

ASS. REC. BY:

REF:

CS/INC19010350/T1td352

Special Instruction:

Surveyor: Taufik

ASSIGNMENT (Office)

From (Person): Annie Koh of INC Date/Time: 11/6/2011

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBF3550D Insured: SGW2051K

at Workshop m/s Sin Sheng Tel: 68639595

of 8 Puse Ave 18

Policy No: Claim No: MT/1024640-002

Sum Insured: Excess:

Make of Veh: D.O.A. 19/12/18
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 11/6 Person Contacted: Susan Vehicle: IN/OUT

Date/Time	Action/Instruction () Estimate
	GBF3550D-X
	SGW2051K-NA/INC18022862/24 DOB: 19/12/18

Taufik

RET

INC

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TR / RES / OD / RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop no: _____
of: _____
Insured: _____
Policy No: _____
Claim No: _____
Sum Insured: _____
(Client's Record)
Make of Veh: _____



Remark: The veh had commenced its repair at the time of inspection.

Val. of Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR / Secor: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res: Yes or No
Lump Sum: _____ of 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle IN / OUT

Veh No: 9BF 3550D at Shop 246, 80p.
Type: M Car / M Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer of: _____
Make: Toyota Hiace 2982
Colour: Red. A/C: Insured / Std / H/A
Op Reading: 104388 T/Radio: Insured / Std / H/A

Eng No: _____
Chassis: KD H2010194305
Gen Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: M / S/Rim / STD A/Rim or
Tyre Size: F: 195/15
R: _____

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

Front: 6 R/Bal: 6 mm
L/Bal: 6 mm
D.O.A. D.O.T: 11/6/17 @ 130pm

Survey held at: Sin Sheng
Des. of Damages: Frt / Rch / O/S / H/S / U/C / Roof/Top or

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

Date / Time: _____ Action / Instruction: 15980, 2 hrs email Susan (Ref: 3960.07! 80%)

RECEIVED 28 JUN 2019

Date/Time, File Path to: _____
28/6 Typist ☐ : Profi. Report
☒ : Final Report

Days Of Repair: 2
Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Insp (\$) ☐ Weekend (\$)

Survey Fee: _____
Transportation: _____
Phone: _____
Others: _____
TOTAL: _____

Report Format: _____
Lump Sum / L.B.E: (\$) 950+

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Tuesday, 11 June 2019 1:48 PM
To: 'assignments@lkkauto.com'; Admin-D (LKKAuto); Daniel Koh
Cc: Thio Tse Kiat; Teng Ken Leong; Susan Ting
Subject: RE: TP CASES FARMED OUT TO LKK ON 11/06/2019

Re-send

Warmest Regards

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



From: Annie Koh
Sent: Tuesday, 11 June 2019 9:27 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>; Daniel Koh <daniel.koh@income.com.sg>
Cc: Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>; Susan Ting <susan.ting@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 11/06/2019

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
1	Cyndie Yong	MT/1047629-002	SJG7208S	CHENG AUTO BODYWORKS	5 SOON LEE STREET #01-62 PIONEER POINT	MURUGESAN / 8666 7775		SKZ3462M	3/6/19
2	Chryllis Quah	MT/1047537-002	GBH4813D	JIT KEONG TRADING & COMPANY	28 BENOI PLACE SINGAPORE 629945	Michael / Mr Sunny / Yeoh Evone / 6863 4186 / 96794211		YP4700G	3/6/19
3	Azhari	MT/1046992-002	SFD101A	PREMIUM AUTOMOBILES PTE LTD	281 ALEXANDRA ROAD SINGAPORE 159938	Tony Foong / 6366 2323	10:00-12:00	SKZ1360L	30/5/19
4	Jared Liu	MT/1024640-002	GBF3550D	SIN SHENG ENGINEERING SERVICES	8 TUAS AVENUE 18 LEVEL 5 SINGAPORE 638892	6863 9595 / Susan		SGW2051K	19/12/19
5	Muhammad Airwan	MT/1039863-002	XD4959C	SIN SHENG ENGINEERING SERVICES	8 # TUAS AVENUE 18 LEVEL 5	Susan / 6863 9595		SJY6065Z	10/4/19

					SINGAPORE 638892				
6	Azhari	MT/1040903- 002	SKH9086X	XINYA AUTO SERVICES PTE LTD	BLK 1002 #01- 75 BUKIT MERAH LANE 3 SINGAPORE 159719	/ 62703481		SKJ6290G	19/4/19
7	Serene Lim	MT/1045961- 002	XB9555L	WOON MENG MOTOR PTE LTD	50 BUKIT BATOK STREET 23 #01-06 MIDVIEW BUILDING SINGAPORE 659578	/ 63161131		SKR8444A	24/5/19

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



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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 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	23/12/2018 21:36
Date Of Accident	19/12/2018 11:00
Exact Location Of Accident	FILTER LANE ALONG PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3550D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (M)

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29090793
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHAHRIN BIN ABDULLAH
NRIC No	S9123639G
Date Of Birth	09/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87788347
Fax Number	
Contact Number	
EMail Address	HABEEB@REDMART.COM

Address	BLK 731 CLEMENTI WEST ST 2 #03-316
Postcode	120731
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
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?	
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 19/12/18 AT ABOUT 1100HRS, I WAS TRAVELLING AT THE EXTREME LEFT LANE ON THE FILTER LANE ALONG PAYA LEBAR EXIT. I SAW THE FRONT VEHICLES MOVE, SO I STARTED TO MOVE OFF AS WELL. VEHICLE B SUDDENLY COLLIDED INTO MY VEHICLE'S REAR, CAUSING DAMAGES

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	SGW2051K
Vehicle Make/Model/Colour	TOYOTA / FIELDER / SILVER
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GEOK SENG
NRIC/Passport Number	S1747903B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	1

Sketch Plan

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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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:

93F 3200

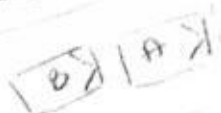


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Fitter Lane to Paga Lebar



Veh A GBT 3550D

B 2014 2051K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/18 at about 1100hrs, I was travelling at the extreme left lane on the Pitter Lane along Paga Lebar exit. I saw the front vehicles move, so I started to move off as well. Veh B suddenly strided into my vehicle's rear, causing damages.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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



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

SIN SHENG ENGINEERING SERVICES

NO 8, TUAS AVE 18,
(Level 3), SINGAPORE 638892
Tel No. : 6863-9595 Fax No. : 6863-6477
E-Mail : sinsheng1981@gmail.com
Buss. Reg. No. : 312029/00D

GOLDBELL LEASING PTE LTD
59 SENOKO ROAD
SINGAPORE 758123

Attention : Motor Claim Department
Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES002866

Date : 10/06/2019
Vehicle Num. : GBF3550D
Make/Model : TOYOTA KDH 201-2016
Chassis/Eng# : KDH2010194305/1KD2605053
Accident Date : 19/12/2018
Claim No. : MT/ 1024640- 002
Reference : SGW2051K
Policy No. : 29090793

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1	REAR BUMPER		495.60 <i>dev</i>
2.	2	BUMPER SIDE BRACKET	123.50	247.00 <i>AN</i>
3.	6	BUMPER CLIP	5.00	30.00 <i>dev</i>
4.	1	REAR END PANEL		585.90 <i>RY</i>
5.	1	STEP PANEL		319.60 <i>btv</i>
6.	1	REAR BODY WEATHERSTRIP		312.10 <i>X</i>
7.	1	REAR DOOR ASSY		1,976.70 <i>X</i>
8.	1	REAR LAMP GARNISH RH		165.20 <i>X</i>
List Total S\$:				4,132.10 <i>845.20</i>
25.00% Discount S\$:				1,033.03
				3,099.07 <i>633.20</i>
NETT ITEMS :				
1.	1	REVERSE SENSOR		250.00 <i>200nw</i>
2.	1	70km/h Sticker		20.00 <i>X m n</i>
3.	1	8 PAX STICKER		20.00 <i>X n n</i>
Nett Total S\$:				290.00
10.00% Discount S\$:				29.00 <i>200</i>
				261.00

CONTINUE / ...

SIN SHENG ENGINEERING SERVICES

NO 8, TUAS AVE 18,
(Level 3), SINGAPORE 638892
Tel No. : 6863-9595 Fax No. : 6863-6477
E-Mail : sinsheng1981@gmail.com
Buss. Reg. No. : 312029/00D

GOLDBELL LEASING PTE LTD
59 SENOKO ROAD
SINGAPORE 758123

Attention : Motor Claim Department
Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES002866

Date : 10/06/2019
Vehicle Num. : GBF3550D
Make/Model : TOYOTA KDH 201-2016
Chassis/Eng# : KDH2010194305/1KD2605053
Accident Date : 19/12/2018
Claim No. : MT/ 1024640- 002
Reference : SGW2051K
Policy No. : 29090793

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		200
		TO PANEL BEAT/REPAIR REAR BODY		750.00
		TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS		
		SPRAY PAINTING		150 550.00
		TO APPLY NEW LOGO		250.00 x 2
		LOSS OF USE : 7 DAYS @ \$ 120/DAY		
		Labour Total S\$:		1,550.00

Susan

SIN SHENG ENGINEERING SERVICES

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:

1183.90
US\$ 950 #
2 days
Total S\$: 4,910.07
=====

Taufik 97495749.
"WP"
Resurvey after repair
2 days
sure@lkkauto.com C145 pm
11/6/19 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

Affiliated to Federation Internationale Des Experts En Automobile				
NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref : CS/INC19010350/T1td3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 ATTN: JARED LIU				Date : 28-06-2019 
				Code : INC
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGW 2051K	Veh. Inspected	GBF 3550D	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1024640-002	Excess (\$)	0.00	
Assign From	ANNIE KOH	Assign Date	11/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HIACE	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KDH2010194305	Colour	RED	
Odometer	104388	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	AUSTONE	6 mm	
L/H Front Tyre	195 R15	AUSTONE	6 mm	
R/H Rear Tyre	195 R15	AUSTONE	6 mm	
L/H Rear Tyre	195 R15	AUSTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/12/2018	Inspection Date	11/06/2019	
Survey held at	8 TUAS AVE 18			
Repairer	SIN SHENG ENGINEERING SERVICES			
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:		2 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBF 3550D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	495.60	495.60
2	BUMPER SIDE BRACKET @\$123.50	NOT NECESSARY	247.00	-
6	BUMPER CLIP @ \$5.00	NECESSARY	30.00	30.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	585.90	-
1	STEP PANEL	BENT	319.60	319.60
1	REAR BODY WEATHERSTRIP	NOT NECESSARY	312.10	-
1	REAR BODY ASSY	NOT NECESSARY	1,976.70	-
1	REAR LAMP GARNISH RH	NOT NECESSARY	165.20	-
	LESS 25% DISCOUNT		-1,033.03	-211.30
			3,099.07	633.90
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	NOT WORKING	225.00	200.00
1	70KM/H STICKER (N)	NOT NECESSARY	20.00	-
1	8 PAX STICKER (N)	NOT NECESSARY	20.00	-
	LESS 10% DISCOUNT		-29.00	-
			236.00	200.00
<u>SPECIAL NETT ITEMS</u>				
1	NEW LOGO (SN)	NOT NECESSARY	250.00	-
			250.00	-
<u>LABOUR</u>				
	TO PANEL BEAT / REPAIR REAR BODY. TO DISMANTLE / REPLACE ABOVE MENTIONED PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		750.00	200.00
	SPRAY PAINTING.		550.00	150.00
			1,300.00	350.00
GRAND TOTAL			4,885.07	1,183.90
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. CS/INC19010350/T1td3s2



Report Ref No. CS/INC19010350/T1td3s2

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

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