

ASS. REC. BY: Manus REF: es/INC19015101/utd3m2 Special Instruction:

From (Person): Daniel Koh of INC Date/Time: 9:30am @ 27/8/19

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SKP 7070L Insured: FN 8375X

at Workshop n/s: Progressive Car Tel: 67415336

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

Policy No: \_\_\_\_\_ Claim No: MT/1055613-001

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 27/8/2019

(Client's Record)

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

Date/Time: 10:40am @ 27/8/19 Person Contacted: pei wen Vehicle: (IN) OUT

Date/Time	Action/Instruction
	<u>Estimate /</u>
	<u>SKP 7070L - X</u>
	<u>FN 8375X - X</u>

(08/11/13) wef  
ASS. REC. BY: Marcus

REF:

inc/

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TPY WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SKP7070L  
at Workshop m/s PAUH, 2/11  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SKP7070L Yr Regn: 12 11  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or (A)  
Make: BMW S35GT c.c 2979  
Colour: Black A/C: Insured / Std / NI / NA  
Sp. Reading: 1.2/402 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: WBASN220XOC1P4440  
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: 245/45-R19  
R: 275/402 R19

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR) SUMI /  
TOYO / YOKO or  
Front: 7 mm Rear: 7 mm  
R/Bal. 7 mm L/Bal. 7 mm  
D.O.A. 27/7/19 D.O.I. 27/8/19  
Survey held at \_\_\_\_\_ 2:22pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear N/S.  
The U/C / Chassis frame / Body Structure affected due to collision.

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.  
Bal. or Market Value: 65  
I/CAC Accident Rpt: Consistent? : Yes or No  
SIR / PR Seen: Consistent? : Yes or No  
Est. Repairs: 3 days Res.: Yes or No  
Lum Sum: 10 % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
Vehicle: IN / OUT

Date / Time Action / Instruction  
19/9/19 17A 56955 2/11 Sale.  
Make new parts replacement. No second hand parts  
19/9/19 Repair sum 3200 confirmed with Ray.  
CRed: 4823.69 (60%)

RECEIVED 0 SEP 2019

Date/Time, File Pass to? 19/9/19  
 : Preli. Report  
 : Final Report

Days Of Repair: 3  
Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
Others:	
TOTAL	250

Add Fee:  : Site Insp (\$ \_\_\_\_\_) s + RS. s  
 : Interview (\$ \_\_\_\_\_) Photos  
 : Tech. Invs (\$ \_\_\_\_\_) Others  
 : Weekend (\$ \_\_\_\_\_)

Report Format: TP  
Lump Sum / I.B.I: (\$ 3200/-)

## **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](http://www.income.com.sg)

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**in** with you

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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.

## Exclusive Roadshow Deal - up to \$10,000 off all Toyota Models.

Bedok Mall, Level 1 Atrium, 28 Aug – 3 Sep 2019



**Post an Advertisement**  
Sell it yourself! Advertise it at just  
**\$58 until it's SOLD!**

Post an Ad

Advertiser Login

Ways of Selling

2011 Low Mileage Agent Nissan Teana 2.0 At 537300.



Genuine Low Mileage,  
Immaculate Condition, 2 Owners  
Only, Cheapest In The Market  
Direct Owner [StarAd](#)



Browse by Category

Sort by Date Posted

8 vehicles

bmw 535

Advanced Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	V
<b>Search Selection</b>	bmw 535		Any	Any	2011	Any	Any	
	BMW 5 Series	535i Sunroof	\$59,800	\$15,190 /yr	31-May-2011	2,979 cc	138,000 km	
Agent Maintain Unit Brought PMSL, Well Taken By Precious Owner, No Accident Before, In-house Loan/ Bank Loan Available, Trade In Welcome, Cheapest In The Market, Call Us For Appointment,								
Posted: 27-Aug-2019 Tags: 2011 BMW 535i, 2011 bmw 535i, BMW 535i, bmw 535i, BMW, 535i, Used BMW								
	BMW 5 Series	535i Gran Turismo	\$60,800	\$17,210 /yr	13-May-2011	2,979 cc	-	
Nice Brown Interior. Well Kept Exterior And Interior. Still Under Extended Warranty From QBE Asia Care (Gold Policy) For Peace Of Mind Very Spacious Interior With Comfort And Power. No Consignment Dealer Please. Thanks.								
Posted: 11-Aug-2019 Tags: 2011 BMW 535i, 2011 bmw 535i, BMW 535i, bmw 535i, BMW, 535i, Used BMW								
	BMW 5 Series	535i Sunroof	\$60,800	\$18,720 /yr	13-Apr-2011	2,979 cc	-	
3rd Owner. Original Breyton 19 Inch Sports Rims With Michelin Primacy Tyres. Brembo Disc Slotted And Pads. Gearbox Changed 6 Mont Ago. I Drive With Android. KW Coilovers Changed 2 Months Back. Most Wear And Tear Replaced. Grey Exterior With Brown Interior. Sty Prem Roy Motoring								
Posted: 07-Aug-2019 Tags: 2011 BMW 535i, 2011 bmw 535i, BMW 535i, bmw 535i, BMW, 535i, Used BMW								
	BMW 5 Series	535i	\$85,000	\$27,130 /yr	09-Jun-2011	2,979 cc	91,000 km	
This Sleek, Stylish BMW 535i Comes In Dark Blue With A Custom LED Front And Luxury Cinnamon Brown Leathered Interior. Excellently Maintained And In Perfect Condition, The Ideal Mixture Of A Sporty Yet Family Friendly Car. Why Wait? Call/SMS To Arrange A Viewing..								
Posted: 28-Jul-2019 Tags: 2011 BMW 535i, 2011 bmw 535i, BMW 535i, bmw 535i, BMW, 535i, Used BMW								

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COE  
RENEWAL  
LOAN**

**Is your COE expiring? Let us help you renew it!**

Getting your COE renewed is easy, fast and affordable. We'll help you renew your COE and get a loan for it. Get the cheapest loan in top approval in 2 days without effort! Enquire today.



Compare

BMW 5 Series 535i Sunroof \$65,800 \$17,570 /yr 14-Jul-2011 2,979 cc -

Bank Loan Interest Rate Offer From 2.48%! \$3k Driveaway With Our In House Financing! Attractive Trade In Price, All Our Car Go 20 Point Check With Our In- House Workshop Buying With Peace Of Mind. Call Us Now.

verse Credit Pte Ltd

ad: 27-Jul-2019 Tags: 2011 BMW 535i, 2011 bmw 535i, BMW 535i, bmw 535i, BMW, 535i, Used BMW

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	523A
Vehicle Details	
Vehicle No.:	SKP7070L
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Aug 2019
Vehicle Make:	B.M.W.
Vehicle Model:	535I GT 3.0 AT D/AB 2WD GAS/D TC HUD SR
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	04917901N55B30A
Chassis No.:	WBASN220X0C194440
Maximum Power Output:	225.0 kW (301 bhp)
Open Market Value:	\$67,274.00
Original Registration Date:	15 Dec 2011
First Registration Date:	15 Dec 2011
Transfer Count:	1
Actual ARF Paid:	\$67,274.00 33637
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Dec 2021
PARF Rebate Amount:	\$40,364.00
Intended COE Rebate Details	
COE Expiry Date:	14 Dec 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$72,350.00
COE Rebate Amount:	\$16,591.00
<b>Total Rebate Amount:</b>	<b>\$56,955.00</b>

The information contained herein is correct as at 28 Aug 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	27/07/2019 16:56
Date Of Accident	27/07/2019 09:20
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7070L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG HAN CHENG
NRIC No	S7245523A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94554265
Alternative Phone No	OTHERS-91814605

### Vehicle Particulars

Manufacturer	BMW
Model	535I-3.0 GT (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	GA148235
Cover Note Number	

### Driver

Name of Driver	KOH CHEW HUA
NRIC No	S7414009B
Date Of Birth	29/04/1974
Occupation	INDOOR
Date Of Driving Pass	04/01/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91814605
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6 PRIMROSE AVENUE SINGAPORE
Postcode	467240
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FN8375X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.
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:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: PERMEN  
NPIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

**Vehicle**  
 A - SKP 7070 L  
 B - FN 8375 X

**Legend**  
 [Box with triangle] Vehicle  
 [Motorcycle icon] Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was driving along Bukit Timah Road at one of the traffic light junction. I stopped my vehicle and a bike didn't stop in time bang the rear of my vehicle during red light. Lost balance and side scratch as motorcyclist swerve to the left.

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:

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

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

plawen

### Common Statement

## ACCIDENT STATEMENT (Part 1)

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

To be signed by BOTH drivers

<b>1</b> Date of accident <small>Time</small> 27/7/19 0920	<b>2</b> Exact location of accident Bukit Timah Road	<b>3</b> Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
<b>4</b> Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	<b>5</b> Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____

**Registration No. (VEHICLE A)** SKP707UL

**6** Insured / policyholder (see insurance cert.)  
 Name Ong Han Cheng  
(capital letters)

Address \_\_\_\_\_

**NRIC / Passport no.** S7245523A

Tel no. (from 9am till 5pm) \_\_\_\_\_

**HP** 94554265

**7** Vehicle  
 Make, type BMW 535I GT 30

**8** Insurance company  
AXA  TPFT  TPO

Does the policy cover damage to vehicle A?  
 No  Yes

Policy No. GA148235

**9** Driver  Name of Other \_\_\_\_\_  
 Name Koh Chew Hui  
(capital letters)

**NRIC / Passport no.** S7414009B

Class of licence \_\_\_\_\_

**HP** 91814605

Gender  Male  Female

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

<input type="checkbox"/>	Over Collision
<input type="checkbox"/>	Collided into Object
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collided into Barrier
<input type="checkbox"/>	Collided into Channel/Drain/Stream
<input type="checkbox"/>	Collision - Cross Traffic
<input type="checkbox"/>	Collision - Head-on/Tail-on
<input type="checkbox"/>	Collision - Head-to-head
<input type="checkbox"/>	Collision - Side/Swipe Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Rear-end Hit
<input type="checkbox"/>	Collision - St-Eve
<input type="checkbox"/>	Close Following / Tailgating
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Hit
<input type="checkbox"/>	Hit and Run / Vanishing / Through Lighted Tunnel
<input type="checkbox"/>	Hit by Fallen Tree / Other Object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Turn

← State TOTAL number of boxes marked with a cross →

**Registration No. (VEHICLE B)** FNB375X

**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) \_\_\_\_\_

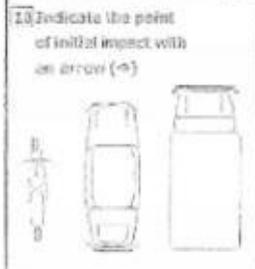
**9** Driver (See driving licence)  
 (if different from insured B above)  
 Name \_\_\_\_\_  
(capital letters)

**NRIC / Passport no.** \_\_\_\_\_

Class of licence \_\_\_\_\_

**HP** \_\_\_\_\_

Gender  Male  Female



**11** Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15** Signatures of drivers

[Signature A]

[Signature B]

**11** Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of dispute or in the event of damage to property other than to vehicles A and B, give information number. Do not alter anything in this statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

## Individual Statement

<b>INDIVIDUAL STATEMENT (Part II)</b> <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (if any)</small> <small>(Use a separate sheet of paper where necessary)</small>																										
<b>Created</b>	<b>1 Occupation (if more than one, state all)</b> _____ <b>Email:</b> _____ <b>2 Vehicle registration no.</b> _____ <b>C.C.</b> _____ <b>If commercial vehicle, state permissible carrying capacity</b> _____																											
<b>Of which vehicle are you the owner?</b> <input type="checkbox"/> A <input type="checkbox"/> B	<b>3 Is driver the owner?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>State Relationship of Driver with owner</b> <u>Spouse</u> <b>State the vehicle number and name of insurer (if driver's own vehicle please apply)</b> _____ <b>4 Exact purpose for which vehicle was being used at time of accident</b> <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify: _____ <b>5 Is the vehicle still in use?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If no, state where it is at present</b> _____ <b>Tel no.</b> _____ <b>6 Are you claiming under your own insurance policy for repair to your vehicle?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																											
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	<b>7 Date of birth</b> <u>21/4/74</u> <b>Occupation</b> <u>Indoor</u> <b>Outdoor:</b> _____ <b>Date of license pass</b> <u>4/1/2007</u> <b>Was vehicle driven with the insured's permission?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Was driver an employee of the insured's company?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>8 Give details of any pre-existing impairment of sight or hearing and of any other disability</b> _____ <b>9 Full details of all driving convictions including pending prosecutions in the last 36 months</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty																						
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<b>Injured persons</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">10 Name(s), address(es) and approximate age(s)</th> <th style="width: 15%;">Injuries sustained</th> <th style="width: 15%;">If vehicle occupants, state in which vehicle</th> <th style="width: 10%;">Were seat belts being worn?</th> <th style="width: 25%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>			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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Damage to property &amp; vehicles (other than vehicles A and B)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">11 Name(s) and address(es) of owner(s)</th> <th style="width: 20%;">Vehicle registration no. or details of property</th> <th style="width: 30%;">Nature of damage</th> <th style="width: 30%;">Insurer's name and address (if known)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			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)																					
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<b>Police action</b>	<b>12 Was the accident reported to the Police?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station: _____ <b>13 Was notice of intended prosecution given?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																											
<b>Accident details</b>	<b>14 Weather conditions</b> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____ <b>15 Road surface</b> Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____ <b>16 Speed of vehicles</b> A _____ km/hr B _____ km/hr <b>17 What warnings were given by driver or other party?</b> _____ <b>18 Were street lights illuminated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>19 What lights were displayed on your vehicle/the other vehicle(s)?</b> _____ <b>20 If your vehicle is commercial, state weight of load carried at time of accident</b> _____ <b>21 State how accident happened, width of roads, speed limits, etc (Refer to attached)</b> _____ <b>22 State number of Passengers (Including Driver)</b> <u>5</u> <u>&amp; Cayla Ong</u>																											
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect. <b>Policyholder's signature</b> _____ <b>Date</b> _____ <b>Driver's signature (if driver is not the policyholder)</b> _____ <b>Date</b> _____																											



# Progressive Car Care Pte Ltd

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

M/S : ONG HAN CHENG  
6 PRIMROSE AVENUE  
SINGAPORE 467240

ATTN: NTUC INCOME INSURANCE

Your Ref No: TP 0719-5617  
Claim Type: Third Party  
Accident Date: 27/07/2019

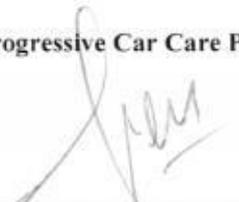
Estimate No: EST1505087  
Date: 27 Jul 2019  
Policy No: GA148235  
Veh Reg No: SKP7070L  
Make/Model: B.M.W. 535I GT 3.0 AT  
D/AB 2WD GAS/D TC  
HUD SR  
Chassis No: WBASN220X0C194440  
Engine No: 04917901N55B30A  
Reg. Date: 15/12/2011

## Estimate Repair Cost to Vehicle No :SKP7070L

Description	U/Price	Quantity	Price	Amount
			SS	SS
			Total	S\$ 8,023.69
			Add GST @ 7%	561.66
			Total Amount Payable	S\$ 8,585.35

TOTAL: SINGAPORE DOLLAR EIGHT THOUSAND FIVE HUNDRED EIGHTY FIVE AND CENTS THIRTY FIVE ONLY

For Progressive Car Care Pte Ltd

  
AUTHORISED SIGNATURE

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 (ie., modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final 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		Ref:	CS/INC19015101/Utd3n2	
73 BRAS BASAH ROAD		Date:	23-09-2019	
#05-01 NTUC TRADE UNION HOUSESINGAPORE				
189556				
ATTN: FIONA SHEN		Code:	INC	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FN 8375X	Veh. Inspected	SKP 7070L	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1055613-001	Excess (\$)	0.00	
Assign From	DANIEL KOH	Assign Date	27/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	BMW 535 GT (A)	c.c	2979	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	WBASN220X0C194440	Colour	BLACK	
Odometer	121402 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/45 R19	PIRELLI	7 mm	
L/H Front Tyre	245/45 R19	PIRELLI	7 mm	
R/H Rear Tyre	275/40 ZR19	PIRELLI	7 mm	
L/H Rear Tyre	275/40 ZR19	PIRELLI	7 mm	
4. Description of Damages				
<p>THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.</p> <p>DAMAGES SEE DETAILS.</p>				
5. General Information				
Accident Date	27/07/2019	Inspect Date / Time	27/08/2019 ( 02:22 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:		3 Working Days		



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Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKP 7070L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DENTED	1,627.05	1,627.05
10	REAR BUMPER CLIPS @\$5.00	NECESSARY	50.00	50.00
1	REAR BUMPER SIDE HOLDER-LH	BENT	210.65	210.65
1	REAR BUMPER SIDE HOLDER-RH	NOT NECESSARY	210.65	-
4	REAR BUMPER SENSOR @\$236.85	SHORTED (1 PC ONLY)	947.40	236.85
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	857.75	-
1	REAR BUMPER TOWING COVER-RH	NOT NECESSARY	47.60	-
1	REAR BUMPER LOWER GARNISH	GRAZED	183.65	183.65
1	REAR BUMPER REFLECTOR-LH	NOT NECESSARY	56.80	-
1	TAIL LAMP ASSY-LH	SCRATCHED	629.95	629.95
1	REAR BOOT GT WORDING	NOT NECESSARY	66.10	-
1	REAR BOOT BMW LOGO	NOT NECESSARY	81.25	-
1	REAR PANEL	TO REPAIR SEE LABOUR	572.10	-
1	REAR PANEL TOP GARNISH	NOT NECESSARY	167.90	-
1	REAR EXHAUST PIPE CHROME-LH	NOT NECESSARY	150.80	-
1	REAR PANEL-INNER	NOT NECESSARY	449.50	-
	LESS 5% DISCOUNT		-315.46	-146.91
			<b>5,993.69</b>	<b>2,791.24</b>
<b>LABOUR</b>				
	TO KNOCK OUT DENTS,L/R REAR FENDER,CUT/WELD,REMOVE,REPLACE ACCIDENT PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER REINFORCEMENT AND REAR PANEL.		800.00	300.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		900.00	400.00
	TO CHECK WIRING.		20.00	20.00
	TO TRANSFER REAR BUMPER SENSOR.		100.00	50.00
	TO TUFF KOTE.	NOT NECESSARY	50.00	-
	TO REMOVE,REPLACE REAR GARNISH.	NOT NECESSARY	80.00	-



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE,REFIX REAR EXHAUST PIPE.	NOT NECESSARY	80.00	-
			2,030.00	770.00
<b>GRAND TOTAL</b>			<b>8,023.69</b>	<b>3,561.24</b>
<b>RECOMMENDED COST OF REPAIR SUM (CONFIRMED)</b>				<b>3,200.00</b>

Report Ref No. CS/INC19015101/Utd3n2

NOTE: NEW PARTS REPLACEMENT

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

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