

ASS. REC. BY:

REF: CS/INC19013190/Est#312

Initial Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Theresa Vimala

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:

CB6055G

Insured:

SGY4843T

at Workshop m/s

Connect 3

Tel:

98155098

of

566 Woodlands Road

Policy No:

Claim No:

MT/1054921-001

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/7/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:17am @ 26/7/19

Person Contacted:

Winnie

Vehicle:

IN/OUT

Date/Time

Action/Instruction

Estimate ✓

CB 6055G NJM/INC09007626/THY1 DOA = 31/3/09

SGY 4843T NBA/INC16021600/Y DOA = 13/11/16

W00110

Steve

REF: NTUC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s: _____
 at _____
 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.

Bal. or Market Value:

IDAC Accident Rpt: 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: CB6055G Yr Regn: 22/12/01
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi BE 639 C.C. 3908
 Colour: white A/C Insured / Std / NI / NA
 Sp. Reading: 839057 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: BE 63968 00185
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/75R17.5
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or TRIANGLE
 Front: 5 Rear: 5
 R/Bal. mm R/Bal. mm
 L/Bal. mm L/Bal. mm
 D.O.A. 23/7/19 D.O.I. 26/7/19 1120
 Survey held at Connect 3
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

Date / Time Action / Instruction

26/7/19 * Workshop Winnie said change to PRS
 29/7/19 - called winnie and confirmed that this case got estimate and she will email us the estimate.
 14/8/19 Finalize Confirm \$3700, 6 repair days.
 (\$ 6,801.65 Red - 65%)

RECEIVED 19 AUG 2019

Date/Time, File Pass to?

19/08/19

1)

Typist

Date/Time, File Return to?

2)

☐

: Prell. Report

☒

: Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee: 290

Transportation

) S + RS 31

) Photos

) Other

)

TOTAL

290

Report Format :

Lump Sum / I.B.I: (\$ 3,400 - 2/5)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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; Hazalya 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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

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[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	462H
Vehicle Details	
Vehicle No.:	CB6055G
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Jul 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	BE639GRMHDEA
Primary Colour:	White
Manufacturing Year:	2001
Engine No.:	4D34H76645
Chassis No.:	BE639GB00185
Maximum Power Output:	-
Open Market Value:	\$63,152.00
Original Registration Date:	22 Dec 2001
First Registration Date:	22 Dec 2001
Transfer Count:	1
Actual ARF Paid:	\$3,158.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 26 Jul 2019

OK

Steve Chen (LKK Auto)

From: Winnie Chai <connect3winnie@gmail.com>
Sent: Wednesday, August 14, 2019 9:34 AM
To: Steve Chen (LKK Auto)
Subject: Re: Finalization for CB6055G

Yes, please proceed.

On Wed, Aug 14, 2019 at 9:19 AM Steve Chen (LKK Auto) <SteveChen@lkkauto.com> wrote:

Dear Winnie,

Kindly check our finalize \$3700 (L/S, before GST). 6 repair days.

Thanks

Best Regards,

Steve Chen | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: SteveChen@lkkauto.com | fax: 6256-4315

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

From: Winnie Chai [mailto:connect3winnie@gmail.com]
Sent: Thursday, August 08, 2019 5:17 PM
To: Steve Chen (LKK Auto)
Subject: Finalization for CB6055G

Hi Steve

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	23/07/2019 15:00
Date Of Accident	23/07/2019 08:20
Exact Location Of Accident	ALONG TELOK BLANGAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	CB6055G
Insured/Policyholder	
Name Of Registered Owner	EML TRANSPORT SERVICE PTE. LTD
Co Reg No	201003462H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92779277
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	BE639GRMHDEA
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5066996197-04
Cover Note Number	
Driver	
Name of Driver	YEO TEOW SENG
NRIC No	S0131328B
Date Of Birth	07/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97651825
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 289E BUKIT BATOK ST 25 #16-160
Postcode	654289
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	2

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 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	SGY4843T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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.
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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.

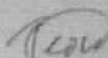
8. Consent under the Personal Data Protection Act (PDPA)

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:


jerleen

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

SKETCH PLAN

Telok Blangah Rd



A - 6B60556
B - 36Y4843T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/7/2019 @ 08:20 hrs, I was driving my bus 6B60556 along Telok Blangah Rd when suddenly a car 36Y4843T hit onto my rear RHS.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

JERLEEN

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

Steve (LKK)
8322 8813

Steve Chan@lkkauto.com

Handwritten: 37/19
WHL Arjudic 26/7/14, 11.15 am
6 chys

L/S, Rery AF Spg

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697

Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L

G S T : 5 3 3 6 0 0 6 1 L

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To resurvey 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:

QT19/CB6055G/TPC-521

NTUC Income Insurance Cooperative Ltd

1 Maritime Square

#10-01 Harbourfront Centre

Singapore 099253

QUOTATION

Dear Sir,

Cost of Repair to Vehicle CB6055G

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	RH side panel lower / DD	1	2,554.00	2,554.00
2.	RH side upper panel X R	1	3,897.65	3,897.65
3.	Remove Rh side glasses to assist repair X N/A	1	300.00	300.00
4.	RH reflector lamp assy X N/A	1	185.00	185.00
5.	Sealant X N/A	5	40.00	200.00
6.	Apply anti rust / NPC	1	60.00	60.00
7.	Apply foam / NPC	1	150.00	150.00
8.	Check alignment / NPC	1	120.00	120.00
9.	Check wiring / NPC	1	20.00	20.00
10.	Remove & refit inner RH trims, seats & upholstery to assist repair / NPC	1	300.00	300.00
11.	Excursion bus sticker / NPC	1	15.00	15.00
12.	Labour charges	1	1,200.00	1,200.00
13.	Spray painting	1	1,500.00	1,500.00
SUB-TOTAL				S\$10,501.65

- Price before 7% gst

Handwritten: p- 2070
L- 2575
4645

Handwritten: L/S- 3716
=3700

Handwritten: 2300
- 10%
2070 ✓

Handwritten: 30

Handwritten: 50

Handwritten: 60

Handwritten: 200

Handwritten: 1000

Handwritten: 1200

Handwritten: 2575

Thank you.

Yours faithfully,



Winnie Chai
HP: 9850-9666





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/INC19013190/Esf3e2

73 BRAS BASAH ROAD

Date: 19-08-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN : AIRWAN

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGY 4843T	Veh. Inspected	CB 6055G
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1054924-001	Excess (\$)	0.00
Assign From	THERESA VIMALA	Assign Date	26/07/2019

2. Vehicle Particulars & Condition

Make & Model	mitsubishi BE639GRMHDEA	c.c	3908
Engine No.	HIDDEN	Year of Reg.	2001
Chassis No.	BE639GB00185	Colour	WHITE
Odometer	839057 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/75 R17.5	TRIANGLE	5 mm
L/H Front Tyre	215/75 R17.5	TRIANGLE	5 mm
R/H Rear Tyre	215/75 R17.5	TRIANGLE	5 mm
L/H Rear Tyre	215/75 R17.5	TRIANGLE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	23/07/2019	Inspect Date / Time	26/07/2019 (11:12 AM)
Survey held at	566 WOODLANDS ROAD		
Repairer	CONNECT3		

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:	6 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. CB 6055G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RH SIDE PANEL LOWER	DENTED	2,554.00	2,300.00
1	RH SIDE UPPER PANEL	TO REPAIR SEE LABOUR	3,897.65	-
1	RH REFLECTOR LAMP ASSY	NOT NECESSARY	185.00	-
5	SEALANT @\$40.00	NOT NECESSARY	200.00	-
	LESS 10% DISCOUNT		-	-230.00
			6,836.65	2,070.00
SPECIAL NETT ITEMS				
1	EXCURSION BUS STICKER (SN)	NECESSARY	15.00	15.00
			15.00	15.00
LABOUR				
	REMOVE RH SIDE GLASSES TO ASSIST REPAIR.	NOT NECESSARY	300.00	-
	APPLY ANTI RUST.		60.00	30.00
	APPLY FOAM.		150.00	50.00
	CHECK ALIGNMENT.		120.00	60.00
	CHECK WIRING.		20.00	20.00
	REMOVE & REFIT INNER RH TRIMS, SEATS & UPHOLSTERY TO ASSIST REPAIR.		300.00	200.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF RH SIDE UPPER PANEL.		1,200.00	1,000.00
	SPRAY PAINTING.		1,500.00	1,200.00
			3,650.00	2,560.00
GRAND TOTAL			10,501.65	4,645.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,700.00

Report Ref No. CS/INC19013190/Esf3e2

CHEN TSUE YEE

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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