

AESS. REC. BY:

REF:

CE/INC19003026/Jgd302

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Daniel Koh

of

INC

Date/Time:

18/2/2019

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: PC 1746 U

Insured:

FBB 1868Y

at Workshop m/s

Lexbuild

Tel:

96158280 Shirley Lim.

of 2 Woodlands Sector 1 #05-12

Policy No:

Claim No:

MT-1035347-001

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/2/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

18/2

Person Contacted:

Vehicle

IN/OUT

Date/Time	Action/Instruction ( ) Estimate
	PC 1746U-X.
	FBB 1868Y-X.
76/2/14 evening	checked with Shirley, the vehicle has not yet repair due to awaiting liability.
18/2/19	Submit Prelim. report.

Three Six

REF:

INC

ASSIGNMENT

From: Date:  
Estimated cost:  
OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Report Vehicle No: PC1746  
at Workshop no: Lexbuild  
of 2 Woodlands Sector 1 #05-12

Insured

Policy No

Claims No

Sum Insured

Excess

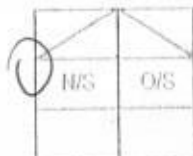
(Client's Record)

Make of Veh:

2-4pm

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: PC1746

Reg No: 15mar 2013

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Golden Dragon

C.C. 6693

Colour: white

A/C: Insured / Std / NI / NA

Sp Reading: 465654

T/Radio: Insured / Std / NI / NA

Eng/No

C/No: LL3BGCDH20A000466

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / 6/Rim / STD A/Rim or

Tyre Size: F: 11 R22.5

R: -

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

TOYO / YOKO or

Front

Rear

R/Bal: 7 mm

R/Bal: 7 mm

L/Bal: 7 mm

L/Bal: 7 mm

D.O.A. 14/2/19

D.O.I. 18/2/19 @0201PM

Survey held at

Lexbuild

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

RECEIVED 28 FEB 2019.

Date/Time: File Pass to?

28/2/19

Date/Time: File Return to?

☒ Prel. Report  
☐ Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)  
☐ Interview (\$)  
☐ Tech. Trav (\$)  
☐ Weekend (\$)

Survey Fee:

Transportation

Fuel & PC

Hotel

Other

Total

EXTRA

Report Format:

Lump Sum / LB (\$)

290

290

**Catherine Chong (LKK Auto)**

**From:** Daniel Koh <daniel.koh@income.com.sg>  
**Sent:** Monday, 18 February, 2019 10:00 AM  
**To:** 'assignments@lkkauto.com'  
**Cc:** Teng Ken Leong; Thio Tse Kiat  
**Subject:** FW: TP CASES FARMED OUT TO LKK ON 18/2/2019

Dear Veron / Nivitha

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

S/NO	THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT	DOA / REF / OFFICER	TIMING
1	✓ PC1746U	FBF1868Y	LEXBUILD INTERNATIONAL / Shirley Lim 96158280	14-2-2019 / MT-1032347-001 / Azhari	14:00-16:00
2	✓ PC6401G	SHC6307R	SC AUTO INDUSTRIES / Hamimah 65719958	6-2-2019 / MT-1031536-002 / Serene Lim	10:00-12:00
3	SHD6752H	SMF6915K	SOON HOCK MOTOR / 65425119	15-2-2019 / MT-1032145-002 / Wo Jessie	

**Please contact workshops.**

Please ack.

Thank You

## 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 Report	15/02/2019 15:18
Date Of Accident	14/02/2019 18:15
Exact Location Of Accident	TAMPINES AVENUE 9 / TAMPINES NORTH PRIMARY SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1746U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE LTD
Co Reg No	201227110H
Email Address	ADMIN@SINGAPORECOACHSERVICES.COM
Mobile Phone No	(LOCAL) +65-96204026
Alternative Phone No	OFFICE-66945458

### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6103J98-6.7 D (M)

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 THIRD PARTY

Vehicle Category BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092609656-01
Cover Note Number	

### Driver

Name of Driver	FENG ZHIHUI
Work Permit No	G6251499G
Date Of Birth	08/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90164543
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MOTORLIST DRIVER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name MOTORLIST PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

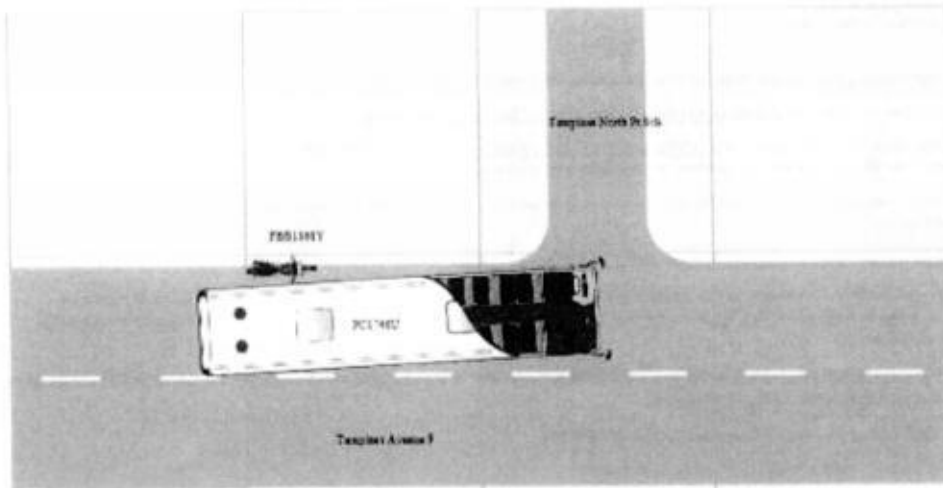
Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/02/2019 @ 1815am, While I was driving my bus PC1746U along No.30 Tampines Avenue 9, Tampines North Primary School entry, was about to make left turn into the school. I had check my left side Mirror and signal left and ensured there was no vehicle before making the left turn, when I was halfway Through the turn, I saw a motorcycle FBB1868Y trying to squeeze through my left, as such I came to a stop. After which the motorcyclist was unable to stop in time and it collided head on to the front left of my bus. I did not suffer any injuries. At the material of time the motorcyclist & passenger was slight injured Ambulance, Traffic Police attended the event of accident. The injuries was convey to hospital by ambulance.

I have Video Footage of the accident.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

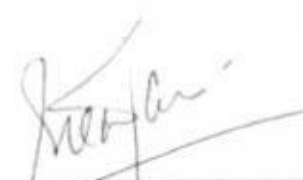
  
Policyholder's Signature

Date & Time: 15/02/19 1440 hrs



  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature

Name: SHIRLEY LIM  
NRIC/SIN No.:

16th February 2019

NTUC Income Insurance Co  
73 Bras Basah Road  
#05-01 NTUC Trade Union  
Singapore 189556

**Quotation No.: Q19-OPS-0200**

Attention: Motor Claims Department

Dear Sir / Madam,

We are pleased to submit herein, our quotation for your consideration.

**Estimated repair cost for Accident vehicle PC1746U on 14/02/2019  
Golden Dragon XML6103J98**

S/n	Description	Qty		Unit Price	Total Price	
1	To supply and replace LHS Wing panel and To supply labour for spray painting <i>Repair</i>	1	pc	\$800.00	400	<del>\$800.00</del> ✓
<b>Total amount in Singapore Dollar</b>					\$800.00	
<b>GST 7%</b>					\$56.00	
<b>Total</b>					\$856.00	

**Terms and Conditions:**

Validity : 30 days

Payment Term : COD

Delivery : 2 working days upon confirmamtion

Remarks : Additional jobs upon finding will quote separately

Yours faithfully,

***Shirley Lim***

Shirley Lim

**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:

*Handwritten:*  
22/2/19  
Hwee Jia - LKK  
18/2/19

*Handwritten:*  
P/P 2 days.

**LexBuild International Pte. Ltd.**

2 Woodlands Sector 1, #05-12 (Woodlands Spectrum 1), Singapore 738068.

Tel: (65) 6456 3533, Fax: (65) 6456 3353

Website: www.LexBuild.com | Email: sales@LexBuild.com





## 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  
73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Ref: CS/INC19003026/Jqd3e2

Date: 01-03-2019



ATTN: AZHARI

Code: INC

#### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBB 1868Y	Veh. Inspected	PC 1746U
Policy No.		Coverage (\$)	0.00
Claim No.	MT-1032347-001	Excess (\$)	0.00
Assign From	DANIEL KOH	Assign Date	18/02/2019

#### 2. Vehicle Particulars & Condition

Make & Model	GOLDEN DRAGON	c.c	6693
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	LL3BGCDH2DA000466	Colour	WHITE
Odometer	465654 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

#### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	11 R22.5	PIRELLI	7 mm
L/H Front Tyre	11 R22.5	PIRELLI	7 mm
R/H Rear Tyre	11 R22.5	PIRELLI	7 mm
L/H Rear Tyre	11 R22.5	PIRELLI	7 mm

#### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.  
DAMAGES SEE DETAILS.

#### 5. General Information

Accident Date	14/02/2019	Inspect Date / Time	18/02/2019 ( 02:01 PM )
Survey held at	LEXBUILD INTERNATIONAL PTE LTD 2 WOODLANDS SECTOR 1 ,#05-12 (WOODLANDS SPECTRUM 1) SINGAPORE 738068		

#### 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.  
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

#### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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## 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 1746U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b> TO SUPPLY AND REPLACE LHS WING PANEL AND TO SUPPLY LABOUR FOR SPRAY PAINTING.		800.00	400.00
			800.00	400.00
	<b>GRAND TOTAL</b>		<b>800.00</b>	<b>400.00</b>
	<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>			<b>400.00</b>

Report Ref No. CS/INC19003026/Jqd3e2

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

## 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.
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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: 15 Feb 19 1440WS



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: SHIRLEY LIM

NRIC/FIN No.:

Address 71 WOODLANDS AVENUE 10 #01-18  
WOODLANDS INDUSTRIAL XCHANGE  
Postcode 737743

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 COLLIDED INTO MOTORCYCLIST  
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) 20

### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ORCHARD

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

On 14/02/2019 @ 1815am, While I was driving my bus PC1746U along No.30 Tampines Avenue 9, Tampines North Primary School entry, was about to make left turn into the school. I had check my left side Mirror and signal left and ensured there was no vehicle before making the left turn, when I was halfway Through the turn, I saw a motorcycle FBB1868Y trying to squeeze through my left, as such I came to a stop. After which the motorcyclist was unable to stop in time and it collided head on to the front left of my bus. I did not suffer any injuries. At the material of time the motorcyclist & passenger was slight injured Ambulance, Traffic Police attended the event of accident. The injuries was convey to hospital by ambulance. I have Video Footage of the accident.

### 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 FBB1868Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MOHAMMAD MAZIAN BIN MOHAMED MATSOM

NRIC/Passport Number S1711912E