| From (Person) Annie Koh | | MENT (Office) | | . 1 - | |
|--|-----------------------|---------------|--------------|------------------------|---------|
| Estimated Cost | of | I NC | Leaf-Hune. | 5/4/190 | 10:14am |
| OD TP WS/TP RES/OF RES | /EVA/INV/MY | / CS | | | |
| To Inspect Vehicle No. 1 | PC528 | | Insured: PA | 5960B | 2 |
| at Workshop m/s of | woodlends & Gul Ci | trensport | Insured: PA | 19 4122 | |
| Policy No. | | Claim No: | M7/10387 | 592-002 | • |
| Sum hisured | | Excess. | | | |
| Make of Veh (Client's Record) | | | D.O.A. 12 | 4/19 | |
| CA / REV / REP. / REV 24 HRS | \$ | | 9/4/19/0 90 | 14/19 am-0:30am | |
| Date/Time: 10.2000 5/4/10 | Person Confacted: | Mr.chan | Vehicle IN/O | | |
| Date/Time Action/Instruction (P(5282P- | V) Estimate | (| | | |
| 06/6/19@ 355pm Tank Used & 791. | the foralise | ed with M | 13 D.O.A. | 6/4/2017 5/807 74 a | lays |

| Date/Line, Ede Pass to ; | : Preli. Report | | Days | Of Repair: | 4 | | |
|--------------------------|-----------------|----|----------|-------------------|----|--------------|-----|
| 1) of 6 during 1 | : Final Report | | Rosu | rvey No. of Trip: | -1 | Survey Fee: | 290 |
| 4, | | | Add Fee: | Site Insp (\$ | | -) S (P* SL | |
| | | 22 | | Interview (\$ | |) Hudes | |
| Report Format | TP | | | Lection towards | |) Officer | |
| Lump Sum / LUC (3 | 1800 | 1 | | Wentered 1 | | grand a seek | · |
| | | | | | | ESTA | 250 |

Nivithà (LKK Auto)

From:

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

Sent:

Friday, 5 April 2019 10:14 AM

To:

'assignments@lkkauto.com'

Subject:

RE: TP CASES FARMED OUT TO LKK ON 05/04/2019

Re-send

Warmest Regards

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











From: Annie Koh

Sent: Friday, 5 April 2019 9:18 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 05/04/2019

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 | OI VEH | DOA | Additional Remarks |
|----|-----------------|--------------------|----------|--|--|------------------------------|----------|--------|-----------------------|
| 1 | CYNDIIE YONG | MT/1038760- 001 | SHA9982G | DING AUTOMOTIVE PTE LTD | 31 CORPORATION ROAD SINGAPORE 649825 | Nelson Wong / 98912489 | FBM6655D | 3/4/19 | |
| 2 | AZHARI | MT/1038231- 002 | FBM3818X | LEONG SENG MOTOR PTE LTD | BLK 1006 #01-08 BUKIT MERAH LANE 2 SINGAPORE 159762 | c s teo / 62737469 | SLK4888D | 1/4/19 | |
| 3 | JULIANA LEE | MT/1038813- 002 | SLE466X | VERMOGEN ACE PTE LTD | 6 BENOI ROAD, SINGAPORE 629904 | Pila / 6358 3031 | SJD5299H | 3/4/19 | |
| 4 | JARED LIU | MT/1038592- 002 | PC5282P | WOODLANDS TRANSPORT SERVICE PTE LTD | 8 GUL CIRCLE SINGAPORE 629564 | Mr Chan / 9299 4122 | PA5960B | 1/4/19 | 6559 8984 |

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.

Shiau Chan (LKKAuto)

From:

Chan Soo Lye <slchan@woodlandstransport.com.sg>

Sent:

Thursday, 6 June 2019 3:55 PM

To:

Taufikh (LKKAuto) Shiau Chan (LKKAuto)

Cc: Subject:

RE: PC5282P AFTER REPAIR PHOTOS

Dear Mr Taufikh,

Confirmed.

Thank you.

Best Regards

Chan Soo Lye Service Executive WTS Engineering Pte Ltd

WT Woodlands Transport

Woodlands Transport Service Pte Ltd

8, Gul Circle, Singapore 629564

Direct Line: +65 6559 8984

Fax : +65 6862 2163

www.woodlandstransport.com.sg 69

Group of Companies:

wistravel 1



CASHBOX

From: Taufikh (LKKAuto) [mailto:Taufikh@lkkauto.com]

Sent: Friday, 31 May, 2019 11:23 AM

To: 'Chan Soo Lye'

Cc: Shiau Chan (LKKAuto)

Subject: RE: PC5282P AFTER REPAIR PHOTOS

Hi Mr Chan,

COR I/s \$1800, 4 days.

Regards Taufikh Lkk Auto

From: Chan Soo Lye [mailto:slchan@woodlandstransport.com.sg]

Sent: Friday, 31 May 2019 9:12 AM

To: Taufikh

Cc: Lee Tong Ren kenji; Goo Lee Ping **Subject:** PC5282P AFTER REPAIR PHOTOS

Hi Mr Taufikh,

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 <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.

| aforesaid. | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| Application of the second second | ACCIDENT STATEMENT |
| Date Of Report | 03/04/2019 15:25 |
| Date Of Accident | 01/04/2019 12:45 |
| Exact Location Of Accident | JURONG EAST ST 21 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | PC5282P |
| Insured/Policyholder | |
| Name Of Registered Owner | WOODLANDS TRANSPORT SERVICE PTE LTD |
| Co Reg No | 198102721M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98383481 |
| Alternative Phone No | OFFICE-65598954 |
| Vehicle Particulars | |
| Manufacturer | YUTONG |
| Model | ZK6116HE AUTO |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | SD18V07062 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIEW LEE SING |

 Name of Driver
 LIEW LEE SING

 NRIC No
 \$1454240Z

 Date Of Birth
 08/07/1960

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/03/1981

Driving Experience 38 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90919931 Fax Number (LOCAL) +65-68982394

Contact Number

EMail Address NOEMAIL

Address

BLK 218 PETIR ROAD #08-357

Postcode

670218

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

On 01/04/2019, at about 12:45 hrs, I was traveling along Jurong East St 21 in lane 3. The weather was clear with dry surfaces at that point of time .As I was traveling within my lane the vehicle behind me, PA5960B collided into my bus. As a result, my truck sustained damages on the rear portion while PA5960B sustained damages on the front portion. No one was injured in the accident.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PA5960B

Vehicle Make/Model/Colour

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 Pg. 1

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.
- 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 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| KETCH PLAN | | | |
|--|---|------------------------------|---------------------------------|
| | | | |
| | | A -PC5282P B -PA5960B | |
| В | | JURONG EAST 21 | ST |
| i i | • | | |
| ESCRIBE CIRCUMSTANCI | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| CLARATION Ve declare the foregoing part | iculars are true in every respect. | | |
| | M | V | K |
| licyholder's Signature te & Time: | Driver's Signature (If driver is not the policyh Date & Time: | Reportii Name: NRIC/FI | ng Centre Personnel's Signature |



₫, · · '



WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

Quotation

DATE:

DRIVER:

VEHICLE NO:

ATTENTION TO:

PREPARED BY:

02/04/19

PC5282P

Chan Soo Lye

LIEW LEE SING

90919931

LOCATION:

Gul Workshop

Q REF No:

Q19/04/1004

DEPARTMENT:

WTS Bus Department

ACCIDENT DATE: 01/04/19

REF No:

JW-0419-270

| S/N | Description | Qty | Cost per Unit | Am | ount S\$ |
|-----|--|-----|---------------|-------|----------|
| | Spare Parts | | | | |
| 1 | REAR BUMPER | 1 | 875 | de | 875.00 |
| 2 | NUMBER PLATE LAMP | 2 | 31.8 | are | 63.60 |
| 3 | REAR NUMBER PLATE | 1 | 50 | and / | 50.00 |
| 4 | 60KM/H STICKER | 1 | 3 | ne- | 3.00 |
| 5 | WOODLANDS TRANSPORT STICKER | 1 | 100 | NY/ | 100.00 |
| | Labour Costs | | 10% | | 10% |
| 1 | TO REMOVE AND DISMANTLE REAR BUMPER AND INSTALL REPLACE REAR BUMPER., NUMBER PLATE LAMP AND NUMBER PLATE. TO PANEL BEAT REAR ENGINE COVER- DENTED. | 1 | 800 | 700. | 800.00 |
| | Spray Paint | | | | |
| 1 | Spray Painting | 1 | 700 | 600 | 700.00 |
| | TO PUTTY AND SPRAY PAINTING REAR BUMPER AND REAR ENGINE COVER.WITH WTS COLOUR. | | | | 1300 |
| | | | TOTAL: | 15 | 2,591.60 |
| | | | Total Amount | SGD | 2,591.60 |

Remarks:

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

Taylor 97495749. 9/4/19 8 915Am * Resury before paint. sur e Whentown of days. tanfine Illianto ion

1797494749 Lyr 1841,972

Surveyor Sign: Surveyor Name:

Date:

1 / 1



5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

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 ASSES | SMENT REPORT | WE'S 10 TO 10 10 10 10 10 10 10 10 10 10 10 10 10 |
|-------------------|---|----------------------|---|
| NTUC INCOME INCUE | RANCE CO-OPERATIVE LTD | | /T1ad3e2 |
| 73 BRAS BASAH ROA | | Date: 19-06-2019 | |
| ATTN: JARED LIU | | Code: INC | |
| 1. | Policy Particulars | :- THIRD PARTY CLAIM | |
| Insured Veh. | PA 5960B | Veh. Inspected | PC 5282P |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | MT/1038592-002 | Excess (\$) | 0.00 |
| Assign From | ANNIE KOH | Assign Date | 05/04/2019 |
| 2. | Vehicle Parti | culars & Condition | |
| Make & Model | YUTONG ZK6116HE | c.c | 6690 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | LZYTBTE63G1035839 | Colour | WHITE |
| Odometer | 153051 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |
| 3. | Conditi | ons of Tyres | |
| | Size | Make | Balance |
| R/H Front Tyre | 11R 22.5 | CHAO YANG | 8 mm |
| L/H Front Tyre | 11R 22.5 | CHAO YANG | 8 mm |
| R/H Rear Tyre | 11R 22.5 (D) | CHAO YANG | 8/8 mm |
| L/H Rear Tyre | 11R 22.5 (D) | CHAO YANG | 8/8 mm |
| 4. | Description | on of Damages | |
| THE VEHICLE SU | STAINED DAMAGES AT THE RE | AR PORTION. | |
| DAMAGES SEE D | DETAILS. | | |
| 5. | Genera | I Information | |
| Accident Date | 01/04/2019 | Inspect Date / Time | 09/04/2019 (09:15 AM) |
| Survey held at | WOODLANDS TRANSPORT SE | ERVICE PTE. LTD. | |
| | 8 GUL CIRCLE SINGAPORE 629564 | | |
| 5a. | | emarks | |
| | ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W | | |

Estimate Days of Repair

4 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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 5282P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|-----|---|-----------|-------------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | REAR BUMPER | DEFORMED | 875.00 | 875.00 |
| 2 | NUMBER PLATE LAMP @\$31.80 | CRACKED | 63.60 | 63.60 |
| 1 | REAR NUMBER PLATE | CRACKED | 50.00 | 50.00 |
| 1 | 60KM/H STICKER | NECESSARY | 3.00 | 3.00 |
| 1 | WOODLANDS TRANSPORT STICKER | NECESSARY | 100.00 | 100.00 |
| | LESS 10% DISCOUNT | | - | -109.16 |
| | | | 1,091.60 | 982.44 |
| | LABOUR | | | |
| | TO REMOVE AND DISMANTLE REAR BUMPER AND INSTALL. REPLACE REAR BUMPER, NUMBER PLATE LAMP AND NUMBER PLATE. TO PANEL BEAT REAR ENGINE COVER-DENTED. | | 800.00 | 700.00 |
| | SPRAY PAINTING. TO PUTTY AND SPRAY PAINTING REAR BUMPER AND REAR ENGINE COVER. WITH WTS COLOUR. | | 700.00 | 600.00 |
| | | | 1,500.00 | 1,300.00 |
| | GRAND TOTAL | | 2,591.60 | 2,282.44 |

| RECOMMENDED COST OF LUMP SUM REPAIRS | 建筑等性源 | 1,800.00 |
|--------------------------------------|--------------|----------|
| (TO ITS PRE-ACCIDENT CONDITION) | | |
| (CONFIRMED) | | 211 200 |

Report Ref No. CS/INC19006071/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

Automotive Assessor

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