Estimated Co			Bill to:	Date/Tune	29/1/196 9-28
To Inspect V	chicle No:	PC 8885F		nsured: SL	
nt Workshop of		Connef 3 66 woodlends	Road	Tel: 98	509666
Policy No:			Claim No:	MT-/10:	29735-002.
CA / REV	1 REP. / REV 24 HI 9-42000 29/11	RS WP ·	Winnie	H.O.D. End	orsement:
Date/Time	Action/Instruction (CC4 /AXA1600	9682 / Uya3a	1	DA: 16.0516

6/3/19 Continued L/S \$3550/- with 3days. (\$ 8,095.00 Red - 70%)

RECEIVED 0 6 MAR 2019

Date/Time, File Pass to?	: Preli, Report	Days	s Of Repair:	3		
06 10 3/19 1) Types Date/Time, File Return to?	: Final Report	Res	urvey No. of Trip:	-1-	Survey Fee: Transportation	250
2)		Add Fee:	Site Insp .(\$)S+RSSI	
			Interview (\$) Photos	
Report Format :			Tech Invs (\$) Officer	
Lump Sum / I.B.I: (3	3,550/- HS		Weakend (\$		100	
					frital.	- 250

Nivitha (LKK Auto)

From:

Sent:

To:

Cc: Subject:

Thio Tse Kiat; Teng Ken Leong RE: TP CASES FARMED OUT TO LKK ON 29/01/2019

'assignments@lkkauto.com'

Annie Koh <annie.koh@income.com.sg>

Tuesday, 29 January 2019 10:05 AM

Re-send

Warmest Regards

Senior Admin,

Annie Koh

Motor Insurance

T+65 64307899

www.income.com.sg







From: Annie Koh

Sent: Tuesday, 29 January 2019 9:28 AM

To: 'assignments@lkkauto.com'

Cc: Thio Tse Kiat; Teng Ken Leong

Subject: RE: TP CASES FARMED OUT TO LKK ON 29/01/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

-				WorkShop		WorkShop	Survey		
SN	OIC	Claim No.	Vehicle	Name	Address	Contact	Time	OI VEH	DOA
						Geraldine			
				AUTO		Lim /			
		MT/1029824-		INSURE	6 MARSILING	3157			
1	JARED LIU	001	SLK3231E	PTE LTD	LANE	2626		SMG3935S	26/1/19
						Winnie			
					S66 WOODLANDS	Chai /			
		Pending		CONNECT	ROAD (MANDAI	-0886	14:00-		
2		advise	PA9468E	3	ESTATE)	9996	16:00	SHB8082E	27/1/19
						Winnie			
					566 WOODLANDS	Chai /			
		MT/1029735-		CONNECT	ROAD (MANDAI	-0886	14:00-		
3	RAJESWARY	002	PC8885E	3	ESTATE)	9996	16:00	SLP4573K	27/1/19
				TAN					
				CHONG					
				MOTOR	913 BUKIT TIMAH				
		MT/1025139-		SALES PTE	ROAD SINGAPORE	ZUHRI /	15:00-		
4	JEFF LIN	002	SLF8689L	CTD	589623	67038916	15:30	SLZ2324Z	24/12/18

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh Senior Admin Assistant, Motor Insurance

www.income.com.sg T+65 6430 7899

(/Income







Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 Report	
Date Of Accident	28/01/2019 13:07
Exact Location Of Accident	27/01/2019 18:50
	ALONG DOWNTOWN EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC8885E
Insured/Policyholder	
Name Of Registered Owner	FRONTIER TOURS PTE LTD
Co Reg No	201614649E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81011208
Vehicle Particulars	
Manufacturer	ISUZU
Model	LT434P 7.8 SMT
Exact Purpose for which vehicle was being used time of accident	at
Are you claiming under your own insurance policy for repair to your vehicle?	y NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V14437/VBS/R00
Cover Note Number	
Driver	
Name of Driver	LEOW HEE SOON, JOHN (LIANG XISHUN, JOHN)
NRIC No	S8328028Z
Date Of Birth	12/09/1983
Occupation	OUTDOOR

17/01/2008

MALE

NOEMAIL

11 YEARS AND 0 MONTHS

(LOCAL) +65-96878123

Page 1 of 10

Address

APT BLK 127 TAMPINES ST 11 #03-452

Postcode

521127

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

18

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

REFER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP4573K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 10

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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 aforesald.
- 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:
 - 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 (an be disclosed by any of the Insurers and/or OIA to their third party service providers or agents/including their lawyers/few 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

Thum

Driver's Signature

(If driver is not the policybolder)
Date & Time: $\bigcap Q \mid_{G_1} \mid_{\mathring{Q}}$

ישוו דב דט

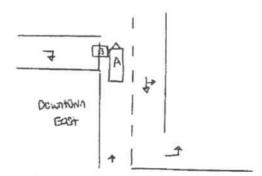
Reporting Centre Personnel's Signature

e. Jerleen

NRIC/FIN No.:

SKETCH PLAN

A: PCGGSSE B= SLP 45-13 K.



17 01	P10C	@	18	solloe,	١	was	driving	My	bus	PCS	985 E	along
JAN JOHAN	1 8004	水	auel	line an	dichit	Whi	0 6 1	211 5	19457	31	exiting	AH KY
mor no	ad c	c)//rl	æd	alto	nly	put	אולונ	my	but	was	driving	rust ·
			_							_		
		_										
	-											
		_										
LARATION declare the		a partir	-dan	ara beca (

Driver's Signature (If driver is not the p Date & Time: 23 6, 19 Reporting Centre Personnel's Signature Name: Seveen

CONNECTS

566 Woodlands Road (Mandai Estate) Singapore 728697 Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

Roc: 5 3 3 6 0 0 6 1 L GST: 53360061L

QT19/PC8885E/TPC-392

NTUC Income Insurance Cooperative Ltd 1 Maritime Square #10-01 Harbourfront Centre Singapore 099253

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PH8885E

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Front bumper 80 c	1	2,550.00	2,550.00
2.	Front LH bumper inner structure Repair	1	1,250.00	1,250.00
3.	Front LH headlamp SCR	1,	1,455.00	1,455.00
4.	Front LH entrance door Repair	1.	2,760.00	2,760.00
5.	Check wiring	1	30.00	30.00
6.	Labour charges	1	1,800.00	, 1,800.00
7.	Transfer door fittings	1	400.00	400.00
8.	Spray painting	1	1,400.00	, 1,400.00
			SUB-TOTAL	S\$11,645.00

Price before 7% gst

Thank you.

Yours faithfully,

Winnie Chai

HP: 9850-9666

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- . To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Hwee dis - Lkb 29/1/19 L/s 3dags

2

91803151



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

DAMAGE	ASSESSMENT	REPORT
--------	-------------------	--------

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref:

CS/INC19001861/Jsd3e2

1410	C INCOME INSUR	RANCE CO-OPERATIVE LTD	Ref:	CS/INC19001861		
		D UNION HOUSESINGAPORE	Date:	12-03-2019		
ATT	N: RAJESWARY		Code:	INC		
1.		Policy Particulars	:- THIRD	PARTY CLAIM	理工程的正常是是	
	Insured Veh.	SLP 4573K	Veh. In:	spected	PC 8885E	
	Policy No.		Covera	ge (\$)	0.00	
	Claim No.	MT/1029735-002	Excess	(\$)	0.00	
	Assign From	ANNIE KOH	Assign	Date	29/01/2019	
2.		Vehicle Parti	culars &	Condition		
	Make & Model	ISUZU LT434P	c.c		7790	
	Engine No.	HIDDEN	Year of	Reg.	2017	
	Chassis No.	JALLT434PH7000024	Colour	A	WHITE	
	Odometer	82853 KM	Steerin	g	IN ORDER	
	Brakes	Modific	ation	SPORTS RIM		
	General	GOOD				
3.		Conditi	ions of T	yres	" 自己"中的"原"的"	
		Size	Make		Balance	
	R/H Front Tyre	295/80 R22.5	FALKEN	ı	7 mm	
	L/H Front Tyre	295/80 R22.5	FALKEN	I	7 mm	
	R/H Rear Tyre	295/80 R22.5	FALKEN		7 mm	
	L/H Rear Tyre	295/80 R22.5	FALKEN	ı	7 mm	
4.	TOTAL STATE	Descripti	on of Da	mages	THE PROPERTY OF THE PARTY OF TH	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE FR ETAILS.	ONT POR	TION.		
5.	E DESERBE TO	Genera	Informa	ation	Will Agency and and a second	
	Accident Date	27/01/2019	Inspect	t Date / Time	29/01/2019 (02:06 PM)	
	Survey held at	566 WOODLANDS ROAD				
	Repairer	CONNECT3				
5a.	A)THE INSPECTION	ON WAS CONDUCTED ON A"WIT	emarks	REJUDICE" BASIS	S.	
	DUINI ACCCORDAN					
5b.	B)IN ACCORDANG	CE TO YOUR INSTRUCTIONS, W Estimate			D REPAIRS.	



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 8885E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	BUCKLED	2,550.00	2,150.00
1	FRONT LH BUMPER INNER STRUCTURE	TO REPAIR SEE LABOUR	1,250.00	-
1	FRONT LH HEADLAMP	SCRATCHED	1,455.00	1,200.00
1	FRONT LH ENTRANCE DOOR	TO REPAIR SEE LABOUR	2,760.00	-
	LESS 10% DISCOUNT		-	-335.00
			8,015.00	3,015.00
	LABOUR			
	CHECK WIRING.		30.00	30.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT LH BUMPER INNER STRUCTURE AND FRONT LH ENTRANCE DOOR.		1,800.00	800.00
	TRANSFER DOOR FITTINGS.	NOT NECESSARY	400.00	-
	SPRAY PAINTING.		1,400.00	600.00
			3,630.00	1,430.00
	GRAND TOTAL		11,645.00	4,445.00

RECOMMENDED COST OF LUMP SUM REPAIRS	Temporal de	3,550.00
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)		

Report Ref No. CS/INC19001861/Jsd3e2

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.