ASS. REC. BY: | REF: CS3/INC19013187/R1ef3 | Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Theresa Vincelin of INC Date/Time: 26/7/19 @ 9.52am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMK 3359J Insured: FBF 3981T

at Workshop m/s ~~Borneo Motor~~ Tel: 98476178

of 2 pendan Crescent

Policy No: Claim No: MT/1054768-001

Sum Insured: Excess:

Make of Vehicle: (Client's Record) D.O.A 20/7/2019

CA / REV / REP. / REV 24 HRS

Date/Time: 10.18am @ 26/7/19 Person Contacted: Wally H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction
	SMK 3359J X
	FBF 3981T X
30/7/19	Vehicle towed to KJ Car Repair
30/7/19	called wksp car is still not in yet.
	Dismantle: 13/9/2019

ASS. REC. BY: Rosalie | REF: | SIJ

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMK 3359J

at Workshop m/s KOK WAH

of No. 1 SOON LEE ST #06-40

Insured: NTUC

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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMK 3359J Yr Regn: 2019 / APR

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

Make: TOYOTA LEXUS NX300 SDR c.c 1998

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

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

Eng/No:

C/No: JT JBARBZ 3022118259

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/60R18

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	20/07/19	D.O.I.	12/09/19 @ 4.30pm

Survey held at KOK WAH

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
	Rookie / DMD - (1K-2K) - 3 days

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__S + RS__SI

Photos

Others

TOTAL 50

Report Format : PRS

Lump Sum / I.E.I: /

Celine Fong (LKKAuto)

From: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Sent: Monday, 29 July 2019 5:05 PM
To: assignments; Admin-D (LKKAuto)
Cc: Annie Koh
Subject: FW: MT/1054768-001 (SMK3359J) [RSS/1907-7387 (KJ)(PD)]

Dear LKK,

This case is assign to you on 26/7/19.

Please continue to survey the vehicle.

Please arrange your surveyors to contact Mr. Kok of KJ Car Repair at Mobile No. 9183 9633 for a pre-repair survey of our client's vehicle located at 1 Soon Lee Street #06-40 Pioneer Centre Singapore 627603.

3	HUEY HUEY	MT/1054768-001	26/7/2019	SMK3359J	BORNEO MOTORS (S) PTE LTD	2 PANDAN CRESCENT SINGAPORE 128462	WALLY / 9847 6178	10:00-12:00	FBF3981T	20/7	

Thank you.

Warmest Regards

Hazalysa Bte Ibrahim
Admin Assistant
Motor Department
www.income.com.sg

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

From: Lua Siew Hui [mailto:lua_siewhui@rssolomon.com]
Sent: Monday, 29 July 2019 1:29 PM
To: Annie Koh <annie.koh@income.com.sg>
Cc: wendy_jiang@rssolomon.com; Natalie Ng <natalie_ng@rssolomon.com>
Subject: Re: MT/1054768-001 (SMK3359J) [RSS/1907-7387 (KJ)(PD)]

Dear Hazalysa,

We refer to your email of even date.

We write to inform that our client will be appointing her own Surveyors.

In this respect, please arrange your surveyors to contact Mr. Kok of KJ Car Repair at Mobile No. 9183 9633 for a pre-repair survey of our client's vehicle located at 1 Soon Lee Street #06-40 Pioneer Centre Singapore 627603.

Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Friday, 26 July 2019 9:52 AM
To: Admin-D (LKKAuto); assignments; SUR
Cc: Thio Tse Kiat; Hazalysa Binte Ibrahim
Subject: RE: TP CASES FARMED OUT TO LKK ON 26/7/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	ALICE	MT/1054913-002	26/7/2019	SLX1880B	AUTO INSURE PTE LTD	6 MARSILING LANE	Sam Goh / 9743 6363		SLQ5534L	23/7	
2	MUHD AIRWA	MT/1054490-002	26/7/2019	SMH3312J	BORNEO MOTORS (S) PTE LTD	2 PANDAN CRESCENT SINGAPORE 128462	Thomas Pang / 9847 6171		FBN9549C	21/7	
3	HUEY HUEY	MT/1054768-001	26/7/2019	SMK3359J	BORNEO MOTORS (S) PTE LTD	2 PANDAN CRESCENT SINGAPORE 128462	WALLY / 9847 6178	10:00-12:00	FBF3981T	20/7	
4	CHARLOTTE	MT/1054229-002	26/7/2019	SMD3138S	BORNEO MOTORS (S) PTE LTD	2 PANDAN CRESCENT SINGAPORE 128462	WALLY / 9847 6178	10:00-12:00	SFB3770J	18/7	
5	AIRWAN	MT/1054924-001	26/7/2019	CB6055G	CONNECT 3	566 WOODLANDS ROAD (MANDAI ESTATE)	WINNIE CHAI / 98155098	10:00-12:00	SGY4843T	23/7	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	515J
Vehicle Details	
Vehicle No.:	SMK3359J
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS NX300 5DR SUV (AT)(4WD) EXECUTIVE
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	8AR4063322
Chassis No.:	JTJBARBZ302211829
Maximum Power Output:	175.0 kW (234 bhp)
Open Market Value:	$40,767.00
Original Registration Date:	05 Apr 2019
First Registration Date:	05 Apr 2019
Transfer Count:	0
Actual ARF Paid:	$49,074.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Apr 2029
PARF Rebate Amount:	$36,805.00
Intended COE Rebate Details	
COE Expiry Date:	04 Apr 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$39,401.00
COE Rebate Amount:	$37,538.00
Total Rebate Amount:	**$74,343.00**

The information contained herein is correct as at 25 Sep 2019

OK

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	22/07/2019 10:20
Date Of Accident	20/07/2019 20:15
Exact Location Of Accident	OUTSIDE IMM CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMK3359J
Insured/Policyholder	
Name Of Registered Owner	SNG EE SAN
NRIC No	S8227515J
Email Address	SNGEESAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97728655
Alternative Phone No	OTHERS-97728655
Vehicle Particulars	
Manufacturer	LEXUS
Model	NX300T
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-002368
Cover Note Number	
Driver	
Name of Driver	SNG EE SAN
NRIC No	S8227515J
Date Of Birth	30/08/1982
Occupation	INDOOR
Date Of Driving Pass	16/04/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97728655
Fax Number	
Contact Number	OTHERS-97728655
EMail Address	SNGEESAN@YAHOO.COM

Address	5 GHIM MOH ROAD #13-242 SINGAPORE
Postcode	270005
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 (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 TO ATTACHED SKETCH PLAN

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	FBF3981T
Vehicle Make/Model/Colour	NIL
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMED FARHAN BIN MOHAMED SALLEH
NRIC/Passport Number	S9639958H
Contact Number	NIL
Address	BLK 319 BUKIT BATOK ST 33 #06-32 SINGAPORE
Postcode	650319
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	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.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers to 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 insurer, 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 vehicles 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 22 / 7 / 17
1003 am

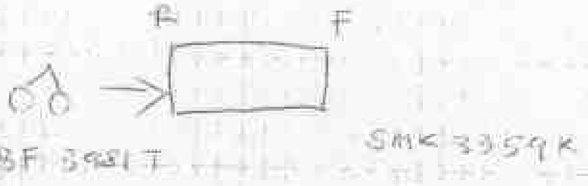
Driver's Signature
(if driver is not the policyholder)
Date & Time

[illegible stamp] DATE: 22/7/17

Reporting Centre Personnel's Signature
WONG CHEE WEI
672/80791

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/7/19, outside 1MM Building along the road to PIE Tuas, a car e brake in front of me. I also brake to avoid colliding. However the bike & FBF 398IT wasn't able to break in time and hit me on my car bumper. He have agreed that we can claim his company's insurance for repair. It happened on a saturday night. Hence I wasn't able to report the accident within 24 hours. thank for your understanding.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide **within 21 days** of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time
22/7/19 1000am

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

Reporting Centre Personnel's Signature
Name: WONG CHEE [illegible]
NRIC (Pink) No: [illegible]7718099[illegible]
Date: 22/7/19