

ASS. REC. BY:

REF:

CS3/INC1908527/Bcd3

Special Instruction:

Surveyor: Mr. Tim

## ASSIGNMENT (Office)

From (Person): Annie Koh

of

INC

Date/Time:

14/5/19 @ 9:51am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 9127F

Insured:

SMS 245D

at Workshop in/s

Teamwork

Tel:

68442975

of

53 ubi Ave 1 #01-24

Policy No:

Claim No:

MT/1043407-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

6/5/2019

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time: 10:30am 14/5/19

Person Contacted:

Jerran

Vehicle: IN/OUT

| Date/Time | Action/Instruction           | Estimate       |
|-----------|------------------------------|----------------|
|           | SLG 9127E - NA/INC1908527/21 | DOA: 06/5/2019 |
|           | SMS 245D - NA/INC1908527/21  | DOA: 6/5/2019  |
|           |                              |                |
|           |                              |                |
|           |                              |                |

PRS

ASSIGNMENT

From:

Date: 14/5/2019

Estimated Cost:

OD / IP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

SLG 9127E

at Workshop n/s

Teamwork Garage

of 53 ubi Ave | #01-24

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 |
|     |     |

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLG 9127E

Yt Regn: 18/10/2016

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

Truck / Trailer or

Make:

Chevrolet Orlando 1.4 cc 1362

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading:

106830

T/Radio: Insured / Std / NI / NA

Eng/No:

A14NET162320208

C/No:

KL1YA7589 HK6068800

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Mod:

Nil / 5/Rim / STD A/Rim or

Tyre Size:

F: 215/60/16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Rowelo

Front

Rear

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A:

6/5/19

D.O.I:

14/5/19 @ 2.21pm

Survey held at

Teamwork Garage

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

Range 3,000/2 - 4,000/2

MV 72,000/2

PV 51,367/2

NV 20,633/2

Teamwork Garage

15/5/19

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

15 + 10 = 25

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

TOTAL

50

Report Format:

PRO

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

## Celine Fong (LKKAuto)

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**From:** Celine Fong (LKKAuto)  
**Sent:** Wednesday, 29 May 2019 12:24 PM  
**To:** Jared.liu@income.com.sg  
**Subject:** Pre-Repair Survey by LKK (Vehicle No. SLG 9127E ; Your Ref: MT/1043407-002)  
**Attachments:** Inspection Photographs.pdf; LKKInvoice1.pdf

Dear Jared,

Refer to your assignment on 14.05.2019 at 9.51am.

Please be informed that we have inspected the vehicle SLG 9127E on 14.05.2019 at 2.21pm.

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 SLG 9127E.

Best Regards,

**Celine Fong**

**LKK Auto Consultants Pte Ltd**

phone: 6256-3561 | email: [celinefong@lkkauto.com](mailto:celinefong@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Cynthia Ang <[Cynthia.Ang@income.com.sg](mailto:Cynthia.Ang@income.com.sg)>  
**Sent:** Tuesday, 14 May 2019 11:16 AM  
**To:** assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 14/05/2019

Dear LKK,

Resend with the following details.

Thank you.

With Regards

**Cynthia Ang**  
Admin Assistant  
Motor Insurance  
T +65 6430 7900  
[www.income.com.sg](http://www.income.com.sg)

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

## **Nivitha (LKK Auto)**

**From:** Cynthia Ang <Cynthia.Ang@income.com.sg>  
**Sent:** Tuesday, 14 May 2019 11:16 AM  
**To:** 'assignments@lkkauto.com'  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 14/05/2019

Dear LKK,

Resend with the following details.

Thank you.

With Regards

**Cynthia Ang**  
Admin Assistant  
Motor Insurance  
T +65 6430 7900  
[www.income.com.sg](http://www.income.com.sg)

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**in** with you

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

**From:** Annie Koh  
**Sent:** Tuesday, 14 May 2019 9:51 AM  
**To:** 'assignments@lkkauto.com' <assignments@lkkauto.com>; Cynthia Ang <Cynthia.Ang@income.com.sg>  
**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 14/05/2019

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 | DI VEH   | DOA        | Additional Remarks       |
|----|------------|----------------|----------|------------------------------|------------------------------------------------------------------|----------------------------------|-------------|----------|------------|--------------------------|
| 1  | Helena Tan | MT/1044374-001 | SGF9666E | EM-1 AUTO PTE. LTD.          | BLK 8 #01-68 SIN MING INDUSTRIAL EST SECTOR C SINGAPORE 575643   | KAREN / 9666+6556                |             | YP4984D  | 11/05/2019 |                          |
| 2  | Fiona Shen | MT/1043823-001 | SLF6832C | ESTEEM PERFORMANCE PTE LTD   | 385 SIN MING DRIVE VICOM INSPECTION CENTRE SINGAPORE 575718      | Carmen Lim/6484 1221 / 8799 0066 | 11:00-12:00 | SJF1195P | 02/02/2019 |                          |
| 3  | Jeff Lin   | MT/1044250-001 | GBH2121E | FULCO AUTOCARE PTE LTD       | 176 SIN MING DRIVE #03-02 SIN MING AUTOCARE                      | Jenny / 96391626                 |             | YN6003H  | 09/05/2019 |                          |
| 4  | David Phua | MT/1041919-002 | GB81695D | MEGA AUTO PTE LTD            | 160 SIN MING DRIVE #02-01 SIN MING AUTOCITY                      | MR MENG / 97582943               |             | YP9237U  | 26/04/2019 |                          |
| 5  | Azhari     | MT/1043758-002 | SBJ2848G | SUPREME AUTO SERVICE PTE LTD | 176 SIN MING DRIVE #02-01 SIN MING AUTOCARE SINGAPORE 575721     | Admin / 64528211                 |             | GBJ1100L | 09/05/2019 | Call workshop btl survey |
| 6  | Jared Liu  | MT/1043407-002 | SLG9127E | TEAMWORK GARAGE PTE LTD      | 53 UBI AVENUE 1 #01-24 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 | DARREN / 68442475                |             | SMJ245D  | 06/05/2019 |                          |
| 7  | Jared Liu  | MT/1043815-002 | SMA8238U | TEAMWORK GARAGE PTE LTD      | 53 UBI AVENUE 1 #01-24                                           | SHU SHAN / 68442475              |             | SJL1464G | 09/05/2019 |                          |



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> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars     |                     |
|-------------------------------|---------------------|
| Owner ID Type:                | Singapore NRIC      |
| Owner ID:                     | 09298               |
| Vehicle Details               |                     |
| Vehicle No.:                  | SLG9127E            |
| Vehicle to be Exported:       | No                  |
| Intended Deregistration Date: | 15 May 2019         |
| Vehicle Make:                 | CHEVROLET           |
| Vehicle Model:                | ORLANDO 1.4AT TURBO |
| Primary Colour:               | White               |
| Manufacturing Year:           | 2016                |
| Engine No.:                   | A14NET162320208     |
| Chassis No.:                  | KL1YA7589HK606800   |
| Maximum Power Output:         | 103.0 kW (138 bhp)  |
| Open Market Value:            | \$16,040.00         |
| Original Registration Date:   | 18 Oct 2016         |
| First Registration Date:      | 18 Oct 2016         |
| Transfer Count:               | 0                   |
| Actual ARF Paid:              | \$16,040.00         |
| Intended PARF Rebate Details  |                     |
| PARF Eligibility:             | Yes                 |
| PARF Eligibility Expiry Date: | 17 Oct 2026         |
| PARF Rebate Amount:           | \$12,030.00         |
| Intended COE Rebate Details   |                     |
| COE Expiry Date:              | 17 Oct 2026         |
| COE Category:                 | E - Open Category   |
| COE Period(Years):            | 10                  |
| CP Paid:                      | \$54,200.00         |
| COE Rebate Amount:            | \$39,337.00         |
| Total Rebate Amount:          | \$51,367.00         |

The information contained herein is correct as at 15 May 2019

OK

Dep 8660/yr  
722/11thw

MV 72,000/-  
PV 51,367/-  
NV 20,633/2

TGcin line  
15/5/19



## 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             | 07/05/2019 20:54 |
| Date Of Accident           | 06/05/2019 18:10 |
| Exact Location Of Accident | MANDAI RD        |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLG9127E             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHUA YEOW LENG ERIC  |
| NRIC No                     | S6840929B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91454748 |
| Alternative Phone No        | OFFICE-91454748      |

### Vehicle Particulars

|                                                                              |                     |
|------------------------------------------------------------------------------|---------------------|
| Manufacturer                                                                 | CHEVROLET           |
| Model                                                                        | ORLANDO 1.4AT TURBO |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5094832975-01                          |
| Cover Note Number         |                                        |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHUA YEOW LENG        |
| NRIC No              | S6840929B             |
| Date Of Birth        | 26/10/1968            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 03/03/1989            |
| Driving Experience   | 30 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91454748  |
| Fax Number           |                       |
| Contact Number       | OFFICE-91454748       |
| Email Address        | NOEMAIL               |

|                                                     |                                          |
|-----------------------------------------------------|------------------------------------------|
| Address                                             | BLK 789 CHOA CHU KANG NORTH 6<br>#06-230 |
| Postcode                                            | 680789                                   |
| 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 - 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)                                                     | 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 STATEMENT.

#### Attachment(s)

|                                               |                           |
|-----------------------------------------------|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SMJ245D     |
| Vehicle Make/Model/Colour           | HONDA VEZEL |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | ONG SHI HAN |
| NRIC/Passport Number                | S9446420Z   |
| Contact Number                      | 96301793    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

#### DETAILS OF INJURED PERSON 1

|                                                     |                |
|-----------------------------------------------------|----------------|
| Name                                                | CHUA YEOW LENG |
| Approximate Age                                     |                |
| Injuries Sustain                                    | NECK & BACK    |
| Injured person in which vehicle?                    | SLG9127E       |
| Were seat belts worn?                               | YES            |
| Was this injured conveyed to hospital by ambulance? | NO             |
| Address                                             |                |
| Postcode                                            |                |

## Accident Sketch Plan

### SKETCH PLAN

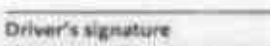
#### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder and/or the authorised driver.**
- 3) Information provided must be as **truthful and accurate as possible.** Any willful 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 the (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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelope/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

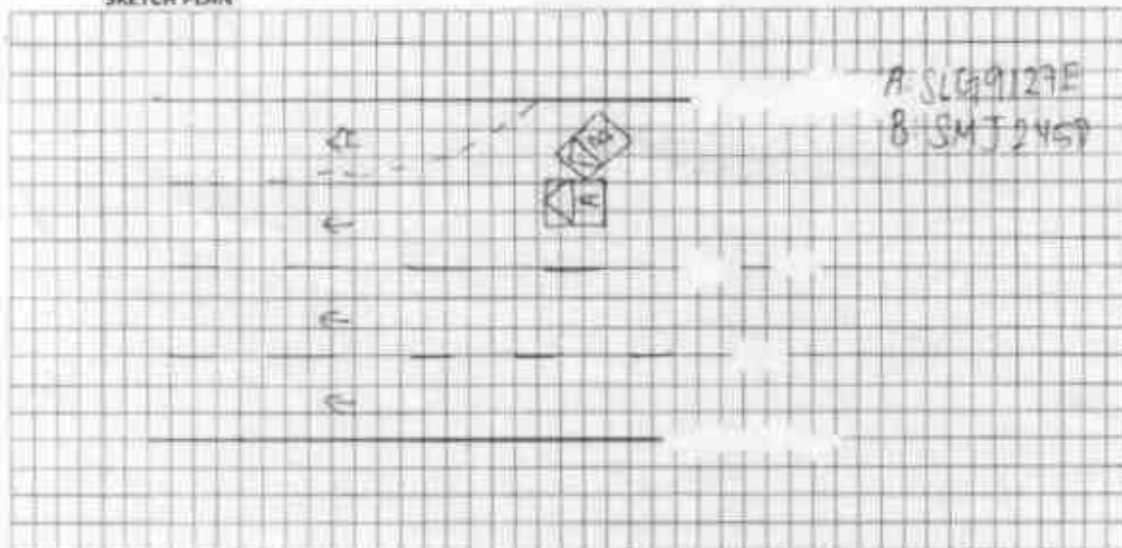
  
Policy holder's signature  
Date / time:

  
Driver's signature  
(If driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG WINDY ROAD, AS THE TRAFFIC WAS BAD, WE WERE ALL MOVING VERY SLOWLY. VEHICLE B WHICH WAS TURNING INTO MY LANE DID NOT CHECK THAT THE ROAD IS CLEAR BEFORE DOING SO AND COLLIDED INTO MY REAR RIGHT PORTION OF MY VEHICLE. I HAVE VIDEO FOOTAGE TO PROVE MY STATEMENT.

## DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's signature  
Name:  
NRIC/FIN No.: