

ASS. REC. BY:

REF: C631N(19069479/HCF3

Special Instruction:

Supervisor: HUCK Ann

ASSIGNMENT (Office)

From (Person): Hazzley's Brite location of INC

Date/Time: 4.11.19 12.03pm

Estimated Cost: Bill to:

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

To inspect Vehicle No:

SJ U 2804E

Insured:

GBH 9515

at Workshop m/s

Kent Auto

Tel:

97547373

of 2 K9E Subst Area 2 #01-21

Policy No:

Claim No:

MT / 068829-002

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27.10.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

sup

H.O.D. Endorsement:

Date/Time:

12.4.19 9.27pm

Person Contacted:

Kent

Vehicle IN/OUT

Date/Time Action/Instruction ( X ) Estimate

SJ U 2804E - X

GBH 9515 - X

Dismantle: 5/11/2019

After repair: 11/11/2019



## Celine Fong (LKKAuto)

---

**From:** Celine Fong (LKKAuto)  
**Sent:** Tuesday, 26 November 2019 10:48 AM  
**To:** 'Rajeswary D/o Doraisamy'  
**Subject:** Pre-Repair Survey by LKK (Vehicle No. SJU 2804E ; Your Ref: MT/1068828-002)  
**Attachments:** Inspection Photographs.pdf; Photo of damaged parts.pdf; Photo After Spray.pdf; LKKInvoice1.pdf

Dear Rajeswary,

Refer to your assignment on 04.11.2019 at 12.03pm.

Please be informed that we have inspected the vehicle SJU 2804E on 04.11.2019 at 5.45pm.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

Please find attached Pre-Repair photographs and Invoice of SJU 2804E.

Best Regards,

**Celine Fong**

**LKK Auto Consultants Pte Ltd**

phone: 6256-3561 | email: [celinefong@lkkauto.com](mailto:celinefong@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Sent:** Monday, 4 November 2019 12:08 PM  
**To:** 'Hazalysa Binte Ibrahim' <[hazalysa.ibrahim@income.com.sg](mailto:hazalysa.ibrahim@income.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Thio Tse Kiat' <[tsekiat.thio@income.com.sg](mailto:tsekiat.thio@income.com.sg)>  
**Subject:** RE: Pre Repair Survey for LKK on 04/11/19

Dear Sir/Madam,

Thank you for the assignment.

**Celine Fong**

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

---

**From:** Hazalysa Binte Ibrahim [<mailto:hazalysa.ibrahim@income.com.sg>]  
**Sent:** Monday, 4 November 2019 12:03 PM  
**To:** assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Cc:** Hazalysa Binte Ibrahim <[hazalysa.ibrahim@income.com.sg](mailto:hazalysa.ibrahim@income.com.sg)>; Thio Tse Kiat <[tsekiat.thio@income.com.sg](mailto:tsekiat.thio@income.com.sg)>  
**Subject:** Pre Repair Survey for LKK on 04/11/19

Dear LKK,

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

## NEW ASSIGNMENT

S/n	THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT NO.	DOA / CLAIM NO / OFFICER	REMARKS
1	SJU2804E	GBH9251S	KENT AUTO SERVICES @ 97547573 (MR KENT TAN)	27/10/19 (MT/1068828-002) RAJESWARY	DANIEL POON & CO

Thank You.

Warmest Regards

**Hazalya Bte Ibrahim**  
Admin Assistant  
Motor Department  
T +65 6430 7902  
[www.income.com.sg](http://www.income.com.sg)

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made different



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[www.avg.com](http://www.avg.com)

## Celine Fong (LKKAUTO)

**From:** Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>  
**Sent:** Monday, 4 November 2019 12:03 PM  
**To:** assignments; Admin-D (LKKAUTO)  
**Cc:** Hazalysa Binte Ibrahim; Thio Tse Kiat  
**Subject:** Pre Repair Survey for LKK on 04/11/19

Dear LKK,

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

### NEW ASSIGNMENT

S/n	THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT NO.	DOA / CLAIM NO / OFFICER	REMARKS
1	SJU2804E	GBH9251S	KENT AUTO SERVICES @ 97547573 (MR KENT TAN)	27/10/19 (MT/1068828-002) RAJESWARY	DANIEL POON & CO

Thank You.

Warmest Regards

**Hazalysa Bte Ibrahim**  
Admin Assistant  
Motor Department  
T +65 6430 7902  
[www.income.com.sg](http://www.income.com.sg)



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#### Disclaimer

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> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	332M
<b>Vehicle Details</b>	
Vehicle No.:	SJU2804E
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	3ZZ4916874
Chassis No.:	MR053ZEE106150805
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,853.00
Original Registration Date:	26 Nov 2009
First Registration Date:	26 Nov 2009
Transfer Count:	1
Actual ARF Paid:	\$17,853.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Nov 2019
PARF Rebate Amount:	\$8,926.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Nov 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$11,690.00
COE Rebate Amount:	\$64.00
<b>Total Rebate Amount:</b>	<b>\$8,990.00</b>

The information contained herein is correct as at 05 Nov 2019

OK

New Cars

Used Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Re

Great Drive  
on Wet Road  
with Priority  
4Quickly  
Removes  
Waxes,  
Greases, OilRaceChip Pro  
2 with  
Installation @  
\$580\$200  
Deal  
Best F  
SG?

toyota altis

Price Range

Depreciation

2009

Vehicle Type



Home » Used Cars » San Hup Bee (S) Pte Ltd » Toyota Corolla Altis 1.6A (New 5-yr COE)

## Toyota Corolla Altis 1.6A (New 5-yr COE)

Overview

Financial

Accessories

Similar

Research

Photos

Map

PRIV

## Price

\$30,800

## Depreciation

\$6,150 /yr

## Reg Date

23-Oct-2009  
(5yrs COE left)

## Mileage

111,000 km (11.1k /yr)

## Manufactured

2009

## Road Tax

\$742 /yr

## Transmission

Auto

## Dereg Value

N.A.

## OMV

\$17,853

## COE

N.A.

## ARF

\$17,853

## Engine Cap

1,598 cc

## Power

80.0 kW (107 bhp)

## Curb Weight

1,195 kg

## No. of Owners

2

## Type of Vehicle

Mid-Sized Sedan

## Features

Fuel Efficient And Powerful 1.6L 16 Valve DOHC VVT-i Engine, Smooth Auto Transmission With ECT, Dual SRS Airbags, ABS, Digital Climate Control Aircon. View specs of the Toyota Corolla

## Accessories

Factory Fitted Audio System, Multi Function Steering Wheel, Reverse Sensors, Retractable Side Mirrors, Knockdown Rear Seats, Leather Seats.

## Description

Free 1 Year Warranty By Reputable Workshop, STA/3rd Party Mechanic Inspection Welcome. Trade In Car Welcome. Bank And In House Loan Available. No Obligations! Contact Our Friendly Sales Consultant For Viewing And Test Drive Today!

## Category

COE Car, Premium Ad Car

## Status

Available

## Resources



## Car Valuation - Free

Find out the market value of your existing car for free. Get started



## Vehicle Evaluation

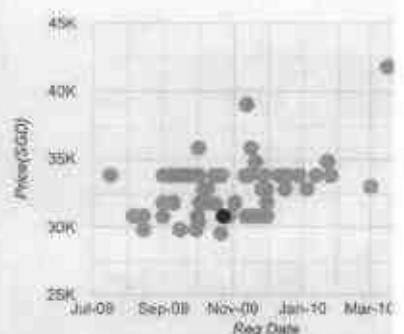
Afraid of lemons? Request to have this car evaluated professionally. Find out more



Location Map

## Price Chart

## Summary



Shortlist

Compare

Add to

Report Error

More Actions

## Seller Information

## 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 willful 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	31/10/2019 13:41
Date Of Accident	27/10/2019 11:00
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2804E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	KENTKH530@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92716628
Alternative Phone No	OFFICE-92716628

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P2204317
Cover Note Number	

### Driver

Name of Driver	SIEW KUM FATT
NRIC No	S0160774Z
Date Of Birth	24/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1977
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92716628
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 32 BALAM ROAD #05-02
Postcode	370032
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : PAX 1 GENDER: : MALE
Passenger 2	NAME: : PAX 2 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH9251S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

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 SIEW KUM FATT  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJU2804E  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## 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:

*W. Siew*

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

*[Signature]*

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

31/10/19

# Sketch Plan #2

## SKETCH PLAN

	<b>Vehicle</b> A-SJU 2804 E B-GEH 9251 S
	<b>Legend</b> 

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

*[Signature]*



Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*  
 31/10/19.

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

*[Signature]*

Acknowledge letter from TP for SD card



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: 6/2019027/0134

I, Sgt T180033 Lim Zhen Yee  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TPHJ Wk Ave 3  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 32 GB Sandisk Memory card
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S26733226 Tan King Huan  
(Name, NRIC or Passport No. / Rank and No.)

of B14 S30 Br22 Nk St 3 B29-854 460 St  
(Address / Police Station / NPC / NPP)

on 27/10/18 at 12:15  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature] Tan King Huan  
(Signature)

S26733226  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature] T180033  
(Signature)

Sgt T180033 Zhen Yee  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Police report



**SINGAPORE  
POLICE FORCE**



T/20191030/2145

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No. T/20191030/2145

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2019 16:54		Vide Report No.:		Station Diary No.: 26
<b>Informant's Particulars</b>				
Name of Informant: SIEW KUM FATT		Address: APT BLK 32 BALAM ROAD #05-02 SINGAPORE 370032		
ID Type / ID No.: NRIC NO / S0160774Z		Contact No.: Home/Office: Mobile: 92716828		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 68	Date of Birth: 24/08/1951	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GOJEK DRIVER		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: 27/10/2019 11:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JALAN EUNOS KAKI BUKIT AVENUE 1 x-junction of jalan eunos and kaki bukit ave 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBH9251S	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0
SJU2804E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	2

**Details of Person Involved**

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

## Police report



**SINGAPORE  
POLICE FORCE**



T/20191030/2145

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 3

Report No: T/20191030/2145

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SIEW KUM FATT	ID No.	S0160774Z
Related Vehicle	SJU2804E (Car)	Contact No.	92716628
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/10/2019	Date Discharge	30/10/2019
No. of Days granted Medical Leave	20	Degree of Injury	Serious

Brief Details.

On the above mentioned date and time, I was travelling along Jalan Eunos heading Hougang. I was travelling on the 3rd lane from the right with 2 passengers on board. As I was approaching the X-Junction of Jalan Eunos and Kaki Bukit Ave 1, the traffic light was green for me as such I continued straight to cross the junction. As I was in the middle of the junction, a lorry from the opposite direction then suddenly turned and came right in front of my vehicle. As such, I quickly jammed brake however it was too late and I collided head on with the lorry. After which, I passed out and woke up semi-conscious. The next thing I know was that I was conveyed to Tan Tock Seng Hospital. I was unsure of what happened after the collision as I was semi-conscious. I suffered pain on my back and numbness on my left arm. I was given 20 days of MC. I am also unsure of the condition of my passengers and the other driver. I was also unable to gather the particulars.

Police report



**SINGAPORE  
POLICE FORCE**



T/20191030/2145

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

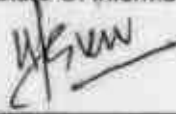

Report No. T/20191030/2145

**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: G / Sgt 2 MANDRIC NGOH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2019 16:54
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP188	 SIGNATURE