



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

TAX INVOICE

NTUC INCOME INSURANCE CO-OPERATIVE LTD INV No. AC1906358
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSE
SINGAPORE 189556
ATTN: CYNDIE YONG

INV Date 03/07/2019
Reference CS/INC19010344/T1vd3e2
Code INC



PROFESSIONAL SERVICE FEE

Vehicle No. SJG 7208S
Insured Veh. SKZ 3462M
Claim No. MT/1047629-002 (NOQ)
Policy No.
Accident Date 03/06/2019
Inspection Date 12/06/2019

(Est cost of repair \$ 7,191.26)

Description	Total
Damage Assessment	250.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	250.00
GST (7%)	17.50
Grand Total	267.50

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd





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DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19010344/T1vd3e2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 03-07-2019



ATTN: CYNDIE YONG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKZ 3462M	Veh. Inspected	SJG 7208S
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1047629-002	Excess (\$)	0.00
Assign From	ANNIE KOH	Assign Date	11/06/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA CIVIC 1.8L	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JHMF16308S216675	Colour	BLACK
Odometer	213737 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HABILEAD	6 mm
L/H Front Tyre	205/60 R16	HABILEAD	6 mm
R/H Rear Tyre	205/60 R16	HABILEAD	6 mm
L/H Rear Tyre	205/60 R16	HABILEAD	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	03/06/2019	Inspect Date / Time	12/06/2019 (02:45 PM)
Survey held at	CHENG AUTO BODYWORKS 5 SOON LEE STREET #01-62 PIONEER POINT SINGAPORE 627607		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJG 7208S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BOOT	BENT	641.27	641.27
1	REAR BOOT HINGE RH	TO REPAIR SEE LABOUR	51.05	-
1	REAR BOOT HINGE LH	TO REPAIR SEE LABOUR	51.05	-
1	REAR BOOT RUBBER	CUT	102.50	102.50
1	REAR BOOT LOCK ASSY	BENT	204.25	204.25
1	REAR BOOT CATCH	TO REPAIR SEE LABOUR	54.95	-
1	REAR BOOT REFLECTOR LAMP RH	NOT NECESSARY	157.75	-
1	REAR BOOT REFLECTOR LAMP LH	NOT NECESSARY	157.50	-
1	REAR BOOT LOGO	NECESSARY	27.14	27.14
1	EMBLEM CIVIC	NECESSARY	29.15	29.15
1	EMBLEM 1.8	NECESSARY	17.90	17.90
1	ENDPANEL	TO REPAIR SEE LABOUR	315.40	-
1	ENDPANEL TOP GARNISH	DEFORMED	58.96	58.96
1	REAR BUMPER	DEFORMED	766.55	766.55
1	REAR BUMPER RETAINER RH	NECESSARY	15.35	15.35
1	REAR BUMPER RETAINER LH	NECESSARY	15.35	15.35
1	REAR BUMPER BRACKET RH	NECESSARY	14.55	14.55
1	REAR BUMPER BRACKET LH	NECESSARY	14.55	14.55
1	TAILLAMP RH	NOT NECESSARY	237.55	-
1	TAILLAMP LH	NOT NECESSARY	237.55	-
	LESS 20% DISCOUNT		-634.06	-381.50
			2,536.26	1,526.02
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	100.00	30.00
1	SET REAR BOOT INSULATOR CLIPS (SN)	NOT NECESSARY	50.00	-
1	SET REAR PARKING SENSOR (SN)	NOT WORKING	300.00	200.00
1	SET REAR FENDER INNER SHIELD RH CLIPS (SN)	NOT NECESSARY	80.00	-
1	SET REAR FENDER INNER SHIELD LH CLIPS (SN)	NOT NECESSARY	80.00	-

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SEALANT ENDPANEL (SN)	NOT NECESSARY	100.00	-
1	SET END PANEL TIP GARNISH CLIPS (SN)	NOT NECESSARY	50.00	-
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	45.00	-
			805.00	230.00
	LABOUR			
	LABOUR. INCLUSIVE OF THE REPAIR OF REAR BOOT HINGE RH, REAR BOOT HINGE LH, REAR BOOT CATCH AND ENDPANEL.		1,400.00	700.00
	SPRAYPAINTING.		1,400.00	700.00
	DISCONNECT & CHECK ELECTRICAL WIRING, HARNESS, WIRE SOCKETS, ETC, . REMOVE & REINSTALL DAMAGED PARTS, TEST & RECTIFY FOR PROPER FUNCTIONING.		100.00	30.00
	DISMANTLE AND TRANSFER BOOT FITTINGS AND MECHANISM TO NEW BOOT.		200.00	60.00
	REMOVE AND REPLACE AND CHECK FUNCTION OF PARKING SENSOR.		150.00	30.00
	ANTI-RUST COATING AND APPLY CORROSION PROTECTION.		300.00	30.00
	REMOVE AND REINSTALL CUSHIONS, SEATS, BACKREST, INNER TRIM, GARNISH, ROOF LINING AND / OR UPHOLSTERY TO FACILITATE REPAIRS.		300.00	60.00
			3,850.00	1,610.00
GRAND TOTAL			7,191.26	3,366.02
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,700.00

Report Ref No. CS/INC19010344/T1vd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.

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	04/06/2019 10:16
Date Of Accident	03/06/2019 08:50
Exact Location Of Accident	TAMPINES AVE 12 SLIP RD TO TAMPINES AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG7208S
Insured/Policyholder	
Name Of Registered Owner	LAWRENCE KOH
NRIC No	S1254617C
Email Address	LAWRENCE.KOH@SG.MCD.COM
Mobile Phone No	(LOCAL) +65-97545265
Alternative Phone No	OTHERS-97545265
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5092767073-01
Cover Note Number	
Driver	
Name of Driver	GUI TENG GAK
NRIC No	S6914478J
Date Of Birth	06/05/1969
Occupation	INDOOR
Date Of Driving Pass	20/08/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97545265
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 635 HOUGANG AVENUE 8 #07-75
Postcode	530635
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ3462M
Vehicle Make/Model/Colour	
Details Of Properties	FRONT
Vehicle Category	PRIVATE HIRE
Name of Driver	SHAHADAN BIN JOHARI
NRIC/Passport Number	S7922543F
Contact Number	93392891
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

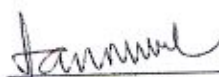
SKETCH PLAN

IMPORTANT NOTICE

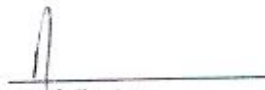
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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.

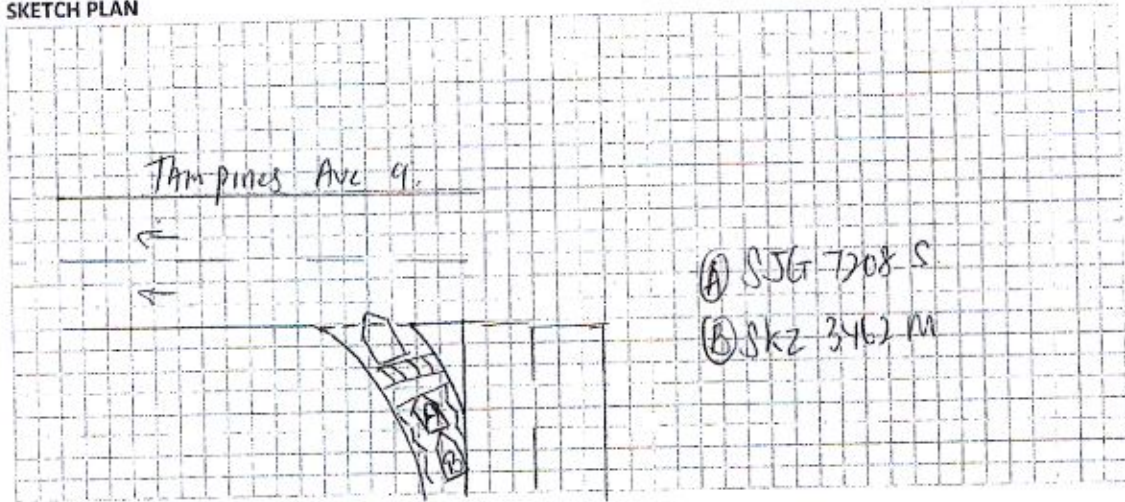

Policyholder's Signature

Date & Time:


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


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

SKETCH PLAN

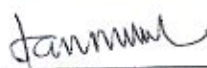


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Tampines Ave 12 going to turn left to Tampines Ave 9. The car in front of me stopped. I stopped as well and after that I felt an impact. Vehicle B had hit the rear of my vehicle. No one was injured - we exchanged particulars.

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.:



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PHOTOGRAPHS FOR VEHICLE NO. SJG 7208S

INSPECTION





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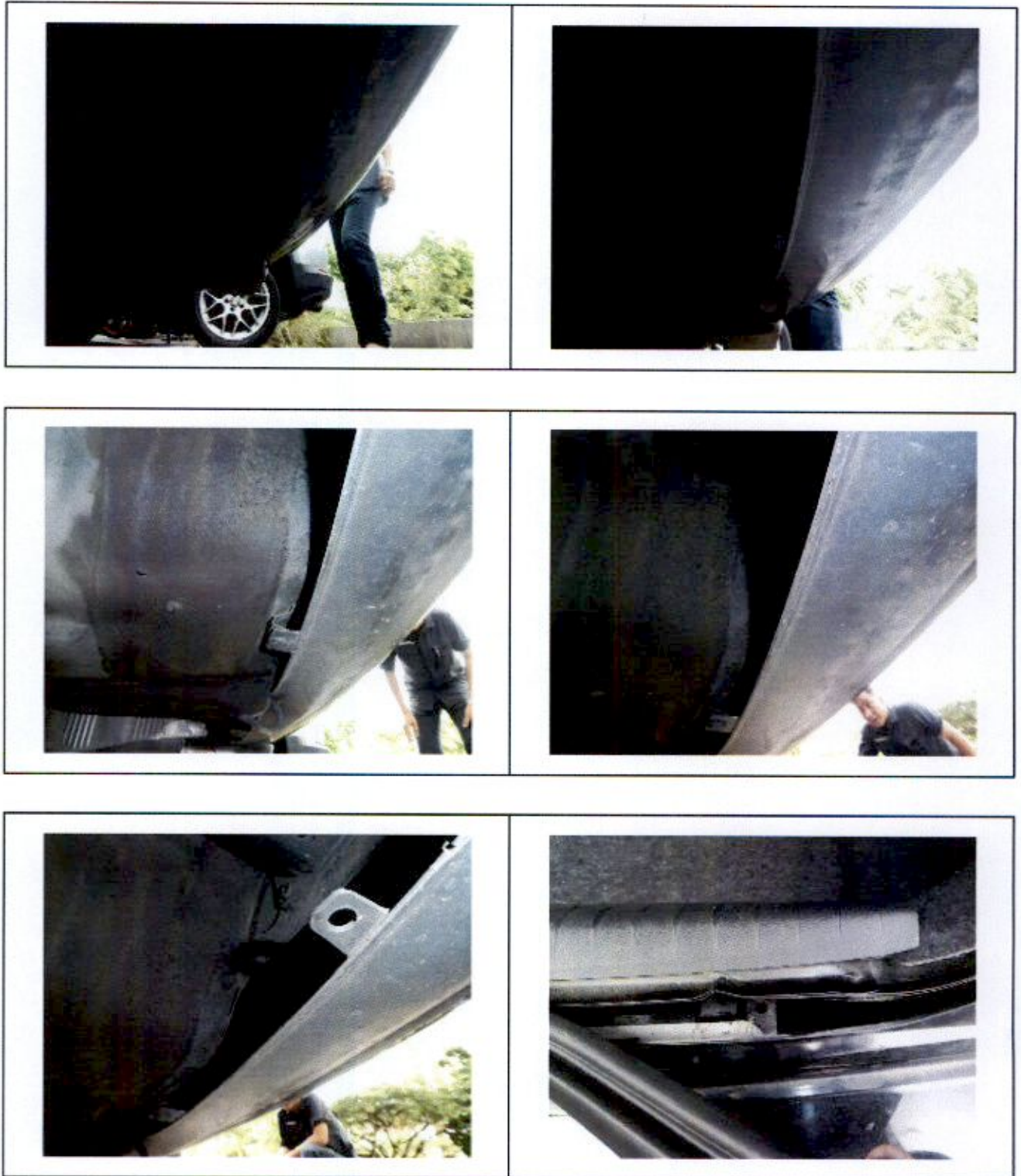


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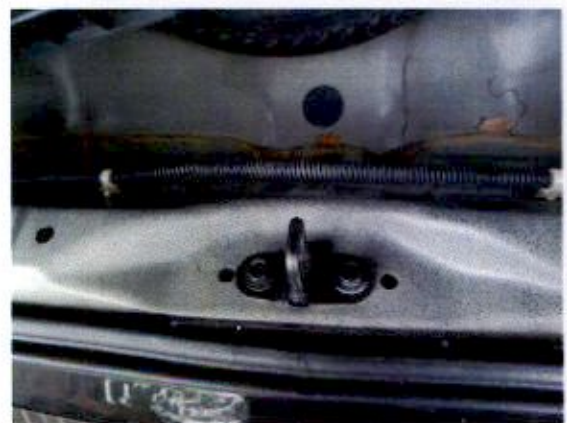


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RE-INSPECTION

