ASS. REC. BY: | REF: ES/INC19003401/RHd3d2 Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Annie Kuh of: INC Date/Time: 22/2/19@9.48am

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV7CS

To Inspect Vehicle No: YP 8350G Insured: SJQ 6334P

at Workshop m/s: Woon Meng Tel: 63161151

of: 50 Bkt Batok Crescent #01-06 Sf 23

Policy No: Claim No: MT/1025062-002

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 23/12/18

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: 25/2/19

Date/Time: 10.51am@22/2/19 Person Contacted: Ms Hong Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	YP 8350G - ✓
	SJQ 6334P - ✓
	Lump Sum $2450/- (Red: 2191.20; 47%)

Rosal

REF: INC

ASSESSMENT

From: Date: 25/02/19

Estimated Cost:

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

To Inspect Vehicle No: YP 8350G

at Workshop m/s: Woon Meng

of: 50 Bkt Batok Crescent #01-06 Street 23

Insured:

Policy No:

Claim No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Dum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (4p)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YP 8350G C Engn:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: MERCEDES BENZ C.C:

Colour: BLUE A/C: Insured / Std / NI / NA

Odo Reading: 44807 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: WDB9670077021 5262

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	8	mm	R/Bal.	8/8	mm
L/Bal.	8	mm	L/Bal.	8/8	mm
D.O.A.	23/12/18		D.O.I.	25/02/19 03:28PM	

Survey held at CYCLE & CARRIAGE (PL)

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 02 MAY 2019

Date/Time, File Pass to? 1) 2/5/ Typist

Date/Time, File Return to? 2)

☐ : Prelt. Report

☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee: 250

Transportation:

Add Fee: ☐ Site Insp ($) S / PS / SI

☐ Interview ($) Photos

☐ Tech. Insp ($) Other

☐ Weekend ($

Report Format:

Lump Sum / I.B.I: ($ 0) 24501-

TOTAL 250

Denise Tay (LKKAuto)

From: Rasul (LKKAuto)
Sent: Friday, 26 April 2019 2:50 PM
To: Heng Sew Sow
Cc: Denise Tay (LKKAuto)
Subject: RE: Estimate of YP8350G On 23.12.18
Attachments: YP 8350.pdf

Hi Ms Heng,

Refer to attachment
Finalise amount is $2450 / 3 days of lump sum repair
Kindy confirm

Best Regards,
Rasul | Assessor
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth. Print only when necessary.

From: Heng Sew Sow [mailto:woonmeng@singnet.com.sg]
Sent: Thursday, 25 April, 2019 4:04 PM
To: Denise Tay (LKKAuto)
Cc: Rasul (LKKAuto)
Subject: RE: Estimate of YP8350G On 23.12.18

Best Regards,
Heng Sew Sow (Ms)
Woon Meng Motor Pte Ltd
Tel: 6316 1131/51
Fax: 6316 7050

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Thursday, 25 April 2019 3:59 PM
To: Heng Sew Sow <woonmeng@singnet.com.sg>
Cc: Rasul (LKKAuto) <Rasul@lkkauto.com>
Subject: RE: Estimate of YP8350G On 23.12.18

Hi,

Need the GIA Report. Please sent us on urgent

Best Regards,

Denise Tay (LKKAuto)

From: Heng Sew Sow <woonmeng@singnet.com.sg>
Sent: Saturday, 27 April 2019 12:53 PM
To: Rasul (LKKAuto)
Cc: Denise Tay (LKKAuto)
Subject: RE: Estimate of YP8350G On 23.12.18

Dear Rasul

Accept your offer $ 2450.00

Thank you.

Best Regards,
Heng Sew Sow (Ms)
Woon Meng Motor Pte Ltd
Tel: 6316 1131/51
Fax: 6316 7050

From: Rasul (LKKAuto) <Rasul@lkkauto.com>
Sent: Friday, 26 April 2019 2:50 PM
To: Heng Sew Sow <woonmeng@singnet.com.sg>
Cc: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Subject: RE: Estimate of YP8350G On 23.12.18

Hi Ms Heng,

Refer to attachment
Finalise amount is $2450 / 3 days of lump sum repair
Kindy confirm

Best Regards,
Rasul | Assessor
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

LKK Auto Consultants Pte Ltd *Save the Earth. Print only when necessary.*

From: Heng Sew Sow [mailto:woonmeng@singnet.com.sg]
Sent: Thursday, 25 April, 2019 4:04 PM
To: Denise Tay (LKKAuto)
Cc: Rasul (LKKAuto)
Subject: RE: Estimate of YP8350G On 23.12.18

Best Regards,
Heng Sew Sow (Ms)

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Friday, 22 February 2019 9:43 AM
To: 'assignments@lkkauto.com'
Subject: RE: TP CASES FARMED OUT TO LKK ON 22/02/2019

Re-send

Warmest Regards

Annie Koh
Senior Admin,
Motor Insurance
T +65 64307899
www.income.com.sg

From: Annie Koh
Sent: Friday, 22 February 2019 9:23 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Cc: Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 22/02/2019

Dear LKK,

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

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks

1	ALICE LOW	MT/1005132-001	PC5799R	SMRT AUTOMOTIVE SERVICES PTE LTD	1 HOSPITAL DRIVE # SINGAPORE GENERAL HOSPITAL SINGAPORE 169608	88583566 / Peh Eng Ho	14:00-14:00	SJV6975M	8/2/19	SGH Multi Storey Car Part H
2	JEFF LIN	MT/1025062-002	YP8350G	WOON MENG MOTOR PTE LTD	50 BUKIT BATOK STREET 23 #01-06 MIDVIEW BUILDING SINGAPORE 659578	MS HENG / 63161131		SJQ6334P	23/12/18	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh
Senior Admin Assistant, Motor Insurance
T +65 6430 7899
www.income.com.sg

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.

MNII18165263 / NTUC Income Insurance Co-operative Ltd - HQ
ENTRY DATE & TIME: 24/12/2018 19:57
SUBMITTED BY: Arch Ng

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 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	24/12/2018 19:57
Date Of Accident	23/12/2018 02:10
Exact Location Of Accident	AYE(TUAS) BEFORE PIONEER ROAD EXIT. LEFT LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP8350G
Insured/Policyholder	
Name Of Registered Owner	CON-LASH SUPPLIES PTE LTD
Co Reg No	198903254R
Email Address	ANDY@CON-LASH.COM
Mobile Phone No	(LOCAL) +65-98286156
Alternative Phone No	OFFICE-84423102
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5096645587-01
Cover Note Number	
Driver	
Name of Driver	ZHOU WEIKUN
Passport No/FIN	G2083176L
Date Of Birth	13/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91219248
Fax Number	
Contact Number	
EMail Address	ANDY@CON-LASH.COM

Address	9 BUKIT BATOK CENTRAL LINK #08-03 THE JADE
Postcode	658074
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 - HEAD TO REAR
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?	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) soliciting/offering accident claims assistance.	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

REFER TO SKETCH PLAN

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	SJQ6334P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BENG HIN
NRIC/Passport Number	S1822288D
Contact Number	96909094
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: : UNKNOWN
GENDER: : MALE

Passenger 2

NAME: : UNKNOWN
GENDER: : FEMALE

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 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' law yers/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 law yers/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.

ZHOU WEIKUN
24/12/2018 16:46

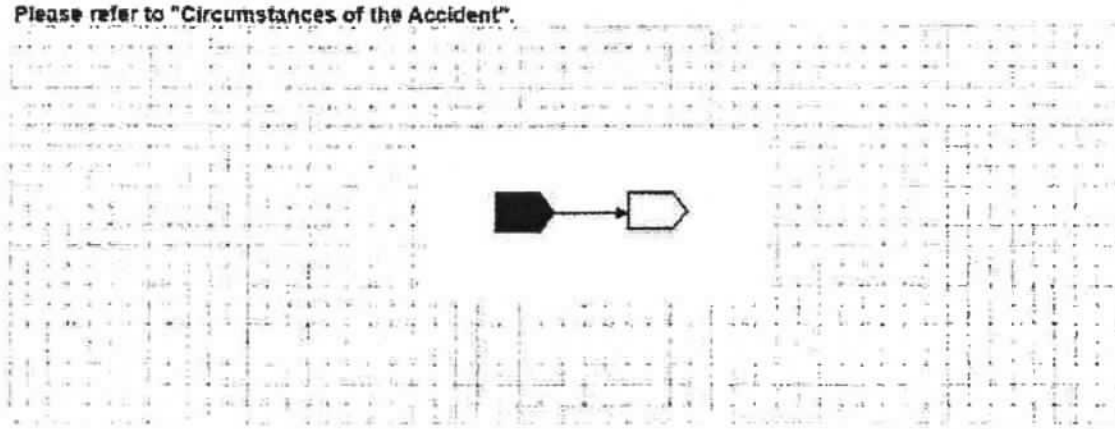
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



Describe Circumstances of the Accident

BLACK CAR : SJQ6334P

WHITE CAR : YP6350G

DESCRIPTION :

On 23 Dec 2018 at Around 0210HRS, I was driving straight along AYE(TUAS) on left lane. Suddenly I felt an impact and notice that the vehicle(SJQ6334P) behind me hit onto the rear of my vehicle.

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
	ZHOU WEIKUN 24/12/2018 16:46	

Woon Meng Motor Pte Ltd

Office : 50 Bukit Batok St 23, #01-06 Midview Building, Singapore 659578
Workshop: 50 Bukit Batok St 23, #01-06 Midview Building, Singapore 659578
Tel: 6316 1131 HP: 9730 2017 Fax: 6316 7050
42, Sungei Kadut Ave, Singapore 729666 Tel : 63268523
(Email Adress : woonmeng @singnet.com.sg)
Co Reg No. 200603678M GST Reg No. 20-0603678M

Estimate

TP CLAIM

To : NTUC Income Insurance Cooperative Ltd
Motor Claims Dept

Date : 26 Feb 2019

Dear Sirs :

Fax : 6339 6277

RE : ESTIMATE COST FOR MERCEDES BENZ LORRY - YP8350G
ACCIDENT INVOLVING YP8350G & SJQ6334P ON 23/12/2018

ITEMS	DESCRIPTION	QTY		PRICE
1	Rear bumper bf ✓	1pc	$	1,200.00
2	Rear bumper bracket @$250ea. bf ✓	2pcs	$	500.00
3	Rear taillamp @$350ea CRA ✓ LH	1pc ~~2pcs~~	$	~~700.00~~ 350
4	Rear number plate bracket n/s. ~~bf~~ CRA ✓	1pc	$	75.00 bf
5	Rear tailalmp bracket n/s. bf ✓	1pc	$	125.00
6	Rear tailalmp bracket bay n/s. XMN 2400	1pc	$	195.00
7	Rear reflector bracket bf ✓	1pc	$	150.00
8	Rear reflector (red). XJU 10%	1pc	$	15.60
9	Rear reflector (yellow). XAU 2160	1pc	$	15.60
			$	2,976.20
10	Rear number plate.	1pc	$	45.00 CRA ✓
	Sum Carried Forward		**$**	**3,021.20**

Sum Carried Forward		**$**	**3,021.20**
Labour Charge & Misc			
To remove, repair, replace & install damaged parts.	} }	$	~~1,000.00~~ 500
To R & R wiring & lighting.		$	~~120.00~~ 40
To putty & spray painting.		$	~~500.00~~ 350
Total		**$**	**4,641.20** 890

2160
45
890
3095
20%
2476
45 - 2,450 3 days

All prices quoted are subjected to 7% GST.

This is a computer generated document. No signature is required.

Repair
Hp 90010068
3 days
L/S
25/02/19 @ 1530
Rear after repair

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:

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

ATTN : JEFF LIN

Ref: CS/INC19003401/R1td3e2

Date: 07-05-2019

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJQ 6334P	**Veh. Inspected**	YP 8350G
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1025062-002	**Excess ($)**	0.00
	Assign From	ANNIE KOH	**Assign Date**	22/02/2019

2. Vehicle Particulars & Condition

	Make & Model	MERCEDES BENZ	**c.c**	7698
	Engine No.	HIDDEN	**Year of Reg.**	2018
	Chassis No.	WDB96700720215262	**Colour**	BLUE
	Odometer	44807 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	FAIR		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	275/70 R22.5	GOODYEAR	8 mm
	L/H Front Tyre	275/70 R22.5	GOODYEAR	8 mm
	R/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	8/8 mm
	L/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	8/8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	23/12/2018	**Inspect Date / Time**	25/02/2019 (03:28 PM)
	Survey held at	WOON MENG MOTOR PTE LTD 50 BUKIT BATOK ST 23 #01-06 MIDVIEW BUILDING SINGAPORE 659578		

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: **3 Working Days**

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YP 8350G

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	BENT	1,200.00	1,200.00
2	REAR BUMPER BRACKET @$250.00	BENT	500.00	500.00
2	REAR TAILLAMP @$350.00	N/S CRACKED	700.00	350.00
1	REAR NUMBER PLATE BRACKET N/S	CRACKED	75.00	75.00
1	REAR TAILLAMP BRACKET N/S	BENT	125.00	125.00
1	REAR TAILLAMP BRACKET BAY N/S	NOT NECESSARY	195.00	-
1	REAR REFLECTOR BRACKET	BENT	150.00	150.00
1	REAR REFLECTOR (RED)	SERVICEABLE	15.60	-
1	REAR REFLECTOR (YELLOW)	SERVICEABLE	15.60	-
	LESS 10% DISCOUNT		-	-240.00
			2,976.20	2,160.00
	SPECIAL NETT ITEMS			
1	REAR NUMBER PLATE (SN)	CRACKED	45.00	45.00
			45.00	45.00
	LABOUR			
	TO REMOVE, REPAIR, REPLACE & INSTALL DAMAGED PARTS.		1,000.00	500.00
	TO R & R WIRING & LIGHTING.		120.00	40.00
	TO PUTTY & SPRAY PAINTING.		500.00	350.00
			1,620.00	890.00
	GRAND TOTAL		**4,641.20**	**3,095.00**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**2,450.00**

Report Ref No. CS/INC19003401/R1td3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser