

Summer Lee (LKK Auto)

From: Hor, Yinrul <Yinrul.Hor@aig.com>
Sent: Tuesday, 24 November, 2020 4:24 PM
To: assignments; Admin A
Cc: Lim, Kok-Chong; Abu Kassim, Noor Mariesa; Subramaniam, Divyashni; Teo, Ericweihong
Subject: aigencrypt PRE-REPAIR INSPECTION REQUEST – FBK8826A vs SMR9973J (OI) on D.O.A.: 24/11/2020
Attachments: OI GIA REPORT.PDF; POLICE REPORT.pdf; SB_FBK8826A REPAIR BILL.pdf

Hi,

Please refer to the enclosed request from **Sin Boon Motor Co..**

Claim no : 8898769638SG003
Case Owner : Bernard Ler Ji Qian

If you have any queries/concerns, please let us know.
*Kindly assist to assign **Steve Chen Tsue Yee** as Single Joint Expert as requested.*

Thanks & Regards,

Hor Yin Rul (Viviane)
AIG

FNOL Adjuster I
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.

Tel: 8001206556 | Ext: 1002208
Yinrul.Hor@aig.com | www.aig.sg

From: fennyskl@gmail.com <fennyskl@gmail.com>
Sent: Tuesday, November 24, 2020 1:56 PM
To: Hor, Yinrul <Yinrul.Hor@aig.com>
Cc: fennyskl@gmail.com
Subject: RE: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SMR9973J AND FBK8826A ON 24/11/2020

Hi Viviane,

Thank you for your prompt reply. We have decided to go with Steve Chen Tsue Yee from LKK Auto Consultants Pte Ltd as our surveyor. Please keep me updated on the survey appointment. Thank you.

From: Hor, Yinrul
Sent: Tue, 24 Nov 2020 04:22:26 +0000
To: fennyskl@gmail.com
Cc: Lim, Kok-Chong, Abu Kassim, Noor Mariesa, Subramaniam, Divyashni, Teo, Ericweihong
Subject: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SMR9973J AND FBK8826A ON 24/11/2020
Without Prejudice

Your Reference : FBK8826A
Our Reference : 8898769638SG003

Dear Sir/Madam,

We refer to your Notice of Accident of even date.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert:

Name of Surveyor	Company Name
Lawrence Ng Chun Kee	Priority Services
Jeffrey Ong Leng Kiat	Priority Services
Jimmy Lee	Priority Services
EC Looi	Automobile Inspection Services Pte Ltd
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon HanXin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Steve Chen Tsue Yee	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Mohammed Rasul	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Thanks & Regards,

Hor Yin Rul (Viviane)
AIG

FNOL Adjuster I
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.

Tel: 8001206556 | Ext: 1002208
Yinrul.Hor@aig.com | www.aig.sg

From: Fenny Seah <fennyskl@gmail.com>
Sent: Tuesday, November 24, 2020 11:51 AM
To: ClaimsDocManagement <ClaimsDocManagement@aig.com>
Subject: [EXTERNAL] Insurance Claim - FBK8826A/SMR9973J

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

Dear Officer in charge,

I am from the workshop, **Sin Boon Motor Co.**, submitting an insurance claim on behalf of Mr Suwardi Bin Abbas. Mr Suwardi Bin Abbas' vehicle, **FBK8826A**, was recently involved in an accident with vehicle **SMR9973J** insured under your company, **AIG Asia Pacific Insurance Pte. Ltd.** and he wishes to do a third-party claim. I have attached the relevant documents required for the claim. Please let me know when the surveyor will be coming down to the

workshop located at 10 Admiralty Street,#01-10/11, Northlink Building, S757695 for the survey of the involved vehicle, **FBK8826A**.

You can reach me at +65 6257 8404 for additional information.

Thank you.

Best regards,
Fenny Seah

Sin Boon Motor Co.

10 Admiralty Street,#01-10/11, Northlink Building, S757695

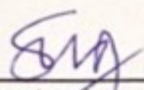
AUTHORISATION OF ACT

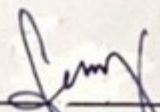
I, SUWARDI BIN ABBAS (the third party claimant) of BIK 150
11 #02-02 5760150 (address), owner of FBK 8826A (vehicle no.) he
authorize SIN BOON MOTOR CO. ("the workshop") to act for me with
claim for the repair cost and/or rental and/or loss of use ("claim") for my vehicle no. F
damaged pursuant to the accident occurred on 29/10/20 (date) along
YISHUN AVENUE 5 (location) invol
SMR 9973J ("accident").

I further authorize the workshop to settle my above mentioned claim in a manner that t
and the workshop in further authorized to receive payment further to settlement of my
payment cheque/being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
prejudice and without admission of liability basis insofar as the driver/owner/insurers of
vehicle/s is concerned.

Date this 24 (day) of NOV (month) 2020 (year)


Signed by "the third party claimant"


Signed by "the workshop"

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 a 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 company.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore 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 to the insurers.

ACCIDENT STATEMENT

Date Of Report	11/11/2020 15:51
Date Of Accident	29/10/2020 08:50
Exact Location Of Accident	YISHUN AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8826A
Insured/Policyholder	
Name Of Registered Owner	SUWARDI BIN ABBAS
NRIC No	SXXXX866A
Email Address	ZIKRYSUWARDI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91158723
Alternative Phone No	OFFICE-91158723

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150-149CC
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2019-00001343-01
Cover Note Number	

Driver

Name of Driver	SUWARDI BIN ABBAS
NRIC No	SXXXX866A
Date Of Birth	12/12/1955
Occupation	INDOOR
Date Of Driving Pass	12/05/1979

Address	BLK 150 YISHUN STREET 11 #02-02
Postcode	760150
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENT
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR9973J
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Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SUWARDI BIN ABBAS

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBK8826A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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 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 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 to interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and the report being made available aforesaid.

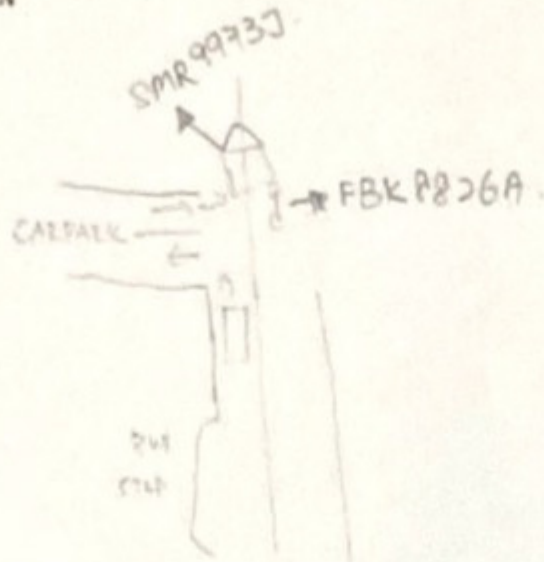
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to 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 transmit my Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) whose 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 following purposes:
 - (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 which could involve disclosure of certain personal data about me to bring about delivery of the same as 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, 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 agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing claims, regulators, law enforcement and government agencies as reasonably required for the purposes stated;
 - (ii) for complying with requirements under any regulations, laws or court orders.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. (T/2020/1106/2020).

The date of accident should be 29/10/2020 instead of 30
in police report.

Accident Photo



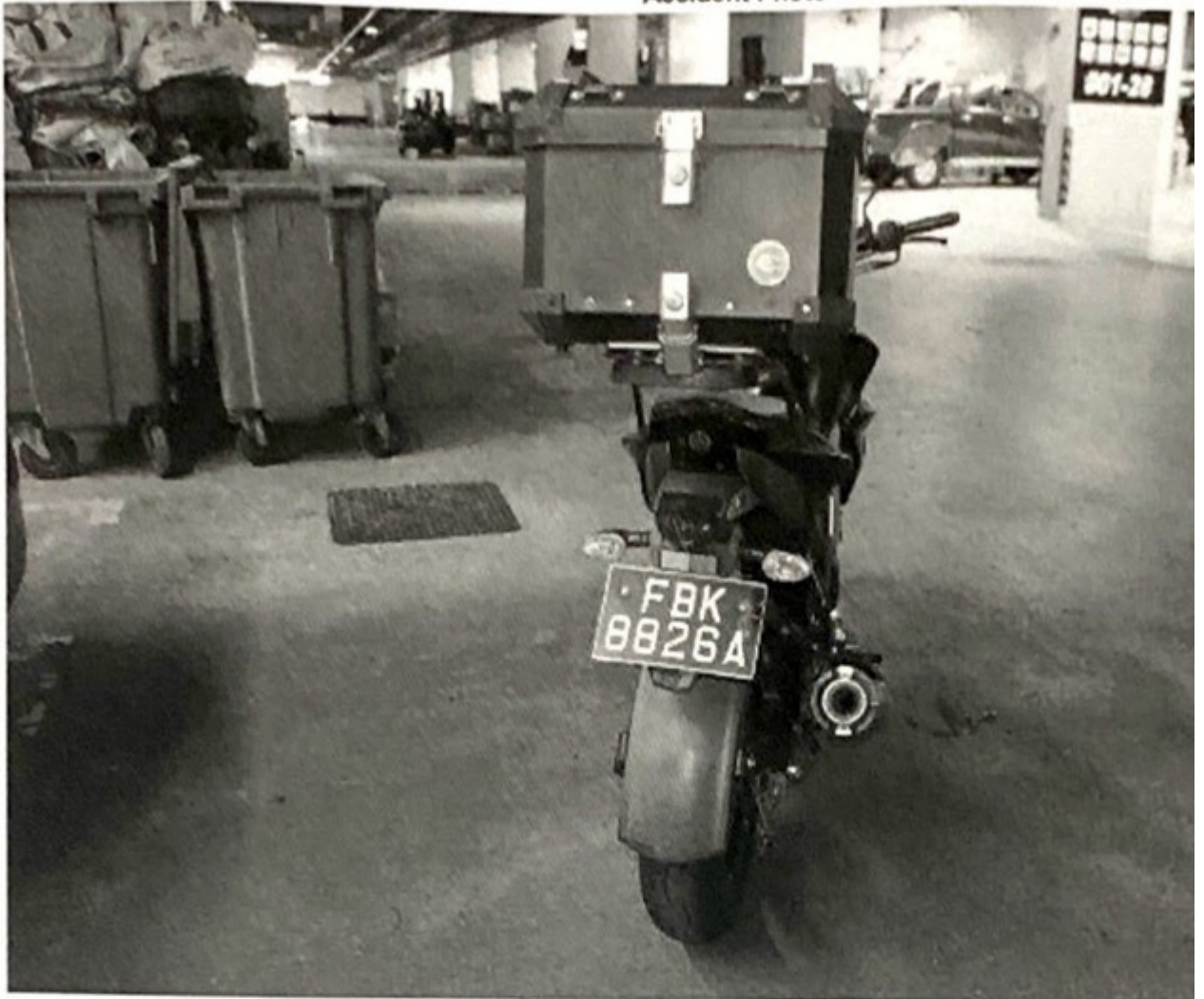
Accident Photo



Accident Photo



Accident Photo



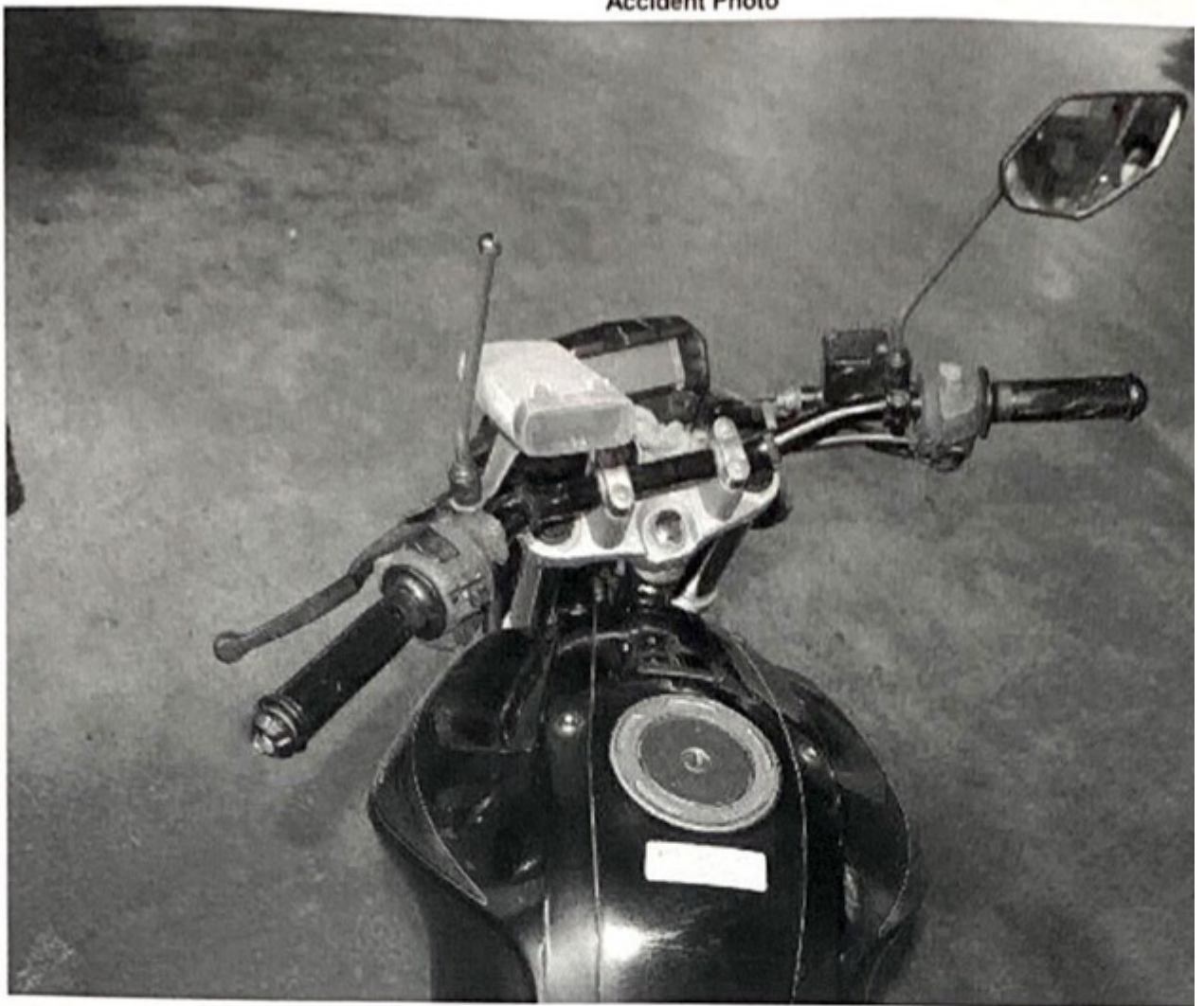
Accident Photo



Accident Photo



Accident Photo



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