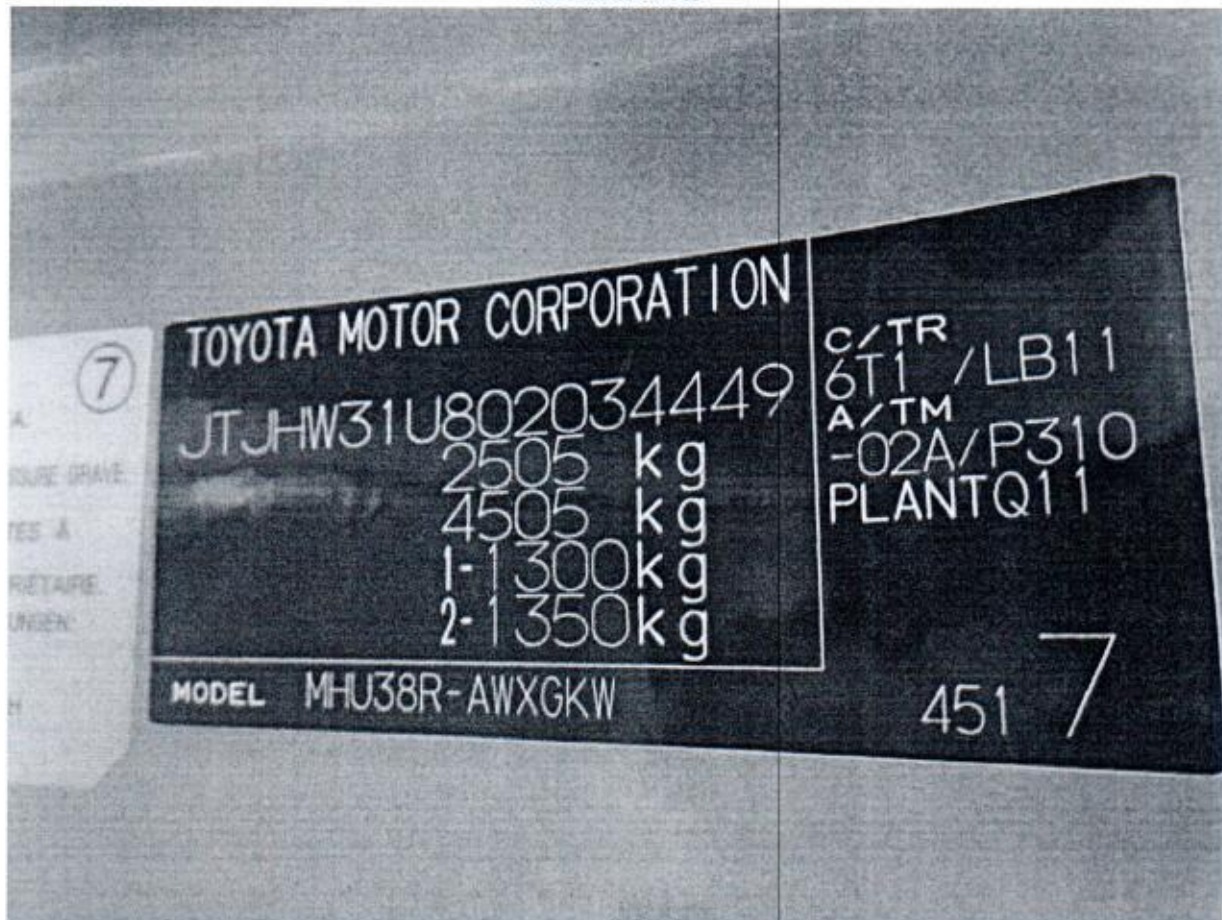
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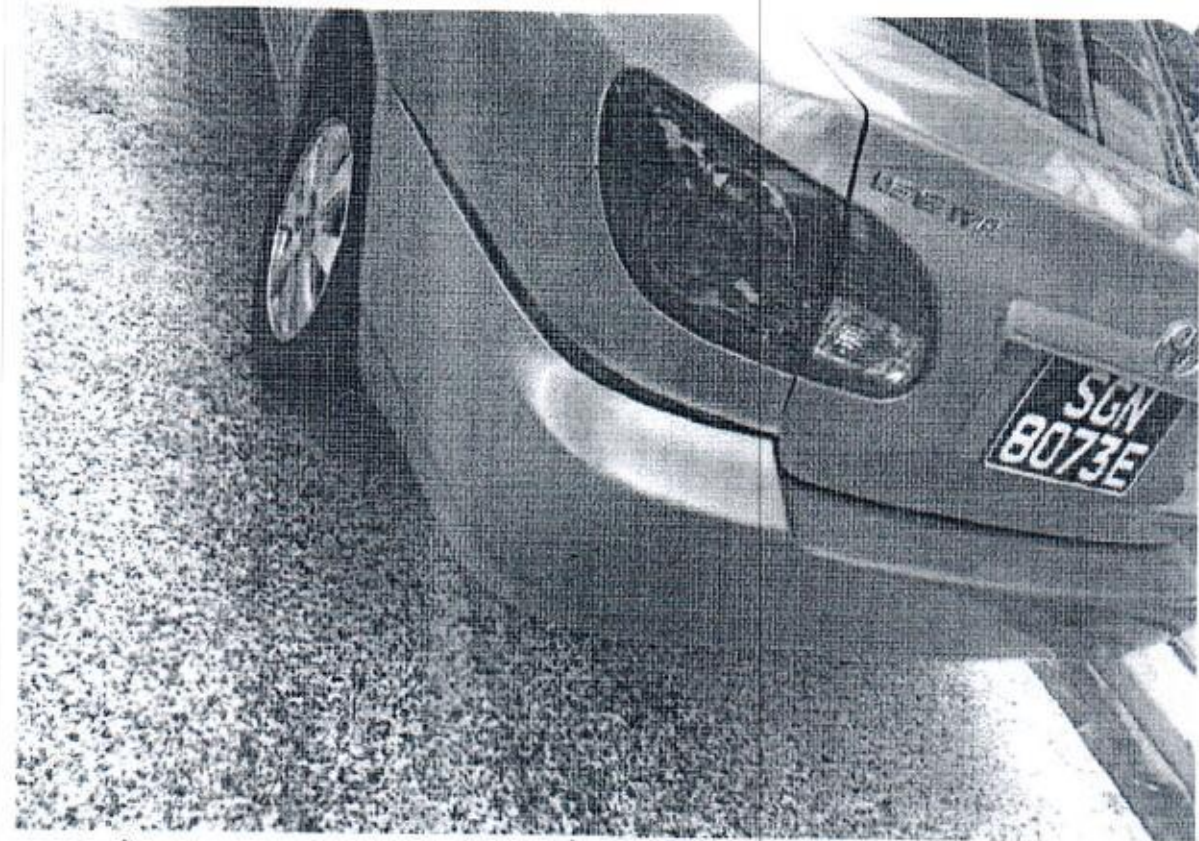
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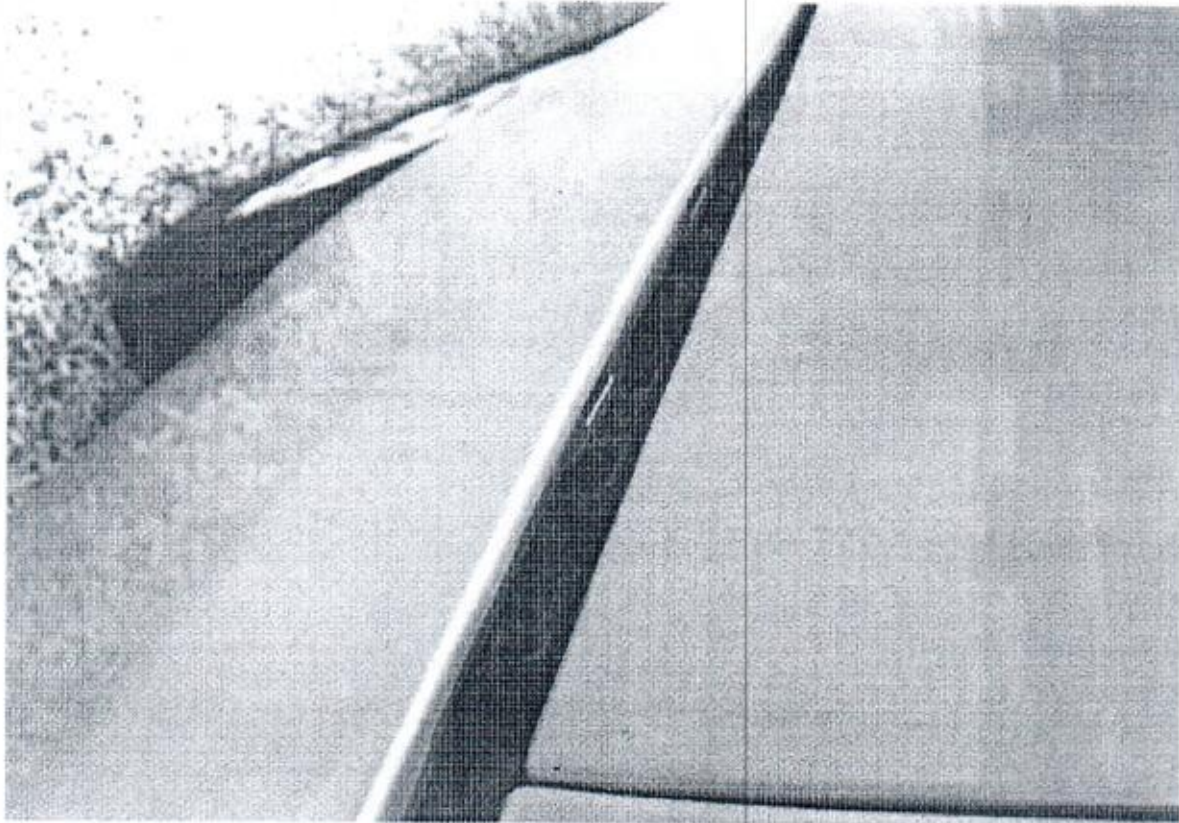
Accident Photo



Accident Photo



Accident Photo



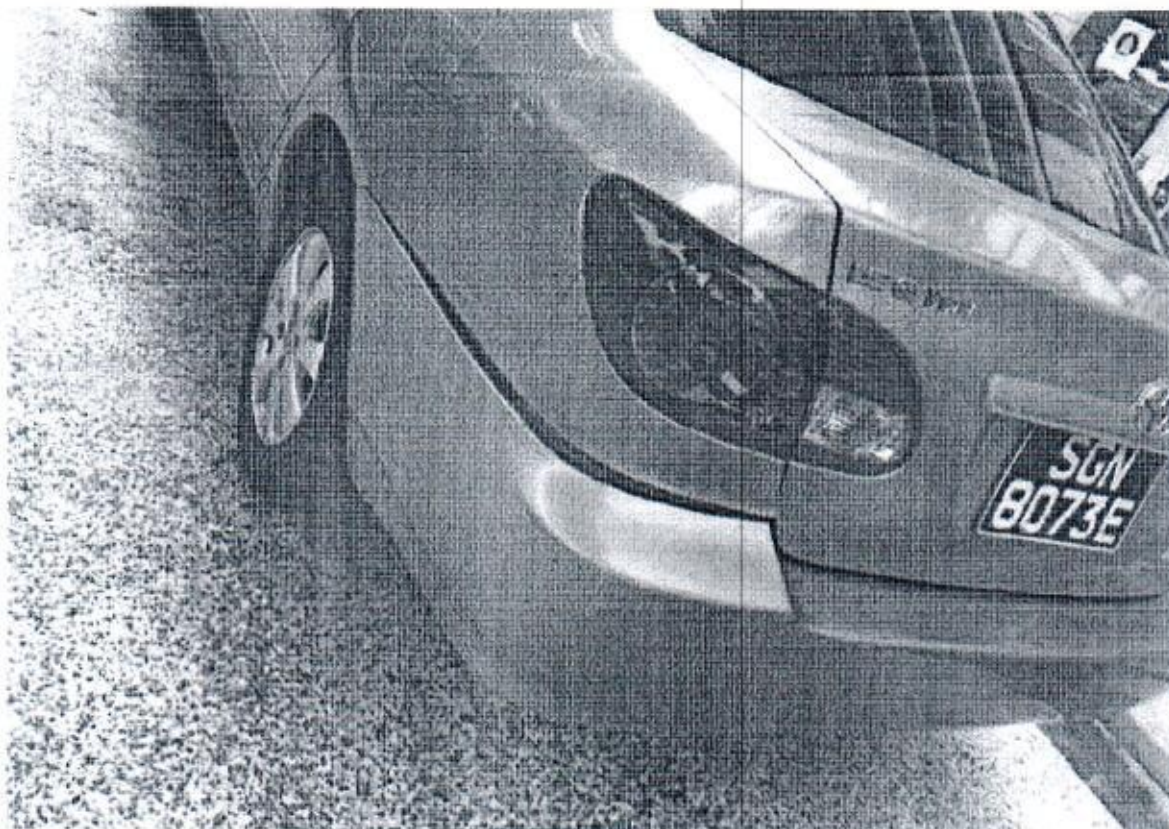
Accident Photo



Accident Photo



Accident Photo



Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Tuesday, 30 August, 2016 11:57 AM
To: memesan
Cc: Admin A; Vic (LKKAUTO)
Subject: Your Ref: SGN 8073E_ACCIDENT INVOLVING VEHICLES SGW 3161U AND SGN 8073E ON 13/10/2015

Your Ref: SGN 8073E
Our Ref: CC6/AIG15017555/M1ha3

"WITHOUT PREJUDICE"

Dear Me San,

ACCIDENT INVOLVING VEHICLES SGW 3161U AND SGN 8073E ON 13/10/2015

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both party, the liability is clear and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor.

Kindly forward the LOD and all supporting documents to us if available to proceed with the settlement.

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

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Nur Syafiqah (LKKAUTO)

From: Nur Syafiqah (LKKAUTO)
Sent: Thursday, 18 August, 2016 9:08 AM
To: JOSELGLEE@YAHOO.COM
Cc: Nur Syafiqah (LKKAUTO); Vic (LKKAUTO); Admin A
Subject: ACCIDENT INVOLVING SGW 3161U AND SGN 8073E ON 13.10.2015

Our Ref: CC6/AIG15017555/M1ha3

18 AUGUST 2016

LEE LIAT GUAN

Dear Sir/Madam,

ACCIDENT INVOLVING SGW 3161U AND SGN 8073E ON 13.10.2015

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.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

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.

Best Regards,

Syaf | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-5792 | email: NurSyafiqah@lkkauto.com | fax: 6741-4108

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



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Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Tuesday, 25 July, 2017 7:44 PM
To: Kang, Sam
Cc: Asher Sng (LKKAUTO); Admin A; Vic (LKKAUTO)
Subject: Your Ref: 5705651249SG _ RE: Update on outstanding file
Attachments: Your Ref: SGN 8073E_ACCIDENT INVOLVING VEHICLES SGW 3161U AND SGN 8073E ON 13/10/2015

Your Ref: 5705651249SG
Our Ref: CC6/AIG15017555/M1ha3

Dear Sam,

ACCIDENT INVOLVING VEHICLES SGW 3161U (OI) AND SGN 8073E (TP) ON 13.10.15

We refer to the above matter.

Please be informed that this is a clear-cut case where OI rear-ended TP.

However, till date, we haven't received the LOD from TP since our last email dated on 30/08/2016 (see enclosed).

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

We will reopen the matter should there be any further development.

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)



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From: Hsiao Tong (LKKAUTO)
Sent: Thursday, 20 July, 2017 7:37 AM
To: Kang, Sam <Sam.Kang@aig.com>
Cc: Vic (LKKAUTO) <vicalpeh@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; Admin A <admin-

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