ASS. REC. BY: | REF: C83/INC1901702I/1of3 | Special Instruction:

Surveyor: Toufiq

ASSIGNMENT (Office)

From (Person): Annie Koh of INC Date/Time: 30/9/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJA8475L Insured: SMN3459M

at Workshop m/s Guan Auto Tel: 93884210

of Blk 7 S/M #01-82

Policy No: Claim No: MT/1064253-002

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 25/9/2019

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

Date/Time: 30/9 Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction Ishmail ( )
	SJA8475L-X
	SMN3459M - NA/INC1901702I/IH DOA: 25/9/2019
	Dismantle: 2/10/2019

ASS. REC. BY: Tayfun REF: INC

PRS

ASSIGNMENT

GE 2022 Nov

From: Date: 1/10/2019

Estimated Cost:

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

To Inspect Vehicle No: SJA 8475L

at Workshop m/s: Guan Auto

of: Blk 12 S/M #01-59 1765/m 02-07

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S | O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: $20K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJA 8475L Yr Regn: 2007, Dec.

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

Make: Toyota VIOS E c.c 1497

Colour: Black. A/C: Insured / Std / NI / NA

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

Eng/No:

C/No: MR053HY930503 7181

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: 185/65R15.

R:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	01/10/19 @13.45	

Survey held at: Guan Auto

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

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

Date / Time	Action / Instruction
	~~Rebate~~ walk Rebate: $13,274
	PRS. B/k 7 #01-82 Sin Ming Ind Estate sector C

Date/Time, File Pass to? : Prel. Report Days Of Repair: -

 : Final Report Resurvey No. of Trip: 1

Date/Time, File Return to?

Add Fee: : Site Insp. (S$

: Interview (S$

: Tech. Inv. (S$

: Weekend (S$

Survey Fee:

Transportation:

S+RS St

Photos

Other

Report Format: PRS

Lump Sum / I.E.P.(S

TOTAL $50/-

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Monday, 30 September 2019 4:53 PM
To: 'assignments@lkkauto.com'; Admin-D (LKKAuto)
Cc: Thio Tse Kiat
Subject: RE: Pre-Repair Survey by LKK

Dear Wendy,

Please assist to survey the vehicle as per Tse Kiat's instruction :-

S/n	THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT NO.	DOA / CLAIM NO / OFFICER	REMARKS
1	SJA8475L	SMN3459M	GUAN AUTO SVCS @ 93884210	25/09/19 (MT/1064253-002) NATALIE LEE	(NO LETTER 1) Requested for LKI DANIEL POON & C

Please contact workshops.

Please revert to officer-in-charge after survey.

Warmest Regards

ntuc income

Annie Koh
Snr Adminstrator, Motor Insurance
T +65 6594 7062
www.income.com.sg

Veh In

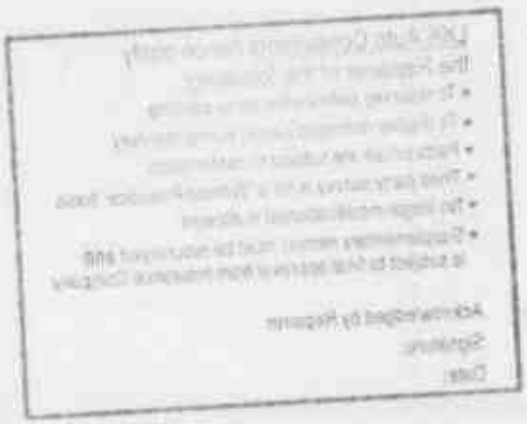
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	867J
Vehicle Details	
Vehicle No.:	SJA8475L
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	1NZX652208
Chassis No.:	MR053HY9305037181
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$12,498.00
Original Registration Date:	24 Dec 2007
First Registration Date:	24 Dec 2007
Transfer Count:	2
Actual ARF Paid:	$13,748.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	$20,997.00
COE Rebate Amount:	$13,216.00
Total Rebate Amount:	**$13,216.00**
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 07 Oct 2019

OK



IMVA2191279M / VAC - Sri Mng
ENTRY DATE & TIME: 27/09/2019 12:15
SUBMITTED BY: CHRISTINA ONG Mui Lan

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/09/2019 12:35

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 repod being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	27/09/2019 12:15
Date Of Accident	25/09/2019 21:40
Exact Location Of Accident	TAMPINES AVENUE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA8475L
Insured/Policyholder	
Name Of Registered Owner	ALI BIN IBRAHIM
NRIC No	S1272867J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94464085
Alternative Phone No	OTHERS-94464085
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095454368-01 (DRIVO CLASSIC)
Cover Note Number	
Driver	
Name of Driver	ZULKIFFLE BIN SA'AD
NRIC No	S6900487C
Date Of Birth	09/01/1969
Occupation	INDOOR
Date Of Driving Pass	07/09/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94464085
Fax Number	
Contact Number	OTHERS-94464085
EMail Address	NOEMAIL

Address	BLK 623 WOODLANDS DRIVE 52 #04-04
Postcode	730623
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : RAHMAH BINTE ATAN - WIFE
	GENDER: : FEMALE
Passenger 2	NAME: : SITI NORRURRAUDIHAH PUTRI ZULKIFFLE - DAUGHTER
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE**: 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190926/2040 ATTACHED.

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	SMN3459M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME4098L
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	ZULKIFFLE BIN SA'AD
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJA8475L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	RAHMAH BINTE ATAN - WIFE
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJA8475L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	SITI NORRURRAUDIHAH PUTRI ZULKIFFLE - DAUGHTER
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJA8475L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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:

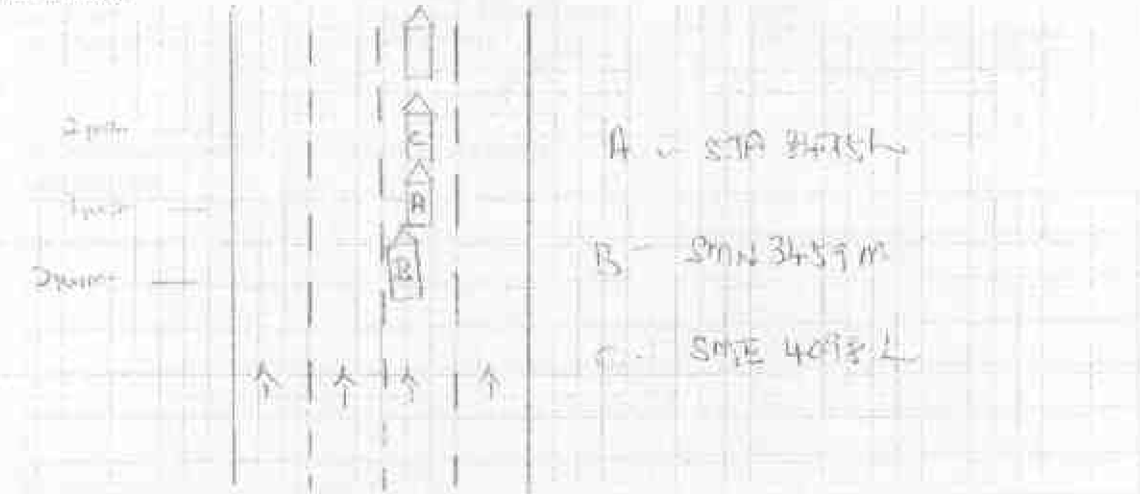
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report T/20190926/[illegible]
Report late as vehicle was in Traffic police Compound –

DECLARATION

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

27 SEP 2019

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.:

SINGAPORE POLICE FORCE

T/20190926/2040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190926/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/09/2019 10:53		

Informant's Particulars

Name of Informant: ZULKIFFLE BIN SA'AD			Address: APT BLK 623 WOODLANDS DRIVE 52 #04-04 SINGAPORE 730623	
ID Type / ID No.: NRIC NO / S6900487C			Contact No.: Home/Office: Mobile: 94464085	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 09/01/1969	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: NIL			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/09/2019 21:40	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 10 TAMPINES AVE 10 NEAR TO IKEA				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA8475L		TOYOTA	VIOS E AUTO	Black		2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE
POLICE FORCE

T/20190926/2040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190926/2040

CONTINUATION OF REPORT

Driver			
Name	ZULKIFFLE BIN SA'AD	ID No.	S6900487C
Related Vehicle	SJA8475L	Contact No.	94464085
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/09/2019	Date Discharge	25/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION
I WAS DRIVING ALONG TAMPINES AVEUENE 10 WHEN I STOPPED STATIONARY AT THE RED TRAFFIC LIGHT. A CAR FROM BEHIND HIT HARD FROM BEHIND AND THE IMAPCT CAUSES MY CAR TO HIT THE FRONT CAR.
I WAS CONVEYED TO SENGKANG HOSPITAL WITH OTHER TWO PASSENGER (MY WIFE AND MY DAUGHTER). ALL THREE OF US WERE DISCARGED ON THE SAME DAY WITH 3 DAYS MC. THAT ALL.

SINGAPORE
POLICE FORCE

T/20190926/2040

Report No. T/20190926/2040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / EUGENE AW WEI XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2019 10:53
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:

Authentication Stamp
NP169

SINGAPORE POLICE FORCE

SIGNATURE Eugene

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1272867J

Name

ALI BIN IBRAHIM

علي بن ابراهيم

Race

MALAY

Date of birth

08-11-1957

Sex

M

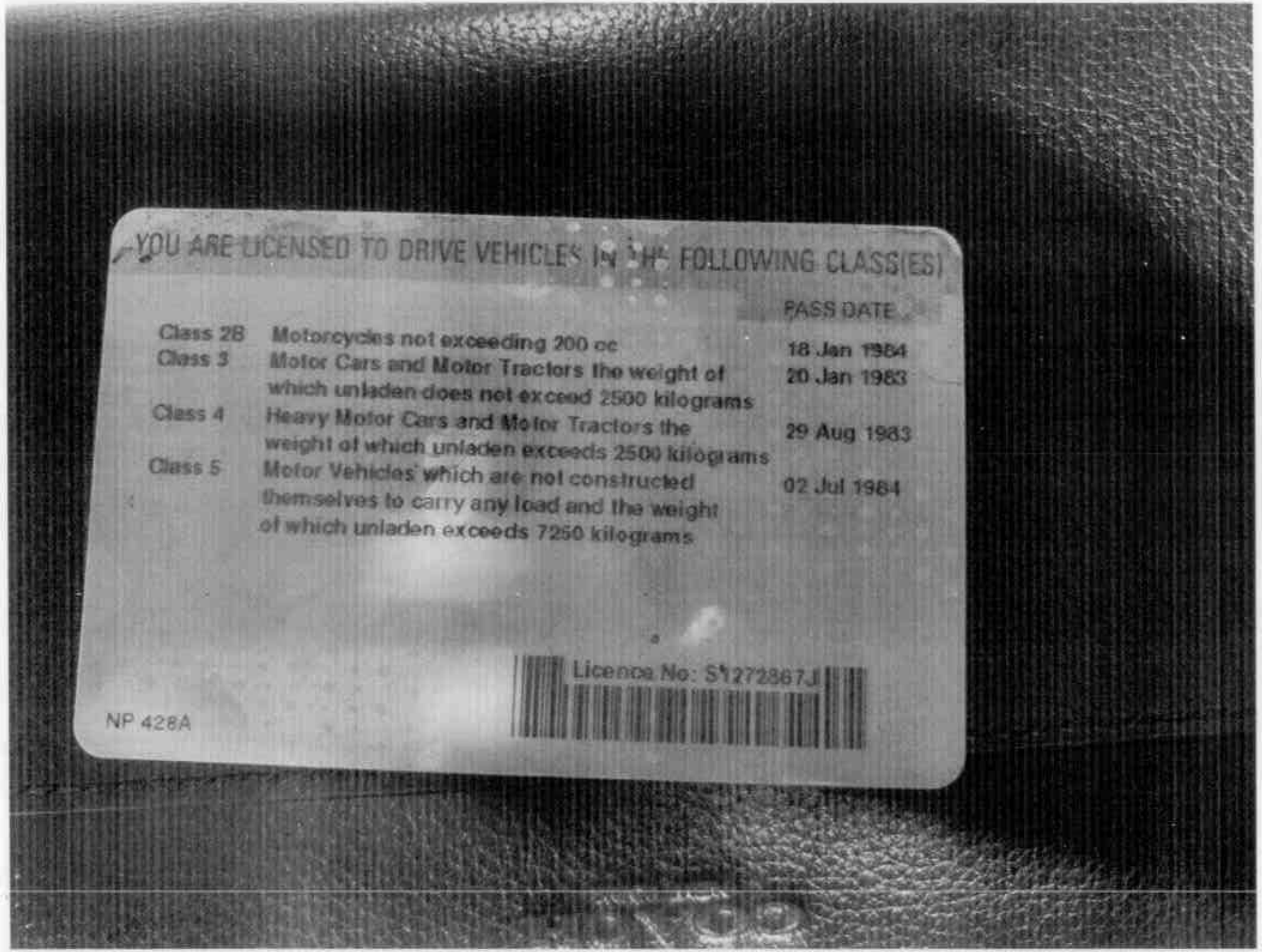
Country/Place of birth

SINGAPORE

S1272867J


NRIC No. S1272867J
Date of issue
01-10-2018
Address
APT BLK 705 WOODLANDS DRIVE 40
#05-22
SINGAPORE 730705


REPUBLIC OF SINGAPORE
DRIVING LICENCE
S1272867J
ALI BIN IBRAHIM
08 Nov 1957
16 Dec 2002


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 2B Motorcycles not exceeding 200 cc 18 Jan 1984
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 20 Jan 1983
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms 29 Aug 1983
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms 02 Jul 1984
Licence No: S1272867J
NP 428A