	Daniel koh	0 <u>f</u>	1 NC	D	ete/Time:	2018/1960 9.400
Estimated Co			Bill to;			
To Inspect V	/S/TPRES/ODRE				cı	(0 CH26
at Workshop		I STORY	841 Y	_ Insured: _		(Q 5113E
of	-	aki Bulut	Motor	Teh	6743	31072
Policy No:	55 8	ALI DUILIT	Claim No:	MHI	nrote	30-00
Sum Insured	1		Excess:	1 1 111	02048	(0.00)
Make of Vel	1:		Lincopa,		2.5	
	rd)			D	.O.A	19/8/2019
Ciient's Recor CA / REV	/ REP. / REV 24 H	IRS				•
Client's Recon	/ REP. / REV 24 H	IRS HIN Person Contac	ed: CK			•
Client's Recon	1 REP. / REV 24 H	HIN Person Contact				•
Client's Record CA / REV Date/Time;	REP. / REV 24 H 9 4 7 cm 30 1	Hin Person Contact				•
Client's Record CA / REV Date/Time:	Action/Instruction	Hin Person Contact 1-3hmalf (- X-X				•
Client's Record CA / REV Date/Time:	REP. / REV 24 H 9 4 7 cm 30 1	Person Contact 13 haralf (X - X				•

ASSIGNMENT

Enom: Date: 20108/2019	Veh No: FBN 38414	Yr Regn: 248 / SHP
From: Date: Estimated Cost:	Type: M.Car M.Cycley Bus / Van / Lo	orry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: FBN 38-41 Y	Make: Homa CB 4008	c.c 399
at Workshop m/s Looi's Motor	Colour WHITE	A/G: Insured / Std / NI / NA
of 55 kelli Bulkit place	Sp.Reading 7128	T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:	
Policy No.	C/No: NC42/901	826 .
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked	/ Burnt or
(Glient's Record)	Brake: Inorder / Jammed / Leaked	/ Burnt or
Make of Veh: 100m -13pm	Modi: Nil S/Rim / STD A/Rim o	1
BikeIn	Tyre Size: F: 120 (60	bozka
(Policy Condition)		
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	Front	Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm	R/Bal. 4 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm	L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 19/08/19	1/5 MOTOR 11.46
Lum Sum: % 3 Val.: Yes or No	Survey held at Lou	1/5 MOTOR 11140
CA / REV / REP. / 24 HRS IND	Des. of Damages : Frt / Rear / O/S	
venicie. IN / OUT		ar & o/S
Date: Person Contacted:	The U/C / Chassis frame / Boo	dy Structure affected due to collision.
Date / Time Action / Instruction		marto
RECEIVED 2 2	NOV 2019	
NEOC1100		55/1/5016
		* '
	2	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3	
1)22/11 Typist : Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		Transportation
2) Add Fe	Common of the Co)8 + R\$,\$I
70	: Interview (\$) Flinios
Report Format:	:Tech. Invs (\$) Ciliers
- Lunsp Sum / (19)1: (1) 2529-40	: Weel end 18	250
		TOTAL

Prom: Sent: To: Subject: Hi Denise, Yes confirm, and please proceed. Thanks CK Best Regards On Fri, Nov 22, 2019 at 2:27 PM Denise Tay (LKKAuto) < denisetay@lkkauto.com> wrote:

Finalized part by part \$2529.40, 3days.

Please check and confirm

Best Regards,

Dear Sir,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

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

Thanks CK Best Regards

Nivitha (LKK Auto)

From: Sent:

Daniel Koh <daniel.koh@income.com.sg>

To: Cc: Subject:

FW: TP CASES FARMED OUT TO LKK ON 29/8/2019 Thursday, 29 August 2019 9:57 AM 'assignments@lkkauto.com' admin-d@lkkauto.com

Dear LKK,

Resend with claim numbers and O.I.C.

From: Daniel Koh

Sent: Thursday, 29 August 2019 9:40 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 29/8/2019

Dear LKK,

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

				WorkShop		WorkShop	Survey		
SN	OIC	Claim No.	Vehicle	Name	WorkShop Address	Contact	Time	VIO	DOA
					55 KAKI BUKIT				
	0.0000000000000000000000000000000000000	MT/1058780-		5,1007	PLACE SINGAPORE	CK / 6743	10:00-		
1	JEFF LIN	001	FBN3841Y	MOTOR	416230	1072	12:00	SKQ5113E	19/8/2019

CYNDII	CYNDIE MT/1056286-	PREI AUT SER' SHD10735 LTD	PREMIER AUTOMOTIVE SERVICES PTE LTD	PREMIER 23 CHANGI SOUTH AUTOMOTIVE AVENUE 2 #01-02 SERVICES PTE SINGAPORE LTD 486443	Mr Goh / 6544 6682	GX4114U	2/8/2019
W O W		SHD1507H	PREMIER AUTOMOTIVE SERVICES PTE LTD	23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443	Mr Goh / 6544 6682	SLP2360X	SLP2360X 27/8/2019
IFFF	-		VISION AUTOWORK PTE. LTD.	KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT	Michelle / 9856 4815	GBG8968U	GBG8968U 26/8/2019

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

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











Find out more at income.com.sg/careers



Disclaimer

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.

MVA319108051 / VAC - Kaki Bukit ENTRY DATE & TIME: 19/08/2019 08:48 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

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.
- 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	100
Date Of Report	19/08/2019 08:48	
Date Of Accident	19/08/2019 07:45	
Exact Location Of Accident	ALONG HOLLAND ROAD	

Country/State of Loss	SINGAPORE	
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBN3841Y	
Insured/Policyholder		
Name Of Registered Owner	LIONEL LIM JUN JIE	
NRIC No	S9322535Z	

Email Address	LIONEL.LIM.L@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92395436
Alternative Phone No	OTHERS-92395436

Vehicle Particulars	
Manufacturer	HONDA
Model	CB400A

Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy	NO

for repair to your vehicle?	140
If No, Please state action to be taken	THIRD PARTY
(0.00000=0.00000=0.00000)	MOTORCYCLE

Vehicle Category	MOTORCYCLE
Insurance Company	
il Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104077095

Cover Note Number	
Driver	
Name of Driver	LIONEL LIM JUN JIE
NRIC No	S9322535Z
D . Of Plate	30/05/1993

0.000	
Date Of Birth	30/05/1993
Occupation	INDOOR
Date Of Driving Pass	18/09/2013
District Considerate	5 YEARS AND 11 MON

Driving Experience	5 YEARS AND 11 MONTHS		
Conder	MALE		

Gender	MALE
Mobile Number	(LOCAL) +65-92395436
Fax Number	

Contact Number	OTHERS-92395436
EMail Address	LIONEL.LIM.L@GMAIL.COM

277B SIXTH AVENUE DYNASTY GARDEN SINGAPORE 276565 Address 276565 Postcode Was driver an employee of the Insured's Company NO OWNER 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 COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) Details of Police Action NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED; Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SKQ5113E Vehicle Registration Number TOYOTA COROLLA ALTIS 1,6L CVT Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number

Contact Number

Nature Of Damage

Insurance Company Name

No. Of Passenger (Including Driver)

Address Postcode

Page 2 of 11

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centra 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.
- 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:
 - 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 agenta[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:
 - 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.

De la company de

Policyholder's Signature Date & Time:

19.18/19

9 am

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

Date & Time:

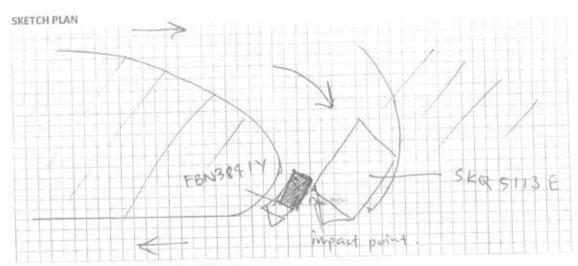
19 AUG 2019

IDAC KAKI BUKIT (VAC)

Reporting Caraca Kalkin Rusiand Me 4
Name: Singapore 415933

Name: Singapore 415933 NRIC/TEN-67416697 Fax: 67492305

Email: vackb@singnet.com.sg



	IMSTANCES OF THE ACCIDENT
1	FBN38414, was naiting to make a u-turn siland road. As there were cas coming on the
along ho	illand road. As there were cas coming on the
Mail ro	as. I positioned my blue in the position above
naiting	for an opportunity to proceed proceed.
Su	they bike, at an orage roughly shown above.
Side &	I my bike, at an angle roughly shown above.
My bik	e was stationary. The whole time.
M	y bike fell over to the right.

Oute & Time: 19/8/19

gam.

DECLARATION

I/We declare the foregoing particular due true in every respect.

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

1 9 AUG 2019

IDAC KAKI BUKIT (VAC) Reporting Church Personnel 479333
Name: NRIC/FRI 107416697 Fox: 67492305 Email: vackb@singnet.com.sg

Date: 21.08.2019

NTUC INCOME INS CO-OP LTD

75 BRAS BASAH ROAD

SINGAPORE 189557

TEL: 6336 3322 FAX: 6338 1500

Attn: MOTORCYCLE CLAIM DEPT

Our Client: FBN3841T HONDA CB400A

Your Insured: SKA5113E

Accident on: ALONG HOLLAND ROAD

Estimate repair for the above mentioned motor-cycle:

Original Parts:

nal F	arts:		
NO	QTY	DESCRIPTION	PRICE
1	1 SET	CRASH BAR 64/	\$ 380.00
2	1 PC	EXHAUST COMP &	\$ 1,600.00
3	1 PC	EXHUAST PROTECTOR	\$ 121.00
4	1 PC	LEVER BRAKE SUE /	\$ 90.00
5	1 PC	HANDLEBAR 7. H/	\$ 120.00
6	1 PC	CLUTCH PEDAL X 9 1/2	\$ 65.00
7	1 PC	SIGNAL REAR LH 300/	\$ 85.00
8	1 PC	REAR RACK MAIN	\$ 180.00
9	1 PC	FENDER REAR &	\$ 120.00
10	1 PC	CLUTCH PEDAL SHAFT X8VC	\$ 60.00
11	1 PC	SIDE STAND X SVC	\$ 60.00
		Sub-Total	\$ 2,881.00
		less 10% discount	\$ 2,592.90

Nett Prices Parts:

	Grand Total	\$ 3,085.35
	add 7% GST	\$ 215.97
14	LTA SEARCH DAN STORE	\$ 7.45
13	NUMBER PLATE REAR	\$ 15 35.00 4
12	LABOUR	\$ 450.00 250
Prices P		 120

3077.90

Pasue

40 90010068

3 days

P/P

29/08/19 (21150)

Remay before

paint

Please Acknowledge Received:

Please contact CK / Ahmad before sending surveyor to our workshop to assess the damages.

Thank You.

From

CK

Looi's Motor Enterprise Pte Ltd E-Mail: loois@singnet.com.sg



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

(Care		DAMAGE ASSES	SMEN.	TREPORT	Children of the North of
ITLIC	INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	CS/INC19015256	
3 BE	AS BASAH ROAL 1 NTUC TRADE L		Date:	26-11-2019	
ATTN	: JEFF LIN		Code:	INC	
1.		Policy Particulars	:- THIRI	D PARTY CLAIM	
	Insured Veh.	SKQ 5113E	Veh. II	nspected	FBN 3841Y
	Policy No.		Cover	age (\$)	0.00
	Claim No.	MT/1058780-001	Exces	s (\$)	0.00
	Assign From	DANIEL KOH	Assig	n Date	29/08/2019
2.	Marian Rev. 5 O	Vehicle Parti	culars &	& Condition	
	Make & Model	HONDA CB400A	c.c		399
	Engine No.	HIDDEN	Year o	of Reg.	2018
	Chassis No.	NC421901826	Colou	ir	WHITE
	Odometer	7128 KM	Steeri	ing	IN ORDER
	Brakes	IN ORDER	Modif	ication	SPORTS RIM
	General	FAIR			
3.		Condit	ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	120/60 ZR17	DUNL	OP	4 mm
	L/H Front Tyre				mm
	R/H Rear Tyre	160/60 ZR17	DUNL	OP	4 mm
	L/H Rear Tyre				mm
4.		Descript	ion of D	amages	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	THE VEHICLE SU BODY. DAMAGES SEE D	STAINED DAMAGES AT THE N	/S REAR	PORTION AND O	s
5.		Gener	al Infor	mation	
	Accident Date	19/08/2019	Inspe	ect Date / Time	29/08/2019 (11:46 AM
	Survey held at	LOOI'S MOTOR			
	Parameter 2,8,669, 211, 270	NO. 55 KAKI BUKIT PLACE , SINGAPORE 416230			
5a.			Remark		
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	WE HAV	E NOT AUTHORIS	IS. ED REPAIRS.
5b.		Estimat	e Days	of Repair	STATE OF THE REAL PROPERTY.
	ESTIMATED NOF	RMAL PERIOD FOR REPAIR:		3 Working Day	8



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. FBN 3841Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)	
	REPLACEMENT OF PARTS			40000000	
1	SET CRASH BAR	BENT	380.00		
1	EXHAUST COMP	BENT	1,600.00	1,600.00	
1	EXHAUST PROTECTOR	BENT	121.00	121.00	
1	LEVER BRAKE	SCRATCHED	90.00	90.00	
1	HANDLE BAR	BENT	120.00	120.00	
1	CLUTCH PEDAL	SERVICEABLE	65.00	9*	
1	SIGNAL REAR LH	SCRATCHED	85.00	85.00	
1	REAR RACK	TO REPAIR SEE LABOUR	180.00	:	
1	FENDER REAR	DEFORMED	120.00	120.00	
- 1	CLUTCH PEDAL SHAFT	SERVICEABLE	60.00	-	
4	SIDE STAND	SERVICEABLE	60.00	8	
	LESS 10% DISCOUNT		-288.10	-251.60	
			2,592.90	2,264.40	
	SPECIAL NETT ITEMS				
-	NUMBER PLATE REAR (SN)	BENT	35.00	15.00	
			35.00	15.00	
	LABOUR	1			
	LABOUR.INCLUSIVE OF THE REPAIR OF REAR RACK.		450.00	250.00	
	System and a second		450.00	250.00	
_	GRAND TOTAL		3,077.90	2,529.40	

RECOMMENDED COST OF REPAIRS (CONFIRMED) 2,529.40

Report Ref No. CS/INC19015256/R1td3n2

MOHAMMED RASUL BIN MOHD YUNUS

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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