

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] SM09213P000R

Date In: 25/3/21 18:19	Job description	Date & Time Completed	Done by
Ref No: NA/AG 21003903/44	SAS e-filing		
Veh No: SMY 6699J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/3/21 21:50	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMJ 4570M	INC () / Non-INC ()
Owner / Driver: (Tel:)
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions
	LTA Letter

NA 2102730	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OR:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
at 1:			
at 2 / 3:			

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 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. This 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.

ACCIDENT STATEMENT

Date of Submission	25/03/2021 18:19 (SGT)
Date of Accident	24/03/2021 21:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6699J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU ZHIHAO
NRIC No	SXXXX835C
Email Address	SALES@83TECHGP.COM
Mobile Phone No	(Phone) +65-96616910
Alternative Phone No	+65-96616910

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070125648
Cover Note Number	-

DRIVER

Name of Driver	LIU ZHIHAO
NRIC No	SXXXX835C

Date Of Birth	26/08/1983
Occupation	Outdoor
Date Of Driving Pass	02/10/2012
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96616910
Alt. Phone Number	+65-96616910
Email Address	SALES@83TECHGP.COM
Address	BLK 209 JALAN LOYANG BESAR #01-09
Address complement	-
Postcode	509489
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210325/2001

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ4570M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

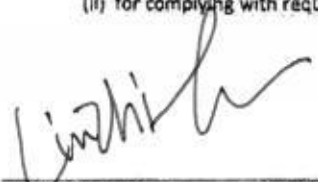
SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, 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 fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

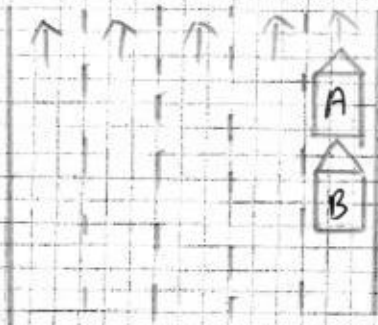

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

6. *Journal of the American Medical Association*, 277: 1001-1002, 1997.

TPE towards PIE before PASIR RIS DR 12.



A : SMY6699J
B : SMJ4570M.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

T	20210325	2001
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DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210325/2001

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210325/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2021 00:23		Vide Report No.: G/20210324/0173		Station Diary No.: 5	
Informant's Particulars					
Name of Informant: LIU ZHHAO			Address: BLK 209 JALAN LOYANG BESAR #01-09 SINGAPORE 509489		
ID Type / ID No.: NRIC NO / S8361835C			Contact No.: Home/Office: Mobile: 96616910		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 26/08/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SERVICE MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2021 21:50	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ4570M	Car			White	Seriously Damaged	0
SMY6699J	Car	AUDI	Q5 SPORT 2.0 TFSI QU S TRONIC	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210325/2901

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 2

Report No: T/20210325/2901

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry	Rate
SMY6699J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070125648	26/08/2020	25/08	21

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIU ZHIHAO	ID No.	S8361835C
Related Vehicle	SMY6699J (Car)	Contact No.	96616910
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/03/2021 at about 9.50pm, I was driving my vehicle along Tampines Expressway (TPE), heading towards the direction of Pan-Island Expressway (PIE). I was on my way home to Loyang area from Woodlands. At that point in time, I was alone in my vehicle and there was no passenger on board with me. As I was travelling on the lane 1 (extreme right Lane) of the said expressway and when my vehicle reached near to Elias Exit, there was an accident scene in front of me. Thus, I immediately applied my brakes to slow my vehicle. As I was braking, a white vehicle with plate bearing SMJ4570M who was traveling behind me, did not managed to brake in time and collided onto the rear bumper of my vehicle. My vehicle then surged forward and managed to stop behind the accident scene. I wish to state that I did not hit any of the accident vehicles which was in front of me.

Following which, both parties then alighted, and we exchanged our details for insurance purposes. I did not sustain any injury from the accident however, one of the passengers from the said vehicle (SMJ4570M) was conveyed to the hospital. The police were at scene and I was advised to lodge a traffic accident report. My vehicle does have an in-car camera however, the recording footage is not available.



**SINGAPORE
POLICE FORCE**



T/20210325/2001

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20210325/2001

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:
G /
Sgt 3 MUHAMMAD FIRDAUS BIN ABDULLAH
SHAFI-IE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
/ GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp

P168

Signature Of Informant:

Linzi Han

Date/Time:
25/03/2021 00:23

Classification Of Case:

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIU ZHIHAO
Period of Insurance : 26 Aug 2020 To 25 Aug 2021
Engine No. : DAX 063439
Chassis No. : WAUZZZF3L2024104

Vehicle No. : SKD3943H
Policy No. : 2070125648
Endorsement No. :
Issued Date : 10 Sep 2020

ABOUT THE COVER

Make/Model : AUDI Q5 Sport 2.0 TFSI qu
Engine Capacity/Tonnage : 1,984.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PAF : Yes

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

Age Condition : All Age Condition
Mileage Condition : Unlimited Mileage
Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

Loss of Use 1800cc - 2000cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIU ZHIHAO - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1 Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125217

PREMIUM LEASING - EF

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Steffany Loh

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 24 03 2012 (DD/MM/YY) Time: 2150 (HH:MM)
Exact location of accident	TPE towards PIE before PASIR RIS DR 12.

Details of vehicle

Vehicle registration number	SMY6699J
Vehicle make and model	Audi A7
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	PRIVATE
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	AI G
Policy number	
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	LIU ZHI HAO	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8361835C	
Contact	96616910	
Address	209 JALAN LOYANG BESAR #01-09 S509489	

DriverSame as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	sales@83techg.p.com	
Date of birth	26081983	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	02102012	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Self</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____	
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>	
No of passenger	<u>1</u>	(Inclusive of driver)

Passenger 1

Name	<u>LIU ZHI HAO</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>PASIR RIS N.P.C.</u>

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SMS 4570M.
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Shan Hui

From: Shan Hui
Sent: Friday, 30 April 2021 8:52 AM
To: 'Low, Xianyu'
Subject: RE: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

Hi ,

Yes.

Best Regards,
Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

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

From: Low, Xianyu [mailto:Xianyu.Low@aig.com]
Sent: Thursday, 29 April 2021 5:24 PM
To: Shan Hui
Subject: RE: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

Hi Shan Hui,

Did insured confirmed that he has change vehicle registration number from SKD3943H to **SMY6699J**?

Meanwhile I will discuss this matter internally for the possible solution.

Thanks for your help.

Thanks & Regards,

Low Xian Yu
AIG
Adjuster II Express Claims PC,
Singapore– Auto Express & FNOL
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.
Tel 8001206556 | Ext: 1002210
Xianyu.Low@aig.com | www.aig.com

From: Shan Hui <shanhui@lkkauto.com>
Sent: Thursday, April 29, 2021 3:19 PM
To: Low, Xianyu <Xianyu.Low@aig.com>
Subject: [EXTERNAL] RE: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

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

Hi ,

The owner miss place the letter and he unable to retrieve the lta letter from web

Thanks

Best Regards,
Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Low, Xianyu [<mailto:Xianyu.Low@aig.com>]
Sent: Tuesday, 27 April 2021 9:33 AM
To: LKK Paya Ubi
Cc: Teo, Ericweihong; Subramaniam, Divyashni; Hor, Yinrul
Subject: RE: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

Hi Shan Hui,

Any updates from insured regarding the LTA letter?

We refer to the accident involving our insured SMY6699J and SMJ4570M on 24/03/2021.

Upon checking, we have found that the policy number 2070125648 provided by insured is registered under vehicle number SKD3943H instead of **SMY6699J** in our system.

Kindly assist to verify the correct insured VRN and to provide LTA letter if there is a change in insured VRN for our necessary actions.

Thank you.

Thanks & Regards,

Low Xian Yu
AIG
Adjuster II Express Claims PC,
Singapore— Auto Express & FNOL
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.
Tel 8001206556 | Ext: 1002210
Xianyu.Low@aig.com | www.aig.com

From: Low, Xianyu
Sent: Thursday, April 15, 2021 3:07 PM
To: LKK Paya Ubi <rspu@lkkauto.com>
Cc: Teo, Ericweihong <Ericweihong.Teo@aig.com>; Subramaniam, Divyashni <Divyashni.Subramaniam@aig.com>; Hor, Yinrul <Yinrul.Hor@aig.com>
Subject: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

Hi Shan Hui,

Any updates from insured regarding the LTA letter?

We refer to the accident involving our insured SMY6699J and SMJ4570M on 24/03/2021.

Upon checking, we have found that the policy number 2070125648 provided by insured is registered under vehicle number SKD3943H instead of **SMY6699J** in our system.

Thank you.

Thanks & Regards,

Low Xian Yu
AIG
Adjuster II Express Claims PC,
Singapore- Auto Express & FNOL
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.
Tel 8001206556 | Ext: 1002210
Xianyu.Low@aig.com | www.aig.com

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Friday, April 9, 2021 9:35 AM
To: Low, Xianyu <Xianyu.Low@aig.com>
Subject: [EXTERNAL] RE: aigencrypt RE: RE: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

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

Hi Xianyu,

Owner still haven't send me the letter, I try to chasing him again.

Sorry for the inconvenience

Best Regards,
Shan Hui | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Low, Xianyu [<mailto:Xianyu.Low@aig.com>]
Sent: Wednesday, 7 April 2021 9:56 AM
To: LKK Paya Ubi
Cc: Teo, Ericweihong; Subramaniam, Divyashni; Hor, Yinrul
Subject: aigencrypt RE: RE: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

Hi Shan Hui,

Any updates on below LTA letter request?

Kindly assist to verify the correct insured VRN and to provide LTA letter if there is a change in insured VRN.

Thank you.

Thanks & Regards,

Low Xian Yu
AIG
Adjuster II Express Claims PC,
Singapore— Auto Express & FNOL
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.
Tel 8001206556 | Ext: 1002210
Xianyu.Low@aig.com | www.aig.com

From: LKK Paya Ubi <rspu@lkkauto.com>

Sent: Thursday, April 1, 2021 2:41 PM

To: Low, Xianyu <Xianyu.Low@aig.com>

Cc: Teo, Ericweihong <Ericweihong.Teo@aig.com>; Subramaniam, Divyashni <Divyashni.Subramaniam@aig.com>; Hor, Yinrul <Yinrul.Hor@aig.com>

Subject: [EXTERNAL] RE: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

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

Hi Xian Yu,

I am getting the LTA letter from owner, once have I will forward to you.

Thanks

Best Regards,
Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

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

From: Low, Xianyu [<mailto:Xianyu.Low@aig.com>]

Sent: Thursday, 1 April 2021 9:18 AM

To: rspu@lkkauto.com

Cc: Teo, Ericweihong; Subramaniam, Divyashni; Hor, Yinrul

Subject: aigencrypt Insured vehicle number confirmation// AIG insured: SMY6699J

Dear Shan Hui,

We refer to the accident involving our insured SMY6699J and SMJ4570M on 24/03/2021.

Upon checking, we have found that the policy number 2070125648 provided by insured is registered under vehicle number SKD3943H instead of **SMY6699J** in our system.

Kindly assist to verify the correct insured VRN and to provide LTA letter if there is a change in insured VRN for our necessary actions.

Attached is the sample of LTA letter for your kind reference.

Thank you.

Thanks & Regards,

Low Xian Yu

AIG

Adjuster II Express Claims PC,

Singapore- Auto Express & FNOL

Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.

Tel 8001206556 | Ext: 1002210

Xianyu.Low@aig.com | www.aig.com