

22/03/2002

ASS. REC. BY:

REF:

CA/INC19003567/Asd3er

Special Instruction:

Surveyor:

Adnan

ASSIGNMENT (Office)

From (Person):

Cynthia Ang

of

INC

Date/Time:

26/2/19 @ 9:34am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKU 2955R

Insured:

PC 4781Y

at Workshop in/s

96 Motorsports

Tel:

6702 6996

of

62/64 Kaki Bukit Ave 6

Policy No:

Claim No:

MT/1033428-001

Sum Insured:

Excess:

Make of Veh:

D.O.A.

21/2/19

(Client's Record)

CA / REV / REP. / REV 24 HRS up

H.O.D. Endorsement:

Date/Time:

9:39am @ 26/2/19

Person Contacted:

Jade

Vehicle (IN) OUT

Date/Time

Action/Instruction

(✓)

Estimate

SKU 2955R-NA/INC/7023507/24

DOA: 10/12/17

PC 4781Y-X

REF: INC

ASSIGNMENT

Form Date 26/2/19

Estimated Cost

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

To inspect Vehicle No.

8KU 2955R

at Workshop m/s

96 Motorsports

of

62/64 kaki Bukit Aree

Insured

Policy No

Claims No

Sum Insured

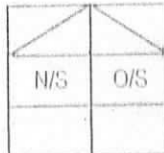
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAG Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No 8KU2955R. In Regn 2013 July.

Type ☒ M. Car ☐ M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make Mercedes Benz E250 cc 1796.

Colour Black A/C Insured / Std / NI / NA

Sp. Reading 96148 T/Radio: Insured / Std / NI / NA

Eng/No

C/No WDD2073472F152773.

Gen. Cond ☒ Good / Fair / Poor / BuntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 235/55R18

R: 235/55R18.

BS / ☒ DEN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A.

D.O.I.

Survey held at

96 Motorsport.

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

TP INC

12/03/19 Confirmed Ls \$ 3,850/- @ 4 days with Adrian
(\$ 6,443.71 Red - 63%)

RECEIVED 12 MAR 2019

Date/Time, File Pass to?

12/03/19 Typist

Date/Time File Return to?



: Proli. Report



: Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS \$

) Photos

) Other

) ...

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$

Report Format:

Lump Sum / L.B. (\$ 3,850/- L/S)

290

290

Nivitha (LKK Auto)

From: Cynthia Ang <Cynthia.Ang@income.com.sg>
Sent: Tuesday, 26 February 2019 9:34 AM
To: assignments@lkkauto.com
Cc: Daniel Koh; Thio Tse Kiat; Toh Choon Hin
Subject: RE: TP CASES FARMED OUT TO LKK ON 26/2/2019

Dear Veron / Nivitha,

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

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Type	Survey Time	OI Veh	DOA	Additional Remarks
1	Juliana Lee	MT/1033428-001	SKU2955R	96 MOTORSPORTS PTE LTD	62/64 KAKI BUKIT AVENUE 6	Royce / 6702 6996	Physical Survey		PC4781Y	21/02/2019	
2	Serene Lim	MT/1033102-002	SMD1877E	PREMIUM CARZ SERVICES PTE. LTD.	1 Kaki Bukit Ave 6 #01-90 Autobay @ Kaki Bukit Singapore 417883	Aun Teng / 6636 9100	Physical Survey	10:30-12:30	SJN5768T	21/02/2019	
3	Helena Tan	MT/1032907-002	SLN2120H	ZOOM AUTOWERKS PTE LTD	15 KAKI BUKIT ROAD 4, BARTLEY BIZ CENTRE, #01-53	Elin Cai / 9450 7920	Physical Survey		SJY5952U	19/02/2019	

Please contact workshops.

Please ack.

Thank You

With Regards

Cynthia Ang
Admin Assistant
Motor Insurance
T +65 6430 7900
www.income.com.sg

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made different



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in with you

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

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

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	22/02/2019 16:19
Date Of Accident	21/02/2019 14:15
Exact Location Of Accident	VICTORIA STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU2955R
Insured/Policyholder	
Name Of Registered Owner	WU LUOYI
NRIC No	S8271169D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98797910
Alternative Phone No	OFFICE-98797910
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 A
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28874024 QMY (COMP)
Cover Note Number	
Driver	
Name of Driver	WU LUOYI
NRIC No	S8271169D
Date Of Birth	06/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98797910
Fax Number	
Contact Number	OFFICE-98797910
EEmail Address	NOEMAIL

Address	BLK 191B RIVERVALE DRIVE #08-908
Postcode	542191
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 - 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 ATTACHED

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	PC4781Y
Vehicle Make/Model/Colour	TOYOTA HIACE COMMUTER GL 3.0 A
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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.

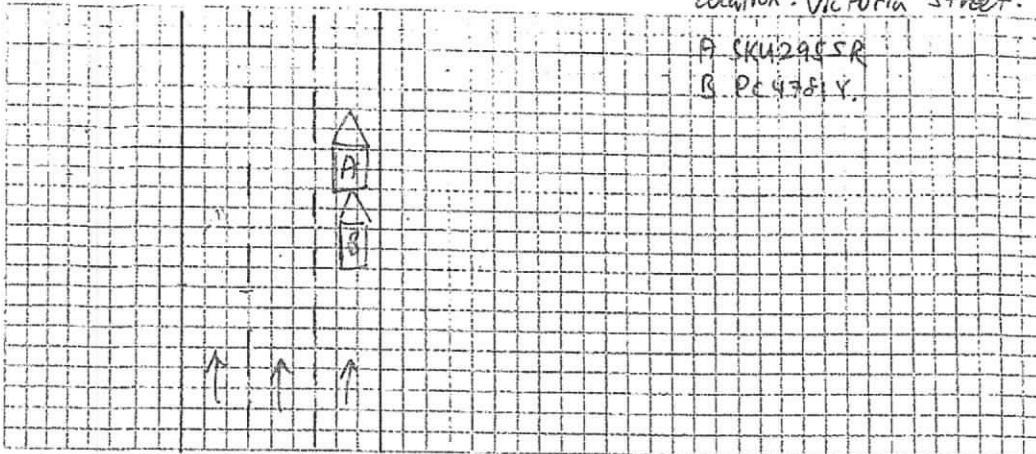
Policyholder's Signature
Date & Time:

2 2 FEB 2019

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I veh 'A' was travelling on the stated venue. I had stopped as the traffic light was 'Red'. Soon after the traffic light turned 'green', I immediately felt an impact towards my rear portion. I came down to check & realised veh 'B' (PC 4781Y) had collided on to the rear of my portion.

DECLARATION

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

Policyholder's Signature
Date & Time

22 FEB 2019

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

IDAC KAKI BUKIT (V)

23 Kaki Bukit Ave 4

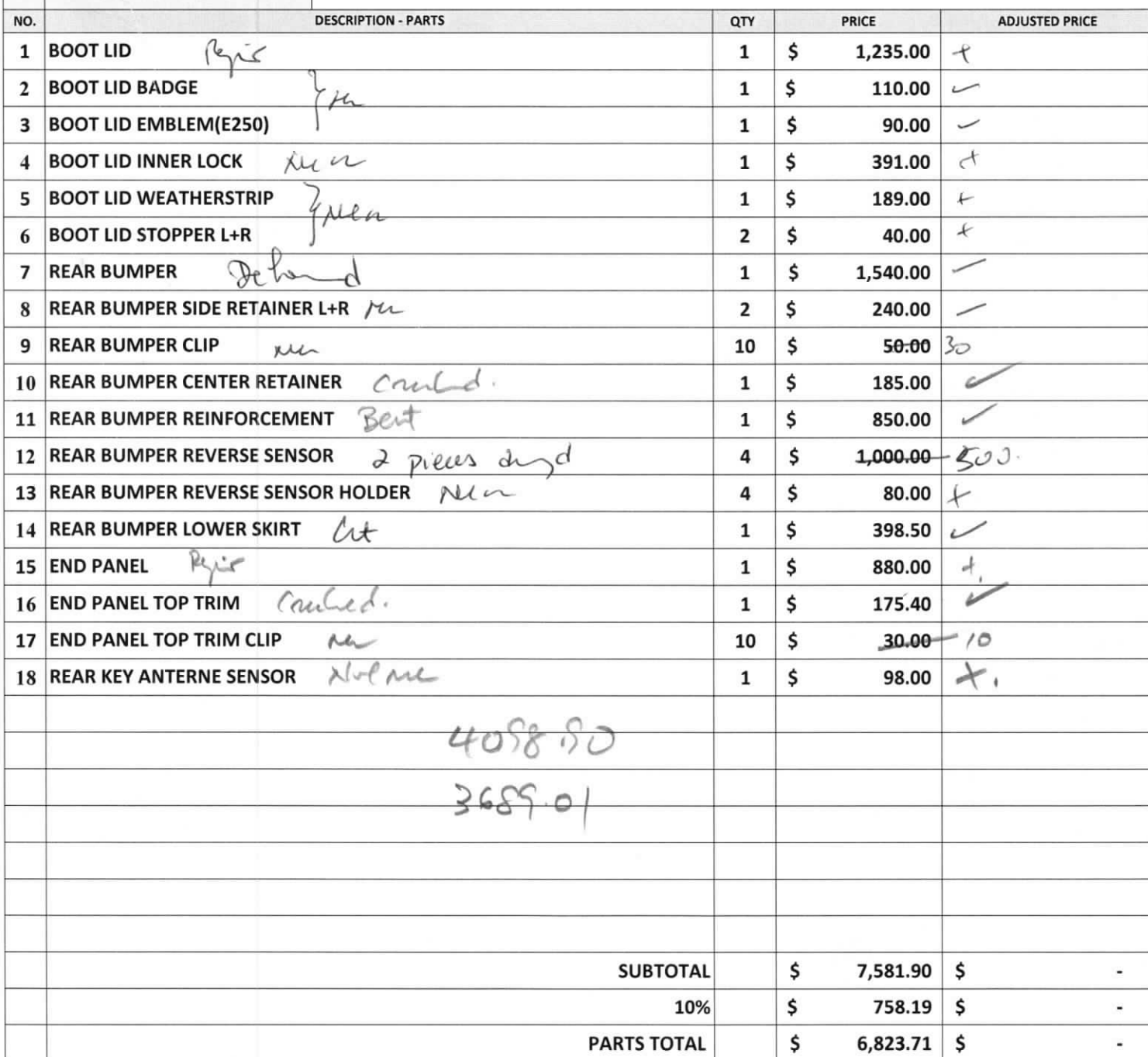
Singapore 415933

Tel: 67416697 Fax: 6749230

Email: vackb@singnet.com.sg

Name:

NRIC/FIN No:



SPECIAL NETT		QTY	PRICE	PRICE
1	BODY PANEL JOINT SEALANT <i>HP</i>	1	\$ 150.00	<i>X,</i>
SPECIAL NETT 1			\$ 150.00	\$ -
LABOUR		QTY	PRICE	PRICE
1	TO KNOCK, STRAINHTEN AND REALIGN ACCIDENT AFFECTED AREA	1	\$ 1,200.00	<i>400</i>
2	TO PUTTY AND RESPRAY ACCIDENT AFFECTED AREA	1	\$ 1,200.00	<i>600.</i>
3	TO RUST PROOF ACCIDENT AFFECTED AREA	1	\$ 120.00	<i>X</i>
4	TO R & R REVERSE SENSOR	1	\$ 150.00	<i>60.</i>
5	TO R & R CARPET AND SEAT	1	\$ 250.00	<i>40.</i>
6	TO REPROGRAM AND REDIANOS FAULT CODE	1	\$ 400.00	<i>80.</i>
LABOUR TOTAL			\$ 3,320.00	\$ -
GRAND TOTAL COST			\$ 10,293.71	\$ -

PAGE 2 OF 2

180

Total : 4869.01

*4/5: 3850.
04 Days.*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/alter 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 Ref: CS/INC19003567/Asd3e2

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

Date: 14-03-2019



ATTN : JULIANA LEE

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 4781Y	Veh. Inspected	SKU 2955R
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1033428-001	Excess (\$)	0.00
Assign From	CYNTHIA ANG	Assign Date	26/02/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E250	c.c	1796
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2073472F152773	Colour	BLACK
Odometer	96148 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/55 R18	DUNLOP	6 mm
L/H Front Tyre	235/55 R18	DUNLOP	6 mm
R/H Rear Tyre	235/55 R18	DUNLOP	6 mm
L/H Rear Tyre	235/55 R18	DUNLOP	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/02/2019	Inspect Date / Time	26/02/2019 (01:25 PM)
Survey held at	96 MOTORSPORTS PTE LTD 62/64 KAKI BUKIT AVENUE 6 SINGAPORE 417893 ARK @ KB		

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:	4 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKU 2955R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR SEE LABOUR	1,235.00	-
1	BOOT LID BADGE	NECESSARY	110.00	110.00
1	BOOT LID EMBLEM (E250)	NECESSARY	90.00	90.00
1	BOOT LID INNER LOCK	NOT NECESSARY	391.00	-
1	BOOT LID WEATHERSTRIP	NOT NECESSARY	189.00	-
2	BOOT LID STOPPER L+R	NOT NECESSARY	40.00	-
1	REAR BUMPER	DEFORMED	1,540.00	1,540.00
2	REAR BUMPER SIDE RETAINER L+R	NECESSARY	240.00	240.00
10	REAR BUMPER CLIP	NECESSARY	50.00	30.00
1	REAR BUMPER CENTER RETAINER	CRACKED	185.00	185.00
1	REAR BUMPER REINFORCEMENT	BENT	850.00	850.00
4	REAR BUMPER REVERSE SENSOR	DAMAGED-2PCS ONLY	1,000.00	500.00
4	REAR BUMPER REVERSE SENSOR HOLDER	NOT NECESSARY	80.00	-
1	REAR BUMPER LOWER SKIRT	CUT	398.50	398.50
1	END PANEL	TO REPAIR SEE LABOUR	880.00	-
1	END PANEL TOP TRIM	CRACKED	175.40	175.40
10	END PANEL TOP TRIM CLIP	NECESSARY	30.00	10.00
1	REAR KEY ANTERNE SENSOR	NOT NECESSARY	98.00	-
	LESS 10% DISCOUNT		-758.19	-412.89
			6,823.71	3,716.01
<u>SPECIAL NETT ITEMS</u>				
1	BODY PANEL JOINT SEALANT (SN)	NOT NECESSARY	150.00	-
			150.00	-
<u>LABOUR</u>				
	TO KNOCK, STRAIGHTEN AND REALIGN ACCIDENT AFFECTED AREA. INCLUSIVE OF THE REPAIR OF BOOT LID AND END PANEL.		1,200.00	400.00
	TO PUTTY AND RESPRAY ACCIDENT AFFECTED AREA.		1,200.00	600.00
	TO RUST PROOF ACCIDENT AFFECTED AREA.	NOT NECESSARY	120.00	-
	TO R & R REVERSE SENSOR.		150.00	60.00
	TO R & R CARPET AND SEAT.		250.00	40.00

Report Ref No. CS/INC19003567/Asd3e2



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TEL: 6256 3561 FAX: 6256 4315

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REPROGRAM AND REDIANOS FAULT CODE.		400.00	80.00
			3,320.00	1,180.00
GRAND TOTAL			10,293.71	4,896.01
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,850.00

Report Ref No. CS/INC19003567/Asd3e2

ADRIAN LING WAI PING

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

Licensed Appraiser

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