ASS. REC. BY: | REF: CS/INC19015069/Uyd3n2 | Special Instruction:

Surveyor: Mclaus

ASSIGNMENT (Office)

From (Person): Daniel Koh of INC Date/Time: 9:39am@27/8/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SFR 1607H Insured: SJA 2264T

at Workshop m/s Progressive car Tel: 67415336

of Blk 3022A Ubi Road 1 #01-45/46

Policy No: Claim No: MT/1059373-001

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 24/8/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 10:40am@27/8/19 Person Contacted: peiwen Vehicle IN / OUT

Date/Time	Action/Instruction
	SFR 1607H - X
	SJA 2264T - CCT/MG12603204/Cm/b342 DOA 11/2/202

(08/11/13) wef

ASS. REC. BY: Marcus

REF: 1 1 c /

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SFR 4607H

at Workshop m/s PA Wbl

of

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.**

N/S	O/S

Bal. or Market Value: $5200

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted: L7A 2680

Veh No: SFR4607H Yr Regn: / 05

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

Make: mazda 2 HB c.c 1498

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

Sp.Reading 156168 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMODY10Y100112968

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: 195/50 R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 24/8/19 D.O.I. 27/8/19 2.30pm

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or LH R/S

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

Date / Time	Action / Instruction
	Sinha ref 2520
28/8/19	Confirmed L/S $2500 with wendy. (Red 2115-88, 46%)

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

28/8 Typist

Report Format :

Lump Sum / I.B.I: ($ L/S $2500-00)

Days Of Repair: 4

Resurvey No. of Trip: 0 Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

	250

Nivitha (LKK Auto)

From: Daniel Koh <daniel.koh@income.com.sg>
Sent: Tuesday, 27 August 2019 10:05 AM
To: 'assignments@lkkauto.com'
Cc: admin-d@lkkauto.com
Subject: FW: TP CASES FARMED OUT TO LKK ON 27/8/2019

Dear LKK,

Resend with full details.

From: Daniel Koh
Sent: Tuesday, 27 August 2019 9:39 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Cc: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>; Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>
Subject: FW: TP CASES FARMED OUT TO LKK ON 27/8/2019

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	OIV	DOA	Additional Remarks
1	MUHAMMAD AIRWAN	MT/1059382-001	**SMJ9095K**	AUTO INSURE PTE LTD	6 MARSILING LANE	Mr Sam Goh / 9743 6363		PC4792R	24/8/2019	3157 2624 / 3157 2628

2	ENG HUEY HUEY	MT/1058999-002	**SJW7925X**	AUTOLUTION INDUSTRIAL PTE LTD	19 UBI ROAD 4 SINGAPORE 408623	Elmer Alfonso / 9645 0084	14:00-16:00	SLZ4235J	21/8/2019	67038691
3	SERENE LIM	MT/1056837-002	**SMH5725M**	BORNEO MOTORS UBI SERVICE CENTRE	BLK 17 UBI ROAD 4 SINGAPORE 408611	Raymond Seah / 9776 2689	13:00-15:00	SJE9665C	6/8/2019	
4	DAVID PHUA	MT/1059292-002	**SKX1688C**	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 9868 6000		SKJ4629C	22/8/2019	
5	SERENE LIM	MT/1059373-001	**SFR4607H**	PROGRESSIVE CAR CARE PTE LTD	BLK 3022A #01-45/46 UBI ROAD 1 SINGAPORE 408716	Pei Wen NG / 6741 5336		SJA2264T	24/8/2019	
6	FIONA SHEN	MT/1055613-001	**SKP7070L**	PROGRESSIVE CAR CARE PTE LTD	BLK 3022A #01-45/46 UBI ROAD 1 SINGAPORE 408716	Pei Wen NG / 6741 5336	14:00-16:00	FN8375X	27/7/2019	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Daniel Koh
Senior Admin Assistant
Motor Insurance
T +65 6430 7901
www.income.com.sg

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Browse by Category

5 vehicles

mazda 2

Sort by Date Posted

Advanced Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	V
Search Selection	**mazda 2**		Any	Any	**> 10 year(s) old**	Any	Any	

Mazda 2 HB 1.5A R (COE till 09/2023) **$23,800** $5,920 /yr 04-Sep-2008 1,498 cc -

Flexible In House Financing. 100% Approval. Most Affordable Hatchback Vehicle In Town! Tip Top Condition! Come View Today! Not To Be Miss! All Trade In Welcome!

Posted: 27-Aug-2019 Tags: 2008 Mazda 2, 2008 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda

Mazda 2 HB 1.5A SP (COE till 10/2021) **$14,900** $6,880 /yr 27-Oct-2006 1,498 cc 123,678 km

1 Owner Since Day One! Family Passed Down Car. Original Paintwork And Raw Beauty. Mint Interior And Exterior. Super Bright Headlights. Loan/Insurance/Trade In Can Be Arranged.

Posted: 25-Aug-2019 Tags: 2006 Mazda 2, 2006 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda

Mazda 2 HB 1.5A R (OPC) (New 5-yr COE) **$33,800** $6,750 /yr 27-Aug-2009 1,498 cc 34,646 km

Super Low Mileage Car! Carefully Maintained By 1 Meticulous Owner And Accident Free. Always Parked Under Shelter And Serviced On Time. Car In Pristine Condition And Clean Interior. Leather Seats Was Maintained By Specialist Previously. Price Include Conversion To M

Posted: 24-Aug-2019 Tags: 2009 Mazda 2, 2009 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda

Mazda 2 HB 1.5A R (New 5-yr COE) **$31,800** $6,350 /yr 03-Aug-2009 1,498 cc 64,464 km

Full Agent Service! 1 Owner And Low Mileage! Immaculate And Best Condition, Definitely Worth For Another 5 Years Drive. Accident Fre And For Your Ease Of Mind, STA Or Your Prefer Workshop's Evaluation Are Welcome. High Loan Available, Various In House Loan With I

Posted: 22-Aug-2019 Tags: 2009 Mazda 2, 2009 mazda 2, Mazda 2, mazda 2, Mazda, 2, Used Mazda

Mazda 2 HB 1.5A R (COE till 2023) **$24,800** $6,240 /yr 18-Aug-2008 1,498 cc -

Compare

ey Mazda Hatchback, Low Maintenance Cost, Very Well Maintained, Easy Financing And Flexible In House Available.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	600B

Vehicle Details

Vehicle No.:	SFR4607H
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Aug 2019
Vehicle Make:	MAZDA
Vehicle Model:	M2 1.5 HB A
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	ZY285673
Chassis No.:	JM0DY10Y100112968
Maximum Power Output:	82.0 kW (109 bhp)
Open Market Value:	$14,615.00
Original Registration Date:	27 Jan 2005
First Registration Date:	27 Jan 2005
Transfer Count:	0
Actual ARF Paid:	$16,077.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	26 Jan 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	$32,804.00
COE Rebate Amount:	$2,680.00
Total Rebate Amount:	**$2,680.00**

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Aug 2019

OK

MPA2191116411 / Progressive Car Care Pte Ltd - HQ
ENTRY DATE & TIME: 24/08/2019 14:22
SUBMITTED BY: Ng Pei Wen

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 witholding 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	24/08/2019 14:22
Date Of Accident	24/08/2019 10:10
Exact Location Of Accident	JUNCTION OF KALLANG ROAD & CRAWFORD STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFR4607H
Insured/Policyholder	
Name Of Registered Owner	SUOH YEE KIAT @ CHUA YEE KIAT
NRIC No	S7231600B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81239822
Alternative Phone No	OTHERS-81239822
Vehicle Particulars	
Manufacturer	MAZDA
Model	2-1.5 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA431799
Cover Note Number	
Driver	
Name of Driver	SUOH YEE KIAT @ CHUA YEE KIAT
NRIC No	S7231600B
Date Of Birth	05/09/1972
Occupation	INDOOR
Date Of Driving Pass	13/08/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81239822
Fax Number	
Contact Number	OTHERS-81239822
EMail Address	NOEMAIL

Address	BLK 112 EDGEDALE PLAINS #06-386 SINGAPORE
Postcode	820112
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 - CROSS JUNCTION
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?	YES
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
Passenger 1	NAME: : LOH MOI YING GENDER: : FEMALE

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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SJA2264T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LOH MOI YING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFR4607H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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: 24/8/19	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Pewen NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A -
B -

Refer to attach

Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travel on Kallang Road in 3rd lane, straight ~~towards~~ on green light and vehicle B in opposite direction turning towards Crawford street & collided with my car. After accident vehicle B did not exchange any personal details or check anyone injured & the driver ~~ass~~. I made a police report immediately over phone & contacted my insurance axa & requested for assistance. Vehicle B came back 30 min later & parked behind me & ~~pol~~ traffic police came at scene after.

DECLARATION

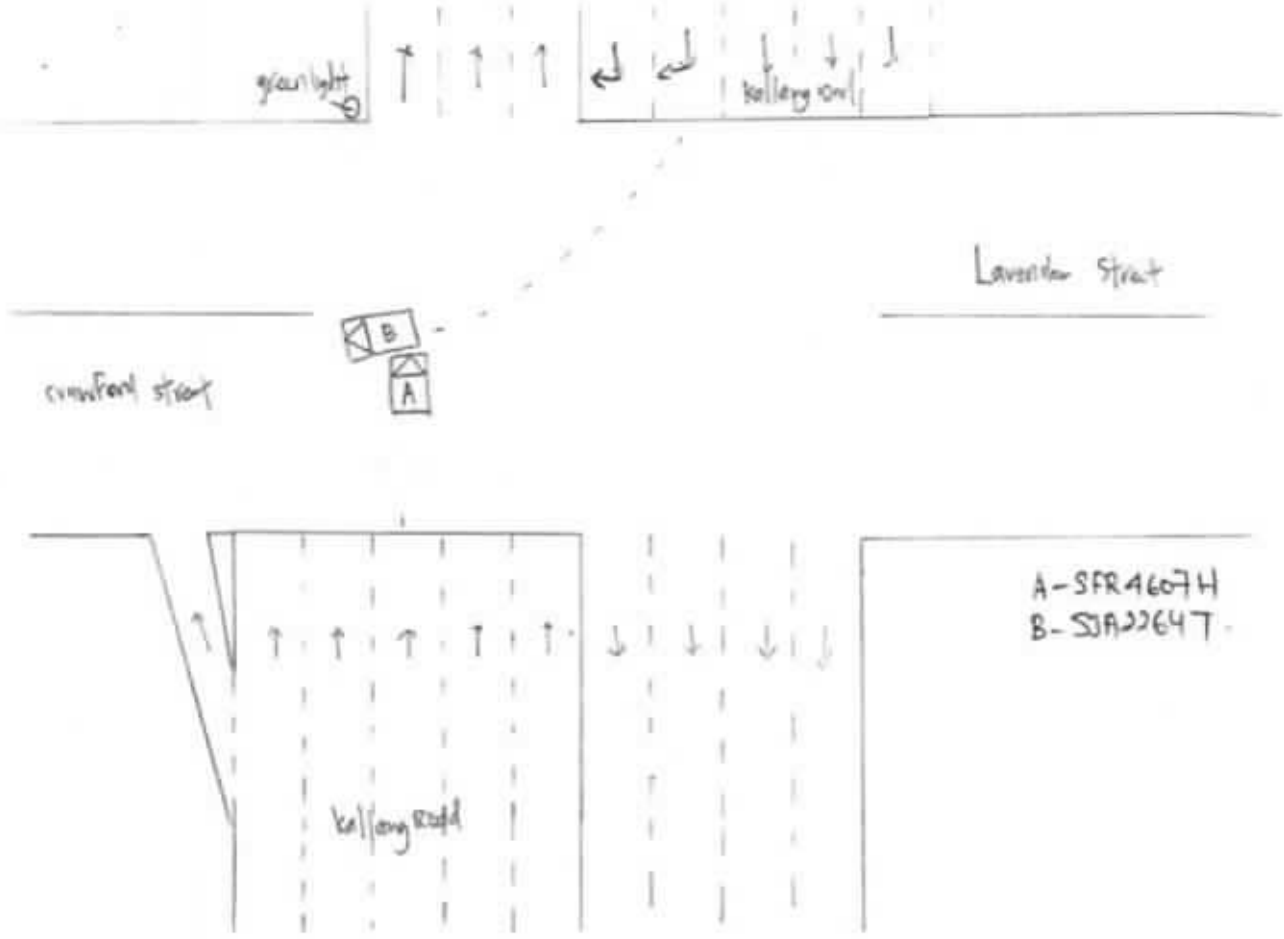
I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time: 24/8/19

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

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

Sketch Plan #3



ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 24/8/2019 Time: 1010

2 Exact location of accident: Junction of Kallang Rd & Crawford St

3 Injuries even if slight: No ☒ Yes ☐ *

4 Material damage: To vehicles other than vehicles A and B: No ☒ Yes ☐ * | To objects other than vehicles: No ☒ Yes ☐ *

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) | Vehicle Video Camera Available: No ☐ Yes ☒

VEHICLE A

Registration No. SFR4607H

6 Insured / policyholder (see insurance cert.)

Name (capital letters): Suoh Yee Kiat @ Chua Yee Kiat

Address:

NRIC / Passport no.: S7231600B

Tel no. (from 9am till 5pm):

HP: 81239827

7 Vehicle: Make, type: Mazda 3 1.5

8 Insurance company: MA ☐C ☐TPFT ☐TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☒

Policy no.: GMA31799

9 Driver ☐ Same as Owner

Name (capital letters):

NRIC / Passport no.:

Class of license: 3

HP:

Gender: Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

12 Fly remarks

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

	A		B
Own Collision	☐1		☐1
Collided into Bicycle	☐2		☐2
Collided into Motorcycle	☐3		☐3
Collided into Parked Vehicle	☐4		☐4
Collided into Pedestrian	☐5		☐5
Collided into Property	☐6		☐6
Collision – Changing Lanes	☐7		☐7
Collision – Cross Junction	☐8		☐8
Collision – Head on Collision	☐9		☐9
Collision – Rear to Rear	☐10		☐10
Collision – Making/Taking U-t	☐11		☐11
Collision – Opening Door of Vehicle	☐12		☐12
Collision – Overtaking	☐13		☐13
Collision – U-Turn	☐14		☐14
Drink Driving / Drug Influence	☐15		☐15
Fire, explosion or lightning	☐16		☐16
Flood	☐17		☐17
Fly and Run / Vandalism / Damaged whilst Parked	☐18		☐18
Hit by Falling Load / Other Objects	☐19		☐19
No Collision	☐20		☐20
Side Swipe	☐21		☐21
Theft	☐22		☐22

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when/after impact occurred 14

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

15 Signatures of drivers

A

B

VEHICLE B

Registration No. SJA2264T

6 Insured / policyholder (see insurance cert.)

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (from 9am till 5pm):

HP:

7 Vehicle: Make, type:

8 Insurance company: ☐C ☐TPFT ☐TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy no. (if available):

9 Driver (Son driving licence) (if different from insured A above)

Name (capital letters):

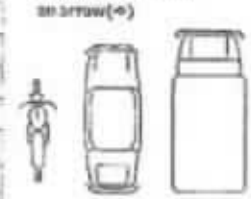
NRIC / Passport no.:

Class of license:

HP:

Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

12 Fly remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any) _____

To be completed and submitted within 24 hours to your insurer or Isec or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one, state all) _____ Email: _____

Of which vehicle are you the owner?

☑ A ☐ B

2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity

3 Is driver the owner? Yes ☑ No ☐ If no, State Relationship of Driver with owner | state the vehicle number and name of insurer of driver's own vehicle (where applicable)

4 Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private hire

☐ Others - please specify _____

5 Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present _____ Tel no. _____

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☑

If no, state action to be taken ☑ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth	Occupation		Date of license pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
5/9/72	Indoor	Outdoor	13/8/94	Yes ☑	No ☐	Yes ☐	No ☑

8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?	
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)

Police action

12 Was the accident reported to the Police? Yes ☐ No ☑

If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes ☐ No ☑

If yes, against whom? _____

Accident details

14 Weather conditions: Clear ☑ Raining ☐ Others ☐

15 Road surface: Wet ☐ Dry ☑ Others ☐

16 Speed of vehicles: A _____ km/hr B _____ km/hr

17 What warnings were given by driver or other party? _____

18 Were street lights illuminated? Yes ☐ No ☐

19 What lights were displayed on your vehicle/the other vehicle(s)? _____

20 If your vehicle is commercial, state weight of load carried at time of accident _____

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (including Driver) (2) LOH MOI YING (F)

Declaration

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

Policyholder's signature _____ Date _____

Driver's signature (if driver is not the policyholder) _____ Date _____

Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: claims@procarcare.com.sg
GST:201006949C RCB NO:201006949C

M/S : SUOH YEE KIAT @ CHUA YEE KIAT
BLK 112 EDGEFIELD PLAINS #06-386
SINGAPORE 820112

ATTN: NTUC INCOME

Your Ref No:	TP 0819-5649
Claim Type:	Third Party
Accident Date:	24/08/2019
TP Veh Reg No:	SJA 2264 T

Estimate No:	**EST1505184**
Date:	24 Aug 2019
Policy No:	GA431799
Veh Reg No:	**SFR4607H**
Make/Model:	MAZDA M2 1.5 HB A
Chassis No:	JM0DY10Y100112968
Engine No:	ZY285673
Reg. Date:	27/01/2005

Estimate Repair Cost to Vehicle No :SFR4607H

	Description	U/Price	Quantity	Price S$	Amount S$
	List Price				
1	FRONT FENDER - LH	219.00	1 PC	219.00	
2	FRONT FENDER COWLING - LH	141.00	1 PC	141.00	
3	FRONT FENDER COWLING CLIP - LH	5.60	10 PC	56.00	
4	FRONT BUMPER	583.00	1 PC	583.00	
5	FRONT BUMPER CLIPS	5.40	10 PC	54.00	
6	FRONT BUMPER SIDE HOLDER - LH	29.00	1 PC	29.00	
7	FRONT BUMPER SIDE HOLDER - RH	29.00	1 PC	29.00	
8	FRONT BUMPER FOG LAMP - LH	268.00	1 PC	268.00	
9	FRONT BUMPER REINFORCEMENT	387.00	1 PC	387.00	
10	FRONT BUMPER BRACKET - LH	0.00	1 PC	0.00	
11	FRONT HEADLAMP - LH	536.00	1 PC	536.00	
12	FRONT HEADLAMP LOWER RETAINER - LH	19.00	1 PC	19.00	
13	BONNET	692.00	1 PC	692.00	
14	BONNET INSULATOR	168.00	1 PC	168.00	
15	BONNET INSULATOR CLIPS	4.90	5 PC	24.50	
16	BONNET RUBBER - LH	21.20	1 PC	21.20	
17	BONNET RUBBER - CENTRE	29.90	1 PC	29.90	
18	FRONT GRILLE ASSY	182.00	1 PC	182.00	
				3,438.60	
			Less 20%	687.72	2,750.88
	Special Net				
19	FRONT BUMPER LOWER SPOILER	450.00	1 PC	450.00	
20	FRONT NUMBER PLATE W/CASING	35.0000	1 PC	35.00	
				485.00	485.00
	Labour				
21	TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS.	600.0000	1 JOB	600.00	
22	TO RESPRAY PAINT ON ACCIDENT PORTIONS.	700.0000	1 JOB	700.00	
23	TO CHECK WIRING.	20.0000	1 JOB	20.00	
24	TO TUFFKOTE	60.0000	1 JOB	60.00	
				1,380.00	1,380.00

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Estimate No:	**EST1505184**
Date:	24 Aug 2019
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Make/Model:	MAZDA M2 1.5 HB A
Chassis No:	JM0DY10Y100112968
Engine No:	ZY285673
Reg. Date:	27/01/2005

ATTN: NTUC INCOME

Your Ref No:	TP 0819-5649
Claim Type:	Third Party
Accident Date:	24/08/2019
TP Veh Reg No:	SJA 2264 T

Estimate Repair Cost to Vehicle No :SFR4607H

Description	U/Price	Quantity	Price S$	Amount S$
			Total	S$ 4,615.88
			Add GST @ 7%	323.11
			Total Amount Payable	S$ 4,938.99

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND NINE HUNDRED THIRTY EIGHT AND CENTS NINETY NINE ONLY

For Progressive Car Care Pte Ltd

AUTHORISED SIGNATURE

LKK Auto Consultants hence notify
the Repairer of the following:
- [illegible] spray painting
- [illegible]
- [illegible]
- [illegible] "Without Prejudice" basis
- [illegible] is allowed
- [illegible] must be [illegible] and is subject to [illegible] approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

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

ATTN: SERENE LIM

Ref: CS/INC19015069/Uyd3n2

Date: 04-09-2019

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJA 2264T	**Veh. Inspected**	SFR 4607H
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1059373-001	**Excess ($)**	0.00
	Assign From	DANIEL KOH	**Assign Date**	27/08/2019

2. Vehicle Particulars & Condition

	Make & Model	MAZDA 2 HB (A)	**c.c**	1498
	Engine No.	HIDDEN	**Year of Reg.**	2005
	Chassis No.	JM0DY10Y100112968	**Colour**	SILVER
	Odometer	156168 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	195/50 R15	FALKEN	6 mm
	L/H Front Tyre	195/50 R15	FALKEN	6 mm
	R/H Rear Tyre	195/50 R15	FALKEN	6 mm
	L/H Rear Tyre	195/50 R15	FALKEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	24/08/2019	**Inspect Date / Time**	27/08/2019 (02:30 PM)
	Survey held at	PROGRESSIVE CAR CARE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		

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: **4 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFR 4607H

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT FENDER-LH	BENT / BUCKLED	219.00	219.00
1	FRONT FENDER COWLING-LH	TORN	141.00	141.00
10	FRONT FENDER COWLING CLIP-LH @$5.60	NECESSARY	56.00	56.00
1	FRONT BUMPER	TORN	583.00	583.00
10	FRONT BUMPER CLIPS @$5.40	NECESSARY	54.00	54.00
1	FRONT BUMPER SIDE HOLDER-LH	BENT	29.00	29.00
1	FRONT BUMPER SIDE HOLDER-RH	NOT NECESSARY	29.00	-
1	FRONT BUMPER FOG LAMP-LH	CRACKED	268.00	268.00
1	FRONT BUMPER REINFORCEMENT	BENT	387.00	387.00
1	FRONT BUMPER BRACKET-LH (NPA)	NO SUCH PARTS	-	-
1	FRONT HEADLAMP-LH	SCRATCHED	536.00	536.00
1	FRONT HEADLAMP LOWER RETAINER-LH	NOT NECESSARY	19.00	-
1	BONNET	DENTED / BENT	692.00	692.00
1	BONNET INSULATOR	NOT NECESSARY	168.00	-
5	BONNET INSULATOR CLIPS @$4.90	NOT NECESSARY	24.50	-
1	BONNET RUBBER-LH	NECESSARY	21.20	21.20
1	BONNET RUBBER-CENTRE	NECESSARY	29.90	29.90
1	FRONT GRILLE ASSY	TO REPAIR SEE LABOUR	182.00	-
	LESS 20% DISCOUNT		-687.72	-603.22
			2,750.88	2,412.88
	SPECIAL NETT ITEMS			
1	FRONT BUMPER LOWER SPOILER (SN)	NOT FITTED	450.00	-
1	FRONT NUMBER PLATE W/CASING (SN)	SCRATCHED	35.00	35.00
			485.00	35.00
	LABOUR			
	TO KNOCK OUT DENTS,REMOVE,REPLACE ACCIDENT PARTS.INCLUSIVE OF THE REPAIR OF FRONT GRILLE ASSY.		600.00	400.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		700.00	600.00
	TO CHECK WIRING.		20.00	20.00

Report Ref No. CS/INC19015069/Uyd3n2

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TEL: 6256 3561 FAX: 6256 4315

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

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	TO TUFFKOTE.		60.00	60.00
			1,380.00	1,080.00
	GRAND TOTAL		**4,615.88**	**3,527.88**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**2,500.00**

Report Ref No. CS/INC19015069/Uyd3n2

CHUA KANG SENG

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser