ASS. REC. BY	5	REF. CE INCIA	016815/7140	3n4 Special	Instructions		
Sungar : _	744Rich		MENT (Office)				
From (Person	Annie koh	αĒ	#600.0000000000000000000000000000000000	Dal	e/Time:	24/0/100	9.26cm
Estimated Co	st:		Bill to:			247,4 (a), (b) 1 a 1/27-a a	
OD TP W	STTP RES / OD RE	S/EVA/INV/MV	I-CS	•			
To Inspect V	chicle No:	XE2117Z		Insured:	XD	5577P	
at Workshop	m/s	8in truns	Gregineering	Tel:	96	194774	
oľ		A Benoi Roa					
Policy No:				M1/1	0621=	71-002	
Sum Insured:			Exeess:				
Make of Veh (Cheat's Recer	Name of the last o			D.0	A.C	12/9/2019	
CA / REV	/ REP. / REV 24 E	frs		8	LO.D. Fnd	orsement:	
Date/Time.	along 24/9/11	Person Contacte	d: Mr-Ceii	Veh			
Date/Time	Action/Instruction	Tahangh (1					
	XE 21172-	×			-	P-111	
		CS3/E 01/300	9653/Yadi		201	+1 7/5/201	3
2		3.41.200	77. 75-51	15			
				-			

history Rolley Un. Liamo the

Dale.

Action / Instruction Date / Time

279

45\$ 1000, 2 Lys

RECEIVED 8 0 SEP 2019

tyler[mo File Pass to? : Prell, Report	Days Of Repair: 2		
16 Final Report	Resurvey No. of Trip:	Survey Fee Transportation	•
27/9/19 Typist	Add Fee: Site Insp. (\$	y 5.41 56 , 1865	
Roger L Format : \$1000	1 party 21 part \$	4 - 4 Min F	- 250
Cump sum is 41000	The state of the s	1.35.0	

## Nivitha (LKK Auto)

From: Sent: To: Cc: Subject:

Dear LKK,

Thio Tse Kiat, Teng Ken Leong RE: TP CASES FARMED OUT TO LKK ON 24/09/2019

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

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

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

2	Cumanana	Claim No	Vehicle	WorkShop	WorkShop Address	WorkShop	Survey	SIE	Zone	Additional Remarks
5		MT/1062171-		HOME	4 BENOI ROAD SINGAPORE	Mr. Cai Wang / 96194774	10:00-	XD5577P	12/9/19	Workshop: Sin Trans Engineering Pte Ltd
4	Enc lang	700	ACCLLIVE	UCB	2C.JALAN PESAWAT JURONG					62684816- Ah Siang or
2	Charlotte	MT/1063347- 002	PC4642R	ENGINEERING PTE LTD	SINGAPORE 619359	ah siang / 62681281		<b>СВЕ2998Н</b>	19/9/19	97381908
9	Jared Uu	MT/1062081- 001	SLKS002L	VOLKSWAGEN CENTRE SINGAPORE	247 ALEXANDRA ROAD SINGAPORE 159934	charmaine kong / 63057176	14:00-	GB02176T	9/9/19	
4	David	MT/1023269- 001	SJA6522Y	TAN CHONG MOTOR SALES PTE LTD	913 BUKIT TIMAH ROAD SINGAPORE 589623	ZUHRI / 67038916	14:00-	GBH5671P	19/11/18	Owner waiting

# Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh

Senior Admin Assistant, Motor Insurance www.income.com.sg T+65 6430 7899









## 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.

#### Yvonne Wong (LKK Auto)

From:

sinsheng engineeringservices <sinsheng1981@gmail.com>

Sent:

Wednesday, September 25, 2019 4:40 PM

To:

Taufikh (LKKAuto); SUR

Subject:

Re: XE2117Z(TRC961Y)\_Estimate

Follow Up Flag:

Follow up

Flag Status:

Flagged

Dear Mr. Taufikh,

We agreed the your offer lump sum \$1,000.00 @ 2 days.

### \*\* KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 WITH IMMEDIATE EFFECT \*\*

Thank You Regards

#### Pei Jin

Sin Sheng Engineering Services No 8 Tuas Ave 18 Singapore 638892 (Level 3\_Office) (Level 5\_Workshop) Tel: 6863 9595

Fax: 6863 6477

On Wed, 25 Sep 2019 at 15:55, sinsheng engineeringservices < sinsheng1981@gmail.com > wrote: Dear Mr. Taufikh,

We are agreed your offer.

### \*\* KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 WITH IMMEDIATE EFFECT \*\*

Thank You Regards

#### Pei Jin

Sin Sheng Engineering Services No 8 Tuas Ave 18 Singapore 638892

0	n Wed, 25 Sep 2019 at 11:29, Taufikh (LKKAuto) < Taufikh@lkkauto.com > wrote:
H	li Pei Jin,
I	attached marked estimate.
F	Regrds
7	aufikh
l	kk Auto
	From: sinsheng engineeringservices [mailto: <u>sinsheng1981@gmail.com]</u> Sent: Wednesday, 25 September 2019 10:22 AM  Fo: Taufikh (LKKAuto)  Subject: Re: XE2117Z(TRC961Y)_Estimate
3	Dear Mr. Taufikh,
	Please find attached the accident report for your further action.
	** <u>KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE</u> 638892 <u>WITH IMMEDIATE EFFECT  **</u>
	Thank You Regards
	Pei Jin

(Level 3\_Office) (Level 5\_Workshop) Tel: 6863 9595 Fax: 6863 6477

Sin Sheng Engineering Services No 8 Tuas Ave 18
Singapore 638892
(Level 3_Office)
(Level 5_Workshop)
Tel: 6863 9595 Fax: 6863 6477
On Wed, 25 Sep 2019 at 10:15, Taufikh (LKKAuto) < Taufikh@lkkauto.com > wrote:
Hi Pei Jin,
Can forward the accident report?
Regards
Taufikh
Lkk Auto
From: sinsheng engineeringservices [mailto:sinsheng1981@gmail.com]  Sent: Tuesday, 24 September 2019 3:56 PM  To: Taufikh (LKK Auto)  Subject: Re: XE2117Z(TRC961Y)_Estimate
Subject. Ne. ALZII/Z(TNOJOI)_Louindo
Hi Mr. Taufikh,
Please find attached the estimate.

## \*\* KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 WITH IMMEDIATE EFFECT \*\*

Thank You Regards

#### Pei Jin

Sin Sheng Engineering Services No 8 Tuas Ave 18

Singapore 638892

(Level 3 Office)

(Level 5\_Workshop)

Tel: 6863 9595 Fax: 6863 6477

On Tue, 24 Sep 2019 at 15:53, sinsheng engineeringservices < sinsheng1981@gmail.com > wrote:

Hi Mr. Taufikh,

Please find attached the estimate and before repair photos.

\*\* KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 WITH IMMEDIATE EFFECT \*\*

Thank You Regards

Pei Jin

Sin Sheng Engineering Services No 8 Tuas Ave 18
Singapore 638892
(Level 3_Office)
(Level 5_Workshop)
Tel: 6863 9595 Fax: 6863 6477
This email has been checked for viruses by AVG antivirus software.  www.avg.com

#### 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.

- 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

<b>学院设备现在的基础工程,</b>	ACCIDENT STATEMENT
Date Of Report	12/09/2019 14:45
Date Of Accident	12/09/2019 10:40
Exact Location Of Accident	TUAS VIADUCT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	XE2117Z
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FP51SDR3VDEA-12.0 D (M)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29131855
Cover Note Number	
Driver	
Name of Driver	TEO HOCK BENG

S1100488A NRIC No Date Of Birth 13/06/1955 OUTDOOR Occupation 03/08/1977 Date Of Driving Pass 42 YEARS AND 1 MONTH Driving Experience MALE Gender (LOCAL) +65-96671306 Mobile Number

Fax Number

Contact Number EMail Address

CRYSTAL.WU@KERRY-ITS.COM

Address

BLK 449 JURONG WEST ST 42 #04-194

Postcode

2264

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - LESSEE

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?

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

ON 12/09/19 ABOUT 10:40AM, I WAS TRAVELLING ON PIONEER ROAD TOWARDS TUAS VIADUCT. WHILE GOING UP THE SLOPE OF TUAS VIADUCT, THERE IS A BREAKDOWN VEHICLE INFRONT. I SLOW DOWN AND SUDDENLY VEHICLE B COLLIDED INTO MY REAR RIGHT PORTION OF MY CHASSES, TRC961Y, NOBODY WAS INJURED BUT MY REAR RIGHT CHASSIS IS DAMAGE.

#### 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

XD5577P

Vehicle Make/Model/Colour

VOLVO / GREEN

**Details Of Properties** 

VEH B

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ONG KIM YIM

NRIC/Passport Number

S0092946H

Contact Number

93834155

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT PORTION

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- 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 flability.
- 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)

Lunderstand, 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:
  - 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.

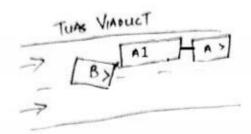


Policyholder's Signature Date & Time: 50

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

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

#### SKETCH PLAN



A XE 21172 A1 TRC961Y B XD 5577P

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON	12/9	14	About	1040 A	m, 1	WAS	TRAVELLI	NG	ON	PIONEE	. Ko	Tuess of
T	Via:	+	Limit	6-0116	10	THE	STOPE	OF	CMS	VIAD	ucl	THELE IS
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#### DECLARATION

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



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



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

## SIN SHENG ENGINEERING SERVICES

NO 8, TUAS AVE 18,

(Level 3), SINGAPORE 638892

Tel No.: 6863-9595 Fax No.: 6863-6477

E-Mall: sinsheng1981@gmall.com

Buss. Reg. No.: 312029/00D

GOLDBELL LEASING PTE LTD

59 SENOKO ROAD SINGAPORE 758123

Attention: Motor Claim Department

Contact: 6861 0007 Fax No.: 6753 7780

Estimate: ES002960

Date: 24/09/2019

Vehicle Num. : XE2117Z/TRC961Y Make/Model: MITSUBISHI FP 51-2015

Chassis/Eng#: FP51SDA20050/OM457321603

Accident Date: 12/09/2019 Claim No.: MT/1062171-002

Reference : XD5577P Policy No.: 29131855

Unit Price Amount SS Particular Quantity S/N

850.00 btv NETT ITEMS: 750.00 × nn REAR BUMPER 1. BUMPER BRACKET, RHS 1,600.00 160.00 Nett Total S\$: 10.00% Discount SS: 1,440.00

> 550.00 300 LABOUR: TO PANEL BEAT/REPAIR REAR BODY

TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS

TO SPRAY PAINTING

LOSS OF USE: 4 DAYS @ S\$120/DAY

Labour Total S\$:

300.00 200

850.00 1265

1000

otàl S\$:

2,290.00

SIN SHENG ENGINEERING SERVICES

- To resurvey before after spray painting
- To display domegod 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



#### 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

E S		DAMAGE ASSES	SMENT REPORT	
3 BF	AS BASAH ROAL 1 NTUC TRADE L	ANCE CO-OPERATIVE LTD  D  JNION HOUSESINGAPORE	Ref: CS/INC19016815/ Date: 01-10-2019	T1yd3n2
ATTN	: ERIC TANG		Code: INC	
		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	XD 5577P	Veh. Inspected	XE 2117Z (TRC 961Y)
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1062171-002	Excess (\$)	0.00
	Assign From	ANNIE KOH	Assign Date	24/09/2019
2.		Vehicle Parti	culars & Condition	Charles and the state of
	Make & Model	MITSUBISHI FUSO	c.c	11967
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	FP51SDA20050	Colour	ORANGE
	Odometer	9	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Condit	ions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	11.00-20	CHAO YANG	8 mm
	L/H Front Tyre	11.00-20	CHAO YANG	8 mm
	R/H Rear Tyre	11.00-20 (D)	CHAO YANG	8/8 mm
	L/H Rear Tyre	11.00-20 (D)	CHAO YANG	8/8 mm
4.		Descript	ion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR O/S PORTION.	
5.	A WALLEY TO	Genera	al Information	BUTTO PRESIDE
	Accident Date	12/09/2019	Inspect Date / Time	24/09/2019 ( 02:00 PM )
	Survey held at	SIN TRANS ENGINEERING P	TE LTD	
	53	NO.4 BENOI ROAD SINGAPORE 629878		
5a.			Remarks	
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, \	ITHOUT PREJUDICE" BASIS WE HAVE NOT AUTHORISE	S. D REPAIRS.
5b.		Estimate	Days of Repair	STATE OF THE PARTY
	ESTIMATED NOR	RMAL PERIOD FOR REPAIR:	2 Working Days	2



#### 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. XE 2117Z (TRC 961Y)

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			A0150000000
1	REAR BUMPER (N)	BENT	850.00	850.00
	BUMPER BRACKET,RHS (N)	NOT NECESSARY	750.00	112
	LESS 10% DISCOUNT		-160.00	-85.00
			1,440.00	765.00
	LABOUR			
	TO PANEL BEAT/REPAIR REAR BODY.TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS.		550.00	300.00
	TO SPRAY PAINTING.		300.00	200.00
			850.00	500.00
	GRAND TOTAL		2,290.00	1,265.00

RECOMMENDED COST OF LUMP SUM REPAIRS	1,000.00
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

Report Ref No. CS/INC19016815/T1yd3n2

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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