22/03/2002

ASS. REC. BY: | REF: cs/INC19003571/Avd307 | Special Instruction:

Surveyor : Adrian

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: SMD 1877E Insured: SJN 5768T

at Workshop m/s Premium Carz Tel: 6636 9100

of 1 Kaki Bkt Ave 6 # 01-90

Policy No: Claim No: MT/1033102 -002

Sum Insured: Excess:

Make of Veh: D.O.A. 21/02/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 9:37am@26/2/19 Person Contacted: Aun Teng Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMD 1877E -x
	SJN 5768T -x
8/5/19	Adrian confirmed LS $2100 (Ref 1817.28, 46%)

REF: INC

From: Date: 26/02/19

Estimated Cost:

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

To Inspect Vehicle No: ~~SKU 2955R~~ SMD1877E

at Workshop m/s: Premium Carz

of: 1 Leaki Bukit Ave 6 #01-90

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: ~~10:30am - 12:30pm~~ 1pm

(Policy Condition)

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

N/S	O/S

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMD1877E. Yr Regn: 2008 August.

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

Make: Mazda RX8 c.c: 1308

Colour: White. A/C: Insured / Std / NI / NA

Sp.Reading: 113109. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMOFE10325O300116

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: 225/40R18

R: 225/40R18

BS / DUN / 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.	26/02/19	1203PM

Survey held at: Premium Carz.

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.

COE Expiry : 11/08/23.

RECEIVED 0 8 MAY 2019

Date/Time File Pass to?

) : Preli. Report

) : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 250

Transportation:

Date/Time File Return to?

) 8/5- typist

Add Fee: : Site Insp ($

: Interview ($

: Tech Invs ($

: Weekend ($

) S / PS / SI

) Photos

) Other

) - -

TOTAL: 250

Report Format : TP

Lump Sum / I.B.I: ($ 2100/2

Dear Catherine/Nivitha

FYA

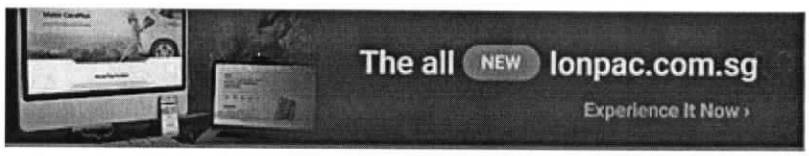
Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



From: CHEW BENG KEE
Sent: Monday, 18 February, 2019 11:28 AM
To: MT_Claim_SG; 'justin_ee@bw.com.sg'
Subject: FW: Accident involving SJA 2696 E & SGG 6776 K Along T-JUNCT OF SIMEI AVE & SIMEI STREET 3 On 12/02/2019. [External Confidential]

Lonpac External - Confidential

Dear Gerald/Li Li, pls attend to this case. TQ.

Best Regards

Chew Beng Kee

Head of Claims | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext. 246 | Fax: (65) 6296 2706

Thank You

With Regards

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

income
made different

At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with 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	21/02/2019 19:09
Date Of Accident	21/02/2019 08:45
Exact Location Of Accident	FLORA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1877E
Insured/Policyholder	
Name Of Registered Owner	LEONG YI SHENG
NRIC No	S9040373G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94516542
Alternative Phone No	OFFICE-94516542
Vehicle Particulars	
Manufacturer	MAZDA
Model	RX8
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
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	A80460513QMX
Cover Note Number	
Driver	
Name of Driver	LEONG YI SHENG
NRIC No	S9040373G
Date Of Birth	24/10/1990
Occupation	INDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94516542
Fax Number	
Contact Number	OFFICE-94516542
EMail Address	NOEMAIL

Address	BLK 13A FLORA ROAD #05-03
Postcode	509733
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)	2
Passenger 1	NAME: : RACHELSIM GENDER: : FEMALE

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 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	SJN5768T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NAMRATA PATHAK
NRIC/Passport Number	S7462367J
Contact Number	96320834
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please indicate correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as complete and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate every liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of police liability on the part of the insurance companies.
5. Any false / misleading 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 their 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 thereafter.
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 the accident (all insurer(s) who have insured vehicle(s) involves in the 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 any claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or any 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 the 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 to any of the Insurers and/or not 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: 21/2/19 2:20pm

Driver's Signature
(if driver is not the policyholder)
Date & Time: 21/2/19 2:20pm

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

SKETCH 2

SKETCH PLAN

Vehicle A: SMJ877F

B: SJN5768T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/2/2019 at about 5:45am, my vehicle A (SBT146G) was stationary along Flora Drive due to red traffic ahead. Out of sudden, vehicle B (SJN5768T) came from behind and hit into the rear portion of my vehicle A.

DECLARATION

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

Policyholder's Signature
Date & Time: 21/2/19 3:50pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/2/19 3:50pm

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

Premium Carz
Services Pte Ltd
Co. Reg. No.: 201416720C
1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883
Tel : 6636 9100 Fax : 6636 9113

Date : 22/02/2019

TO: NTUC Income Insurance Co-operative Ltd
NTUC Income Centre
75 Bras Basah
Singapore 189557

Veron

Attn : Motor Claims Department
Fax : 6338 1504

Our Customer : Leong Yi Sheng, Jeffrey
Vehicle No : SMD1877E
Model : Mazda RX8
Manufacture Year : 2008
Date of Accident : 21/02/2019
Total Estimate Repair Days : 5
Total Pages : 1

Re: Repair Estimate For Third Party Claim against SJN5768T

No.	Item Descriptions	Qty	Unit Price	Amount	Remarks From Surveyor
A.	**Spare Parts**				
1	Rear bumper Rebut	1	$1,151.00	$1,151.00	✓
2	Rear bumper side retainer RH	1	$55.00	$55.00	✓
3	Rear bumper side retainer LH	1	$55.00	$55.00	✓
4	Rear bumper reinforcement	1	$523.00	$523.00	✓
5	Rear bumper reflector RH	1	$58.80	$58.80	✓
6	Rear bumper reflector LH	1	$58.80	$58.80	✓
7	Rear bumper spoiler cracked	1	$685.00	$685.00	✓
8	Rear bumper lower pad	1	$585.00	$585.00	✓
			Total	$3,171.60	
	2531		Less 20%	$634.32	
	2024.80		***Sub Total 1***	**$2,537.28**	
A.	**Spare Parts (S/Nett)**				
1	Rear bumper clip	10	$5.00	~~$50.00~~	30
2	Rear number plate 230	1	$40.00	$40.00	✓
3	Reverse sensor (set)	1	$250.00	~~$250.00~~	200
			Sub-Total 2	**$340.00**	
			Total for Parts	**$2,877.28**	
B.	**Labour**				
1	To check wiring.			~~$40.00~~	30
2	Panel beating charges to remove and replace, to cut and weld, to knock and reshape damaged parts & areas.			~~$500.00~~	200 430
3	Spray painting all affected parts & areas.			~~$500.00~~	200
			Total Labour	**$1,040.00**	
			Total Repair Cost	**$3,917.28**	

Yours faithfully,

Aun Teng
f Premium Carz Services Pte Ltd

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:

Adrian Li
I/S 26/02/19
02 Rpt

Surveyor's Details	
Name	
Contact	
Survey Date	
Recommender	Authorize / Not Authorize
Before Paint	Yes / No

total: 2684.80
I/S: 2+11C ✓

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 : SERENE LIM

Ref: CS/INC19003571/Avd3e2

Date: 08-05-2019

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJN 5768T	**Veh. Inspected**	SMD 1877E
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1033102-002	**Excess ($)**	0.00
	Assign From	CYNTHIA ANG	**Assign Date**	26/02/2019

2. Vehicle Particulars & Condition

	Make & Model	MAZDA RX8	**c.c**	1308
	Engine No.	HIDDEN	**Year of Reg.**	2008
	Chassis No.	JM0FE103290300116	**Colour**	WHITE
	Odometer	113109 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	225/40 R18	YOKOHAMA	6 mm
	L/H Front Tyre	225/40 R18	YOKOHAMA	6 mm
	R/H Rear Tyre	225/40 R18	YOKOHAMA	6 mm
	L/H Rear Tyre	225/40 R18	YOKOHAMA	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 (12:03 PM)
	Survey held at	PREMIUM CARZ SERVICES PTE LTD 1 KAKI BUKIT AVE 6 # 01-90 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

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**

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. SMD 1877E

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	1,151.00	1,151.00
1	REAR BUMPER SIDE RETAINER RH	NECESSARY	55.00	55.00
1	REAR BUMPER SIDE RETAINER LH	NECESSARY	55.00	55.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	523.00	-
1	REAR BUMPER REFLECTOR RH	NOT NECESSARY	58.80	-
1	REAR BUMPER REFLECTOR LH	NOT NECESSARY	58.80	-
1	REAR BUMPER SPOILER	CRACKED	685.00	685.00
1	REAR BUMPER LOWER PAD	NECESSARY	585.00	585.00
	LESS 20% DISCOUNT		-634.32	-506.20
			2,537.28	2,024.80
	SPECIAL NETT ITEMS			
10	REAR BUMPER CLIP @$5.00 (SN)	NECESSARY	50.00	30.00
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	40.00	-
1	SET REVERSE SENSOR (SN)	DAMAGED	250.00	200.00
			340.00	230.00
	LABOUR			
	TO CHECK WIRING.		40.00	30.00
	PANEL BEATING CHARGES TO REMOVE AND REPLACE, TO CUT AND WELD, TO KNOCK AND RESHAPE DAMAGED PARTS & AREAS.		500.00	200.00
	SPRAY PAINTING ALL AFFECTED PARTS & AREAS.		500.00	200.00
			1,040.00	430.00
	GRAND TOTAL		**3,917.28**	**2,684.80**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**2,100.00**

Report Ref No. CS/INC19003571/Avd3e2

ADRIAN LING WAI PING

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

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser