REF: CS3/INC1900 7161/Rkd3 | Special Instruction:

Surveyor: Rasul ASSIGNMENT (Office)

From (Person): Annie Koh of: INC Date/Time: 9:37am @ 23/4/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJT 9452X Insured: SFG907B

at Workshop m/s: My Car Consultant Tel: 88668632

of: 53 Ubi Ave 1 # 01-33

Policy No: Claim No: MT/1040130-002

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 14/4/19

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

Date/Time: 10:43am @ 23/4/19 Person Contacted: Hui Qin Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate	
	SJT 9452X - NA / INC1900 6990 / Z1	DOA: 14/4/19
	SFG907B - NA / INC1900 6990 / Z9	DOA: 14/4/19
	Diamantle : 24/4/2019	
	—"— : 25/4/2019	

Assignment: Zaw | REF: INC | C 2960K

PRS

COE EXPIRY: 2029/MAR

ASSIGNMENT

From: Date: 23/4/19

Estimated Cost:

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

To Inspect Vehicle No: SJT 9452X

at Workshop m/s: My Car Consultant

of: 53 Ubi Ave 1 # 01-33

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.

N/S	O/S

Eal. 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 1up

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJT 9452X Yr Regn: 2009 / NOV

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

Make: TOYOTA WISH 2.0 A c.c 1987

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

Sp.Reading 94560 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDGJ20W605001281

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: 195/65R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A	14/04/19	D.O.I.	23/04/19 3.45pm

Survey held at My Car Consulting

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S FRT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	~~Repair Range - (4k - 7k) / 7 days~~

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip: 3

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	$ + RS $
Photos	
Others	
TOTAL	

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Tuesday, 23 April 2019 9:37 AM
To: 'assignments@lkkauto.com'
Cc: Thio Tse Kiat; Teng Ken Leong
Subject: RE: TP CASES FARMED OUT TO LKK ON 23/04/2019

Re-send

Warmest Regards

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

From: Annie Koh
Sent: Tuesday, 23 April 2019 9:22 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 23/04/2019

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

1	Fiona Shen	MT/1040953-002	GZ37522Z	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 83300060	PC5029E	18/4/19
2	Jared Liu	MT/1041177-001	SLG3195Y	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 83300060	SGH3856C	19/4/19
3	Jared Liu	MT/1040130-002	SJT9452X	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 83300060	SFG907B	14/4/19

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

Celine Fong (LKKAuto)

From: Celine Fong (LKKAuto)
Sent: Tuesday, 7 May 2019 5:42 PM
To: Jared.liu@income.com.sg
Cc: SUR
Subject: RE: Pre-Repair Survey by LKK (Vehicle No. SJT 9452X ; Your Ref: MT/1040130-002)
Attachments: Inspection Photo.pdf; Photo of damaged parts.pdf; Photo of damaged parts2.pdf; LKKInvoice1.pdf

Dear Jared,

Refer to your assignment on 23.04.2019 at 9.37am.

Please be informed that we have inspected the vehicle SJT 9452X on 23.04.2019 at 3.48pm.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

Please find attached Pre-Repair photographs and invoice of SJT 9452X.

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

From: Annie Koh <annie.koh@income.com.sg>
Sent: Tuesday, 23 April 2019 9:37 AM
To: assignments <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 23/04/2019

Re-send

Warmest Regards

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

From: Annie Koh
Sent: Tuesday, 23 April 2019 9:22 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 23/04/2019

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
1	Fiona Shen	MT/1040953-002	GZ3752Z	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 83300060	PC5029E	18/4/19
2	Jared Liu	MT/1041177-001	SLG3195Y	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 83300060	SGH3856C	19/4/19
3	Jared Liu	MT/1040130-002	SJT9452X	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 83300060	SFG907B	14/4/19

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

› Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	2960K
Vehicle Details	
Vehicle No.:	SJT9452X
Vehicle to be Exported:	No
Intended Deregistration Date:	03 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 2.0 AUTO
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	3ZRA402883
Chassis No.:	JTDGJ20W605001281
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	$22,003.00
Original Registration Date:	10 Nov 2009
First Registration Date:	10 Nov 2009
Transfer Count:	1
Actual ARF Paid:	$22,003.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Nov 2019
PARF Rebate Amount:	$11,001.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	$33,018.00
COE Rebate Amount:	$32,716.00
Total Rebate Amount:	**$43,717.00**

The information contained herein is correct as at 03 May 2019

OK

MNA119051412 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 22/04/2019 09:53
SUBMITTED BY: Jackson Ho Zhao Tian

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 22/04/2019 11:01

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	22/04/2019 09:53
Date Of Accident	14/04/2019 13:50
Exact Location Of Accident	JUNC MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT9452X
Insured/Policyholder	
Name Of Registered Owner	CAR FLEET AUTO LEASING
Co Reg No	53382960K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81331270
Alternative Phone No	OFFICE-81331270
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108385025
Cover Note Number	
Driver	
Name of Driver	ZULKARNAIN BIN JUNAIDI
NRIC No	S7112076G
Date Of Birth	03/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85887099
Fax Number	
Contact Number	OFFICE-85887099
EMail Address	NOEMAIL

Address	BLK 486A TAMPINES AVENUE 9 #03-110
Postcode	520486
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 51 KILLINEY ROAD , **POSTCODE:** 239572 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7359999 - **FAX NO**: 67331934
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190417/2062.

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	SFG907B
Vehicle Make/Model/Colour	MAZDA 5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	COLIN PERERA

NRIC/Passport Number	S2006949Z
Contact Number	90126636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZULKARNAIN BIN JUNAIDI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT9452X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately 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.

CAR FLEET RADIO LTD

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.:

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report
I was driving my vehicle SJT9452X turning left to Shearers Ave.
Suddenly there's this vehicle SFG9078 dash straight and hit
my front left, he is at lane 3 which only can turn left.

DECLARATION

I/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:

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