

ASS. REC. BY:

REF:

CS/INC19009091/Ktd3et

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Cynthia Ang

of

INC

Date/Time:

23/5/19 @ 9.44am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKS 101L

Insured:

SIM 2477H

at Workshop m/s

RC Auto

Tel:

of

BK 18 Sin Ming Industrial Estate Sector A #01-43

Policy No:

Claim No:

MT/1037069-001

Sum Insured:

Excess:

Make of Veh:

D.O.A.

1/8/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10.13am 23/5/19

Person Contacted:

Yvonne

Vehic

IN

OUT

Date/Time

Action/Instruction

Estimate ✓

SKS101L-X

SIM 2477H-X

lump sum \$20501- (Red: 1698.40, 45%)

Nivitha (LKK Auto)

From: Cynthia Ang <Cynthia.Ang@income.com.sg>
Sent: Friday, 24 May 2019 11:26 AM
To: Admin-D (LKKAuto); assignments
Cc: Thio Tse Kiat; SUR
Subject: RE: TP CASES FARMED OUT TO LKK ON 23/05/2019

Hi LKK,

THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT NO.	DOA / CLAIM NO / OFFICER	REMA
SKS101L	SJM2477H	No workshop name provided	01/08/18 (MT/1037069-001) JEFF LIN	KSCGF <u>accide</u> Ref: SI

For above mentioned vehicle, lawyer letter had received.

Kindly liaise with lawyer instead.

Thank you.

With Regards

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



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

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 23 May 2019 3:39 PM
To: Cynthia Ang <Cynthia.Ang@income.com.sg>; assignments <assignments@lkkauto.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: TP CASES FARMED OUT TO LKK ON 23/05/2019

Dear Cynthia,

Please be informed that the repairer for SKS 101L (HUA HONG) called and rearrange the survey as owner couldn't make it today for the survey.

Best Regards,

G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Nivitha (LKK Auto)

From: Cynthia Ang <Cynthia.Ang@income.com.sg>
Sent: Thursday, 23 May 2019 9:44 AM
To: 'assignments@lkkauto.com'
Cc: Teng Ken Leong; Thio Tse Kiat; Cynthia Ang
Subject: TP CASES FARMED OUT TO LKK ON 23/05/2019

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	OI VEH	DOA	Additional Remarks
1	Jeff Lin	MT/1037069-001	SKS101L	HUA HONG PTE LTD	25D SUNGEI KADUT STREET 1 SINGAPORE 729332	YVONNE/MRS TAN / 66619688	14:00-16:00	SJM2477H	01/08/2018	
2	Azhari	MT/1045637-001	SLQ5794C	WORLD AUTO PTE LTD	1 KRANJI LOOP SINGAPORE 739535			GBB1571C	20/05/2019	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

Cynthia Ang
Admin Assistant



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Find out more at income.com.sg/careers

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 ability.
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 04/08/2018 12:44
Date Of Accident 01/08/2018 12:10
Exact Location Of Accident CTE(CITY) SLIP ROAD TO ANG MO KIO AVE 5
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS101L
Insured/Policyholder
Name Of Registered Owner LIU LIJING
NRIC No S2745323F
Email Address LILY.LIU@VPRC.COM.AU
Mobile Phone No (LOCAL) +65-93379118
Alternative Phone No OTHERS-93379118
Vehicle Particulars
Manufacturer BMW
Model 428i
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 5067646810-03
Cover Note Number
Driver
Name of Driver LIU LIJING
NRIC No S2745323F
Date Of Birth 03/02/1966
Occupation INDOOR
Date Of Driving Pass 02/10/2007
Driving Experience 10 YEARS AND 9 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-93379118
Fax Number OTHERS-93379118
Contact Number LILY.LIU@VPRC.COM.AU
EMail Address

Address	BLK 547 BEDOK NORTH ST 3 #11-1472 SINGAPORE
Postcode	460547
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 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 ATTACHED

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	SJM2477H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE HONG KAI KENNETH
NRIC/Passport Number	S7718785E
Contact Number	91193976
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:

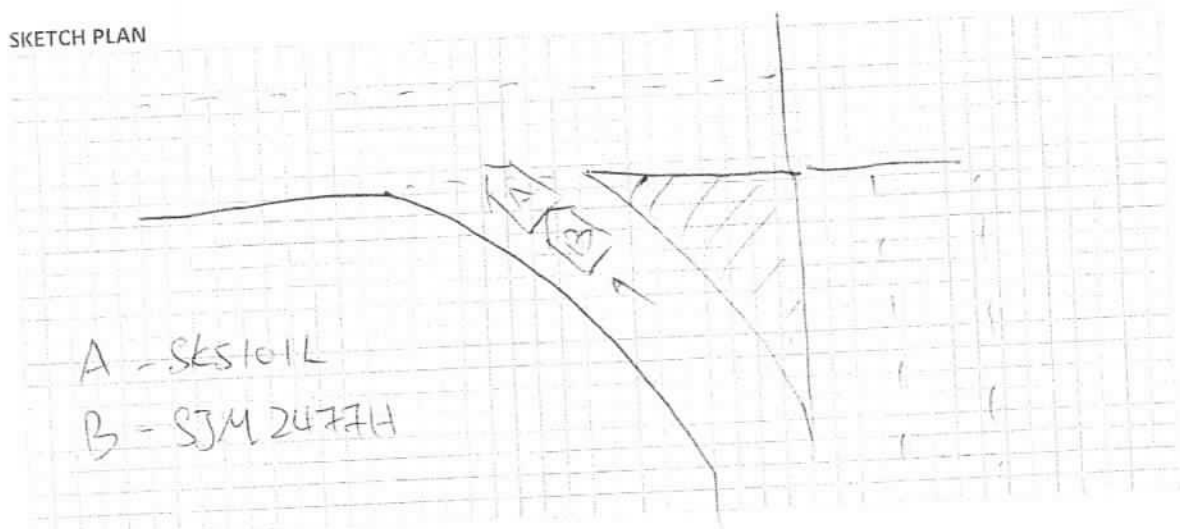
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along slip road from CTE towards Ang Mo Kio Ave S. I was checking the on coming traffic, when the traffic was clear, I started to move off, suddenly I felt an impact from behind. Vehicle B collided into my rear.

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.:

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 ability.
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 04/08/2018 12:44
Date Of Accident 01/08/2018 12:10
Exact Location Of Accident CTE(CITY) SLIP ROAD TO ANG MO KIO AVE 5
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS101L

Insured/Policyholder
Name Of Registered Owner LIU LIJING
NRIC No S2745323F
Email Address LILY.LIU@VPRC.COM.AU
Mobile Phone No (LOCAL) +65-93379118
Alternative Phone No OTHERS-93379118

Vehicle Particulars
Manufacturer BMW
Model 428i
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 5067646810-03
Cover Note Number

Driver
Name of Driver LIU LIJING
NRIC No S2745323F
Date Of Birth 03/02/1966
Occupation INDOOR
Date Of Driving Pass 02/10/2007
Driving Experience 10 YEARS AND 9 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-93379118
Fax Number
Contact Number OTHERS-93379118
Email Address LILY.LIU@VPRC.COM.AU

Address	BLK 547 BEDOK NORTH ST 3 #11-1472 SINGAPORE
Postcode	460547
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 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 ATTACHED

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	SJM2477H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE HONG KAI KENNETH
NRIC/Passport Number	S7718785E
Contact Number	91193976
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Kenneth we need the File
to submit survey Report.
Kindly assist!
-thanks!!

Kt

ESTIMATE RC AUTO

160 Sin Ming Drive #06-20 Sin Ming AutoCity Singapore 575722

Tel: 97619383 Email: rcauto5555@gmail.com

Reg. No. S3199168K

SKS 101 L

Date:

21/5/2019

BMW 318

Not Authored

1/1/2018 205d

Heavy After Paint

3days

Quantity	Description/Particular	Unit Price	Amount
1 PC	REAR BUMPER LOWER STRIP	\$ 95.00	95.00
1 PC	REAR BUMPER REFLECTOR	\$ 55.00	55.00
2 PCS	REAR BUMPER SIDE BRACKET@90	\$ 180.00	360.00
1 PC	REAR BUMPER TOW COVER	\$ 38.00	38.00
1 PC	REAR BUMPER REINFORCEMENT	\$ 820.00	820.00
1 PC	REAR BUMPER(M SPORT)	\$ 1,390.00	1,390.00
1 PC	REAR BUMPER ADAPTER	\$ 98.00	98.00
2 PCS	REAR REVERSE SENSOR@300	\$ 600.00	1,200.00
		TOTAL	\$3,276.00
		LESS 10	\$ 2,948.40
	TO CHECK WIRING	\$ 50.00	50.00
	TO RENEW ABOVE PARTS	\$ 400.00	400.00
	TO SPRAY PAINTING	\$ 350.00	350.00
	GRAND TOTAL		
			\$ 3,748.40

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:

Received the above goods in good order and condition

for RC AUTO

RC AUTO

160, Sin Ming Drive
#06-20 Sin Ming AutoCity
Singapore 575722
HP: 97619383

Email: rcauto5555@gmail.com
Authorised Signature

Received by

E & O.E.

**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/INC19009091/Ktd3e2

73 BRAS BASAH ROAD

Date: 16-07-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN: JEFF LIN

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 2477H	Veh. Inspected	SKS 101L
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1037069-001	Excess (\$)	0.00
Assign From	CYNTHIA ANG	Assign Date	23/05/2019

2. Vehicle Particulars & Condition

Make & Model	B.M.W. 428I (A)	c.c	1997
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WBA3N32040KS51327	Colour	WHITE
Odometer	174359 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 R18	PIRELLI	8 mm
L/H Front Tyre	225/45 R18	PIRELLI	8 mm
R/H Rear Tyre	225/45 R18	PIRELLI	9 mm
L/H Rear Tyre	225/45 R18	PIRELLI	9 mm

4. Description of Damages

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

5. General Information

Accident Date	01/08/2018	Inspect Date / Time	24/05/2019 (01:00 PM)
Survey held at	R C AUTO BLK 18 SIN MING INDUSTRIAL ESTATE SECTOR A #01-43 SINGAPORE 575676		

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:	3 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

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 101L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER LOWER STRIP	SERVICEABLE	95.00	-
1	REAR BUMPER REFLECTOR	SERVICEABLE	55.00	-
2	REAR BUMPER SIDE BRACKET @\$90.00	TO REPAIR SEE LABOUR	180.00	-
1	REAR BUMPER TOW COVER	SERVICEABLE	38.00	-
1	REAR BUMPER REINFORCEMENT	BENT	820.00	820.00
1	REAR BUMPER (M SPORT)	BUCKLED	1,390.00	1,390.00
1	REAR BUMPER ADAPTER	SERVICEABLE	98.00	-
2	REAR REVERSE SENSOR @\$300.00	SERVICEABLE	600.00	-
	LESS 10% DISCOUNT		-327.60	-221.00
			2,948.40	1,989.00
LABOUR				
	TO CHECK WIRING.		50.00	15.00
	TO RENEW ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER SIDE BRACKET.		400.00	300.00
	TO SPRAY PAINTING.		350.00	250.00
			800.00	565.00
GRAND TOTAL			3,748.40	2,554.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,050.00

Report Ref No. CS/INC19009091/Ktd3e2

KONG SENG CHEONG

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.