. 0	unfuh		ENT (Office)		
From (Person);		οΐ	- INC	Da	ie/Time: 3/19/1903926ar
Estimated Cost:			Bill to:		
OD(TI)/WS/	TP RES / OD F	RES/EVA/INV/MV/	CS		
To Inspect Vehic	cle No:	PCACASE		Insured:	GBE 2018H
at Workshop m/s	S	ULB Engineerin	9	Tel:	62681281 .
of		DC Julen Pesa	wat		
Policy No:		- ,		MT	106 3347-002
Sum Insured:					
Could turnifold			Excess:		
Make of Veh: (Client's Record)			_	D.	0.A. 1919/2019
Make of Velu (Client's Record)	REP. / DEW 24	TIDE	140	nn ,	
Make of Veh: (Client's Record) CA / REV / E	REP. / REV 24	HRS	141 045 - Ma KG	un 16-64)	H.O.D. Endorsement:
Make of Veh: (Client's Record) CA / REV / E	REP. / REV 24 2000 24/1	HRS	141 045 - Ma KG	un 16-64)	
Make of Veh: (Client's Record) CA / REV / R Date/Time: 0.0	Dame 29/19	HRS Person Contacted:	141 045 - Ma KG	un 16-64)	H.O.D. Endorsement:
Make of Veh: (Client's Record) CA / REV / R Date/Time: 0.0	Pamo 29/19 Action/Instruction	Person Contacted:	Atta Ah ta	un 16-64)	H.O.D. Endorsement:
Make of Veh: (Client's Record) CA / REV / E Date/Time: 0.0	PC4642R-	Person Contacted: n Tolymold - NA/MSG190166	Atta Ah ta	un 16-64)	H.O.D. Endorsement:
Make of Veh: (Client's Record) CA / REV / I Date/Time: 0.0	Action/Instruction PCA642R- CUBE 27/18	Person Contacted: n Volumett - NA/MSG190166	Atta Ah ta Ah ha	rej Veh	H.O.D. Endorsement:

INC

Nivitha (LKK Auto)

From:

Sent:

To: Cc: Subject:

Annie Koh <annie.koh@income.com.sg> Tuesday, 24 September 2019 9:26 AM

'assignments@lkkauto.com'; Admin-D (LKKAuto)

Thio Tse Kiat; Teng Ken Leong

RE: TP CASES FARMED OUT TO LKK ON 24/09/2019

Dear LKK,

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

				WorkShop		WorkShop	Survev			Additional
SN	SN Surveyor	Claim No.	Vehicle	Name	WorkShop Address	Contact	Time	SJE	Zone	Remarks
										Workshop:
					4 BENOI ROAD	Mr. Cai				Sin Trans
		MT/1062171-		HOME	SINGAPORE	Wang /	10:00-			Engineering
1	Eric Tang	002	XE2117Z	ADDRESS	629878	96194774	12:00	XD5577P	12/9/19	Pte Ltd
					2C JALAN					62684816-
				UCB	PESAWAT JURONG					Ah Siang or
	Charlotte	MT/1063347-		ENGINEERING	SINGAPORE	ah siang /				Mr Tan
2	Chew	002	PC4642R	PTE LTD	619359	62681281		GBE2998H	19/9/19	97381908
				VOLKSWAGEN	247 ALEXANDRA	charmaine				
		MT/1062081-		CENTRE	ROAD SINGAPORE	kong/	14:00-			
3	Jared Liu	001	SLK5002L	SINGAPORE	159934	63057176	16:00	GBD2176T	9/9/19	
Ī				TAN CHONG	913 BUKIT TIMAH					
	David	MT/1023269-		MOTOR SALES	ROAD SINGAPORE	ZUHRI /	14:00-			Owner
4	Phua	100	SJA6522Y	PTE LTD	589623	67038916	16:00	GBH5671P	19/11/18	waiting

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh

Senior Admin Assistant, Motor Insurance

T+65 6430 7899









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A Singapore Government Agency Website

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ner ID Type:	Company	
wner ID:	719N	
ehicle Details		
ehicle No.:	PC4642R	
ehicle to be Exported:	No	
ntended Deregistration	25 Sep 2019	
Date:		
Vehicle Make:	ISUZU	
Vehicle Model:	LT134P	
Primary Colour:	Multicolor	
Manufacturing Year:	2012	
Engine No.:	6HK1622180	
Chassis No.:	JALLT134PC7000046	
Maximum Power		
Output:		
Open Market Value:	\$103,172.00	
Original Registration	27 Dec 2013	
Date:		
First Registration Date:	27 Dec 2013	
Transfer Count:	3	
Actual ARF Paid:	\$5,159.00	
Intended PARF Rebate [Details	
PARF Eligibility:	No	
PARF Eligibility Expiry		
Date:		
PARF Rebate Amount:	\$0.00	
Intended COE Rebate D	etails	
COE Expiry Date:	26 Dec 2023	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$48,001.00	
COE Rebate Amount:	\$20,723.00	
Total Rebate Amount:	\$20,723.00	
	AF 145 BY TOTAL STATE OF STATE OF	

The information contained herein is correct as at 25 Sep 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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

ACCID	ENT	CTAT	E 3.4	EXT
ACCID		SIAI	EIVI	-0.1

Date Of Report 19/09/2019 16:44

Date Of Accident 19/09/2019 13:05

Exact Location Of Accident PIE(TUAS) AT TOH TUCK FLYOVER

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4642R

Insured/Policyholder

Name Of Registered Owner SIN ANN TRAVEL & COACH SERVICES PTE LTD

Co Reg No 201500719N

Email Address FENGLEIREN80@GMAIL.COM

Mobile Phone No (LOCAL) +65-85883239
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer ISUZU

Model LT134P-7.8 D (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

BUS

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number P2153793

Cover Note Number

Driver

Name of Driver NG KIM HOCK

 NRIC No
 \$0807360J

 Date Of Birth
 08/11/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/09/2010

Driving Experience 9 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96696408

Fax Number

Contact Number

EMail Address NOEMAIL

Address

229 YISHUN ST 21 #09-560

Postcode

760229

...

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

CHAIN COLLISION

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

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

140

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 22

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

GBE2998H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE JASMAN BIN TIRON

Name of Driver NRIC/Passport Number

S1450469I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GW226L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CHAN SOO PIN

NRIC/Passport Number

S2014340A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

YP3497A

COMMERCIAL VEHICLE

YUSSAINI BIN BAKAR

S7247714F

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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 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: 3/

Driver's Signature (If driver is not the policyholder) Date & Time: 8

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAY'S TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

1 1 1		@ PC46428.
	DIZ (TUKS)	B GBE 2998H
	PIE (TUKS) Grah Tude Flyover.	@ GWZMOL.
		@ YP3497A.
AB)		
1 1 1		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The state of the s	SINCE
On 19/09/19 (2 around 1305 thrs, I was trav	velling along PIE towards That direction
While at around 70h Tuck Flyorer,	the valueles in front had jummed
brake & I also applied my brake & I al	most come to a stop suddenly 1
fult an impact on my rear a pushed m	e forwards, afforthat I went down
to check & found that Vehicle is had	collided outs my valuele & canad
my very right pirtuin & floort portron do	amages. It is a drawn collision on this
accident.	
	Claim own policy Claim third party Claim 00 (Test other works hop UBENGULO) For record purpose
Ve declare the typegoing particulars are true in every respect.	Policy No. PO153793
Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



UCB Engineering Pte Ltd

GST Registration Number: 19-9501338-G

Business Reg. No. 199501338G

Our ref: 190907.SA(PA4642R)

23rd September 2019

Sin Ann Travel & Coach Services Pte Ltd Blk 520 Tampines Central 8 #15-51 Tampines Central 8 Singapore 522520 QUOTATION

without Prejudice

Parts 10%.

Dear Sir,

COST OF REPAIR FOR PC 4642 R

QTY	DESCRIPTIONS	PRICE S\$	
1pc 1 1 pc 1 pc 1 pc	Rear bumper Rear bumper iron structure Rear compartment door Rear lamp – RH Radiator door aluminium panel	330.00 -> 0	8650
1	Labour charges for remove & replace the above damaged parts 4 50 Checking alignament & patching fiberglass	2,500.00 (80)	157- 1785
1	Checking alignament & patching fiberglass To putty & spray painting onto complete rear body panel Wiring charges	1,200.00 (000)	
	Total	12,180.00	

(SGD: Twelve Thousand One Hundred And Eighty Only)

Price quoted above is subjected to 7% GST

Yours faithfully, Tan Tiong Chia

> 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 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:

Cary affer repair.

Store (Weareto. wn

Obdays

2C Jalan Pesawat, Jurong, Singapore 619359 Tel: 6268 1281 Fax: 6268 1282

E-mail: unitedcb@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

Affiliated to Federation Internationale Des Experts En Automobile

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref : CS/INC19016811/T1qd3e2

73 BRAS BASAH ROAD

- 11	шш	Ш	шш	111111	
- 11			шш	ШШ	Ш
- 11	ШШ	шш	шш	ШШ	ш
- 11		шш	шш	шш	

#05- 1895		UNION HOUSESINGAPORE	Date: 15-11-2019	
	N: CHARLOTTE C	HEW	Code: INC	
1.			:- THIRD PARTY CLAI	M
	Insured Veh.	GBE 2998H	Veh. Inspected	PC 4642R
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1063347-002	Excess (\$)	0.00
	Assign From	ANNIE KOH	Assign Date	24/09/2019
2.	experience	Vehicle Parti	culars & Condition	
	Make & Model	ISUZU LT134P	c.c	7790
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	JALLT134PC7000046	Colour	PURPLE
	Odometer	*	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Condit	ions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	295/80 R22.5	BRIDGESTONE	8 mm
	L/H Front Tyre	295/80 R22.5	BRIDGESTONE	8 mm
	R/H Rear Tyre	295/80 R22.5 (D)	BRIDGESTONE	8/8 mm
	L/H Rear Tyre	295/80 R22.5 (D)	BRIDGESTONE	8/8 mm
4.		Descripti	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR O/S PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Genera	I Information	
	Accident Date	19/09/2019	Inspection Date	24/09/2019
	Survey held at	UCB ENGINEERING PTE LTD		
		2C, JALAN PESAWAT, JURON	G, SINGAPORE 619359	
5a.		R	lemarks	
	B)THE INSPECTION	HAS NOT SEND IN FOR REPAIR ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BAS	SIS. SED REPAIRS.
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	6 Working Day	rs .



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. PC 4642R

PLACEMENT OF PARTS AR BUMPER AR BUMPER IRON STRUCTURE AR COMPARTMENT DOOR AR LAMP - RH DIATOR DOOR ALUMINIUM PANEL SS 10% DISCOUNT	CRACKED TO REPAIR SEE LABOUR CRACKED CRACKED BENT	2,750.00 650.00 3,250.00 850.00 950.00	3,250.00
AR BUMPER IRON STRUCTURE AR COMPARTMENT DOOR AR LAMP - RH DIATOR DOOR ALUMINIUM PANEL	TO REPAIR SEE LABOUR CRACKED CRACKED	650.00 3,250.00 850.00	3,250.00 850.00
AR COMPARTMENT DOOR AR LAMP - RH DIATOR DOOR ALUMINIUM PANEL	LABOUR CRACKED CRACKED	3,250.00 850.00	850.00
AR LAMP - RH DIATOR DOOR ALUMINIUM PANEL	CRACKED	850.00	850.00
DIATOR DOOR ALUMINIUM PANEL		100000000000000000000000000000000000000	20000000
	BENT	950.00	950.00
SS 10% DISCOUNT			
		-	-780.00
		8,450.00	7,020.00
BOUR	6		
BOUR CHARGES FOR REMOVE & REPLACE THE OVE DAMAGED PARTS. CHECKING ALIGNMENT & TCHING FIBERGLASS. INCLUSIVE OF THE REPAIR OF AR BUMPER IRON STRUCTURE.		2,500.00	1,800.00
PUTTY & SPRAY PAINTING ONTO COMPLETE REAR DY PANEL.		1,200.00	1,000.00
RING CHARGES.		30.00	30.00
		3,730.00	2,830.00
		12,180.00	9,850.00
R	PUTTY & SPRAY PAINTING ONTO COMPLETE REAR DY PANEL.	PUTTY & SPRAY PAINTING ONTO COMPLETE REAR DY PANEL. SING CHARGES.	PUTTY & SPRAY PAINTING ONTO COMPLETE REAR DY PANEL. SING CHARGES. 30.00 3,730.00

RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)	9,850.00
--	----------

Report Ref No. CS/INC19016811/T1qd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

Automotive Assessor

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