

A.S. REC BY:

REF:

CS/INC/19018820/And3m2

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Theresa Yimula

of

INC

Date/Time: 23/10/2019 10:02am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 6549A

Insured:

S32 1637B

at Workshop m/s

People's Vehicle Recovery

Tel:

G743 3246

of

Blk 3023A #01-60 Ubi Road 1

Policy No:

Claim No:

MT/1065842-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 05/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10 team 23/10/19

Person Contacted:

Apple

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction
	Estimated / <input checked="" type="checkbox"/>
	S32 1637B NA/INC/19018820/114 DCA 05/10/2019
	GBE 6549A NA/INC/19018820/114 DCA 05/10/2019
8/11/19	Adrian confirmed LS \$1650 (Rec 894.82, 35p)

Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Wednesday, 23 October 2019 2:27 PM
To: Admin-D (LKKAuto)
Cc: assignments; SUR
Subject: RE: TP CASES FARMED OUT TO LKK ON 23/10/2019

Dear LKK, Here are the list of OIC details for your record.

SN	Surveyor	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	HELENA	MT/1067552-002	23/10/2019	FBH5371E	KARZ WORKS PTE LTD	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Shu Shan / 6844 5938		YP8530D	18/10	
2	AZHARI	MT/1065842-002	23/10/2019	GBE6599A	PEOPLE'S VEHICLE RECOVERY SERVICE	BLK 3023A #01-60 UBI ROAD 1 SINGAPORE 408717	Apple / 6743 3246		5J21637B	5/10	
3	ERIC	MT/1067485-002	23/10/2019	SMA575Z	PREMIUM AUTOMOBILES PTE LTD	55 UBI ROAD 1 SINGAPORE 408699	Syafiq / 6388 2323 / 6768 9911	14:00-16:00	5L54727T	18/10	Owner waiting
4	CANCELLED	MT/1067470-001	23/10/2019	JQD8872	SAT MOTORS	24 Defu Lane 12 Singapore 539131	Jonathan Lim / 9126 9987		CANCELLED SURVEY		

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

income
made affirm



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
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in with you

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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : S101145685-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

GBE6599A

Chassis Number

JTFHT02P700190665

2. Name of Policyholder

MASINDO LOGISTIC PTE. LTD.

3. Effective Date of Insurance

01 Sep 2019

4. Expiry Date of Insurance

31 Aug 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : DBS BANK LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CROSBY INSURANCE AGENCY (00000570899)

Date of Issue : 29 Aug 2019 14:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 Oct 2019 / 16:58:14

Receipt Date/Time : 09 Oct 2019 / 16:58:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191009-002588

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SJZ1637B

As at 05 Oct 2019/13:00:00

Insurance Co: NTUC INCOME INS CO-OP LTD

1 Insurance Enquiry - SJZ1637B

Enquiry Fee

20191009165717804914

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx5815 Credit Card:
Visa/MasterCard 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	08/10/2019 14:13
Date Of Accident	05/10/2019 13:00
Exact Location Of Accident	ORCHARD LINK INFRONT MANDARIN ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6599A
Insured/Policyholder	
Name Of Registered Owner	MASINDO LOGISTIC PTE. LTD.
Co Reg No	200301939M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66533509

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101145685-01
Cover Note Number	

Driver

Name of Driver	TAN WEI KWANG (CHEN WEIGUANG)
NRIC No	S7302242H
Date Of Birth	24/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97515068
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 262A COMPASSVALE ST #11-123
Postcode	541262
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	COLLISION - CHANGE/CROSS LANE
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

I WAS TRAVELLING ALONG ORCHARD LINK TWDS ORCHARD RD SOMEWHERE INFRONT MANDARIN ORCHARD, I WAS ON THE SECOND LANE FROM THE RIGHT, SUDDENLY VEH B FROM THE THIRD LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ1637B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8264036C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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:
NRIC/TIN No.:

original Rel

Dr. Howard L. Wick

A = 60E6579A

$e = 572\ 16\ 378$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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



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

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

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-80 SINGAPORE 408717
Tel No. : 67433246 / 67438552 Fax No. : 67430013
E-Mail : peoplevehicle@gmail.com
Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
75 BRAS BASAH ROAD
NTUC INCOME CENTRE (S) 189557

Attention : Motor Claim Department
Contact : 67881777 Fax No. : 63881500

Estimate : ES19028

Date : 23/10/2019
Vehicle Num. : GBE 6599 A
Make/Model : TOYOTA HIACE
Chassis/Eng# :
Accident Date : 05/10/2019
Claim No. : TT 358-19
Reference : SJZ 1637 B
Policy No. : NTUC 5101145885-01

Veron

S/N	Quantity	Particular	Unit Price	Amount S\$
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LIST ITEMS :				
1.	1	HEAD LAMP R/H <i>at</i>		789.20 ✓
2.	1	SIDE PANEL L/H <i>Part</i>	1945.60	231.20 ✓
3.	1	BUMPER FRT <i>Repld</i>		580.20 ✓
4.	1	STEP PANEL GARNISH L/H FRT <i>could</i>	1459.20	345.00 ✓
5.	1	BUMPER SIDE RETAINER L/H FRT <i>renew</i>		87.50 X
List Total S\$:				2,033.10
25.00% Discount S\$:				508.28
				1,524.82
SPECIAL NETT ITEMS :				
1.	1	BODY LETTERING <i>renew</i>	20	20.00 ✓
Special Nett Total S\$:				20.00
LABOUR :				
REMOVE AND REPLACE ACCIDENT DAMAGED			600	550.00 300
SPRAY PAINTING ACCIDENT EFFECT PARTS				450.00 300
Labour Total S\$:				1,000.00

SingDollars : Two Thousand Five Hundred Forty-Four & Cents Eighty-Two Only

E. & O.E.

Total S\$: 2,544.82

LKK Auto Consultants hence notify
for PEOPLE'S VEHICLE RECOVERY SERVICE:

- To resurvey before/after spray painting
- To resurvey 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:

Adrian Lj total: 2079.20
w/s 23/10/19 4/s: 1650.
03 Days.



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/INC19018820/Avd3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 11-11-2019



ATTN: AZHARI

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJZ 1637B	Veh. Inspected	GBE 6599A
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1065842-002	Excess (\$)	0.00
Assign From	THERESA VIMALA	Assign Date	23/10/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTFHT02P700190665	Colour	SILVER
Odometer	88572 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	CONDOR	6 mm
L/H Front Tyre	195 R15C	CONDOR	6 mm
R/H Rear Tyre	195 R15C	CONDOR	6 mm
L/H Rear Tyre	195 R15C	CONDOR	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/10/2019	Inspect Date / Time	23/10/2019 (01:32 PM)
Survey held at	PEOPLE'S VEHICLE RECOVERY SERVICE BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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. GBE 6599A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	HEAD LAMP R/H	CUT	789.20	789.20
1	SIDE PANEL L/H	BENT	231.20	231.20
1	BUMPER FRT	DEFORMED	580.20	580.20
1	STEP PANEL GARNISH L/H FRT	CRACKED	345.00	345.00
1	BUMPER SIDE RETAINER L/H FRT	NOT NECESSARY	87.50	-
	LESS 25% DISCOUNT		-508.28	-486.40
			1,524.82	1,459.20
	SPECIAL NETT ITEMS			
1	BODY LETTERING (SN)	NECESSARY	20.00	20.00
			20.00	20.00
	LABOUR			
	REMOVE AND REPLACE ACCIDENT DAMAGED.		550.00	300.00
	SPRAY PAINTING ACCIDENT EFFECT PARTS.		450.00	300.00
			1,000.00	600.00
	GRAND TOTAL		2,544.82	2,079.20
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,650.00

Report Ref No. CS/INC19018820/Avd3n2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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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