

ASS. REC. BY:

REF: CS3/INC19016438/R1903/152

and instructions:

Agency: PASU

ASSIGNMENT (Office)

From (Person): Motor Income

of INC

Date/Time 17/11/2019

Estimated Cost:

Bill to:

OD (IP) WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBB 3166B

Insured: SAU 2454D

at Workshop no: Million Auto

Tel:

of 4 penjuru place #01-12

Policy No:

Claim No: MT/106 2351-002

Sum Insured:

Excess:

Make of Veh:
(Club's Record)

D.O.A 12/11/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsment:

Date/Time: 10:11am @ 17/11/19

Person Contacted:

Ms-chong

Vehicle: (IN) DIT

Date/Time	Action/Description	INITIALS
	GBB 3166B - X	
	SAU 2454D - N/A - INCL. 2018/11/19	DA: 18/11/2019
	Submit LS \$1500, 4 days (led \$1200, 44%)	

[Signature]
22/11/2019

RECEIVED 22 NOV 2019

BY

Passer

date:

0256

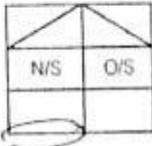
COE XPRY: 2023/10/10

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD (TP / WS / TP RES / OD RES / EVA / INV / MV)
 To inspect Vehicle No: GBB 3166B
 at Workshop m/s: MILLION AUTO
 of: K, PENJURAN PLACE
 Insured: INC
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

Veh No: GBB3166B (r Regn: 2008 / MDU)
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA DYNA 150CM cc 2982
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp Reading: 216361 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFAT35 Y20K200112
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or _____
 Brake: Order / Jammed / Leaked / Burnt or _____
 Modi: NA / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195R15C
 R: 155R12 (D)

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 3023K
 IDAC Accident Rpt. 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
 Date _____ Person Contacted: _____
 Vehicle: IN / OUT



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or JOURNEY
 Front Rear
 R/Bal. 7 mm R/Bal. 5/5 mm
 L/Bal. 7 mm L/Bal. 5/5 mm
 D.O.A. 12/09/19 D.O.I. 17/09/19 3:53pm
 Survey held at: MILLION AUTO
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
REAR N/S
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction

RECEIVED 10/10/2019

Date/Time: File Pass to? : Prel. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)
 : Wash (\$)

Survey Fee:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transportation:	
3 + PS: \$	
Photos:	
Other:	
(Total):	

Report Form No: _____
 Long: _____

Nivitha (LKK Auto)

From: do_not_reply@income.com.sg
Sent: Sunday, 17 November 2019 10:05 AM
To: assignments@lkkauto.com
Subject: MT/1062351-002 - Claim Involving SGU2459D / GBB3166B on 12 Sep 2019
Attachments: LOD2 2019-11-4.pdf.PDF; Survey Report TP .PDF;
EBGI-300002963-0000018635-1573835360820_EBAOGICLM_DLET_MT.pdf

Dear Sir / Madam,

We refer to the above claim.

Enclosed is the letter / document for your necessary attention.

Yours sincerely

Motor Insurance
Income

Note: This is a system generated email. Please do not reply to this email.

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	13/09/2019 15:11
Date Of Accident	12/09/2019 21:05
Exact Location Of Accident	FORT CANNING SLIP ROAD / CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3166B
Insured/Policyholder	
Name Of Registered Owner	MILLION AUTO RENTAL PTE LTD
Co Reg No	NA
Email Address	GRACE@MILLIONAUTO.COM
Mobile Phone No	(LOCAL) +65-91813909
Alternative Phone No	OFFICE-91813909
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109087813
Cover Note Number	
Driver	
Name of Driver	GOPAL MURUGESAN
NRIC No	G7315707U
Date Of Birth	09/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91813909
Fax Number	
Contact Number	OFFICE-91813909
E Mail Address	NOEMAIL

Address 114 LAVENDER STREET #08-73 CT HUB -2
 Postcode 338729
 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 - 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? 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) 4
 Passenger 1 NAME: : NA
 GENDER: : MALE
 Passenger 2 NAME: : NA
 GENDER: : MALE
 Passenger 3 NAME: : NA
 GENDER: : MALE

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

REFER 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 SGU2459D
 Vehicle Make/Model/Colour NA
 Details Of Properties FRONT PORTION
 Vehicle Category PRIVATE CAR
 Name of Driver BEN ANG
 NRIC/Passport Number S1288144D
 Contact Number NA

Address

NA
NA

Postcode

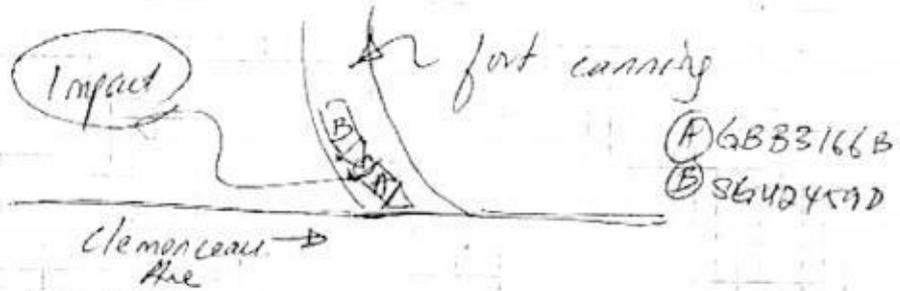
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving from Fort Canning Road
 to Clemenceau Ave, when I was here way to
 Clemenceau Ave vehicle after passing the vehicle
 I was ready to move after time behind
 8640459D vehicle hit my vehicle behind
 2 vehicles involved no one hurt

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Handwritten signature]

Reporting Centre Personnel's Signature
Name:
NR/C/FN No.:

[Handwritten signature] Rued 13/6/2019

Sketch Plan #2

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 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. 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:

[Handwritten Signature]

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

[Handwritten Signature]
Name: *Ramien*
NRIC/FIN No: *9772015*

PRO-OPTION SERVICES

Mailing address: 81k 189B Rivervale Drive, #04-1004, Singapore 542189
Tel: 6315 1239, Fax: 6315 3298, Mobile: 9061 0543

Million Auto Rental Pte Ltd
c/o 4 penjuru Place
#01-12
Singapore 608783

Invoice no:	POS0390/19
Date:	14 October 2019
Report no:	390M0919.MAS
Vehicle :	G883166B

INVOICE

No	Item Description	Qty	Unit Price	Total Amount(\$)
01	Being charges for the inspection of the accident vehicle, transport and photographs.			532.00
SGD(\$): Five Hundred and Thirty-Two only			Grand Total:	532.00

"Cheque should be crossed and made payable to "Pro-Option Services"

PRO-OPTION SERVICES



.....
Authorised Signature

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Fax: 6315 3298, Mobile: 9061 0543

ACCIDENT VEHICLE INSPECTION REPORT

Report no : 390M0919,MAS
Vehicle no : GBB3166B

1 REFERENCE

Date of inspection : 17 September 2019
Requested by : Million Auto Rental Pte Ltd
c/o 4 penjuru Place
#01-12
Singapore 608783
Type of survey : Independent
Repairer : Million Auto Service
No. 4 Penjuru Place, #01-12, 2-8 Penjuru Tech Hub Singapore 608783
Date of accident : 12 September 2019

2 VEHICLE DATA

Make/model : TOYOTA DYNA 150 MANUAL 3SEATER
Chassis no : JTFAT35Y20K200112
Engine no : 1KD1871406
Date of registration : 29 Nov 2008
Engine capacity : 2982 cc
Colour : White
Odometer reading : 216361 km

3 STATIC CONDITION CHECK

Steering : Serviceable
Foot brakes : Serviceable
Hand brakes : Serviceable
Paintwork : Good
General Condition : Good

4 TIRE CONDITION CHECK

	<u>RH/MAKE</u>	<u>LH/MAKE</u>	<u>SIZE</u>
Front tread	: 5 mm/Journey	5 mm/Luxotik	195R15
Rear tread	: 5 mm/Condor	5 mm/Condor	155R12

5 BRIEF DESCRIPTION OF DAMAGE

Tailgate bent/distorted, rar deck end panel bent, rear deck LH side panel bent, rear step bracket bent, rear number plate holding plate bent, etc. Please see para. 8 of this report for mor edetails.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and I have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs : \$2,700.00 (lump sum)
Estimated no of days : Four (4)

8 ASSESSMENT OF DAMAGE AND COSTS

Report no: 390MQ919.MAS
 Vehicle no: GBB3166B

A SPARE PARTS

Description	Qty	Assessed Condition	Repairer's Amount	Revised Amount
Tailgate assy	1	bent/distorted	1,218.60	1,218.60
Tailgate "TOYOTA" sticker	1	necessary	138.00	138.00
Tailgate stopper bracket LH	1	bent	100.30	100.30
Tailgate lower lock assy	1	bent	168.20	168.20
LH taillamp assy	1	scraped/cracked	222.70	222.70
LH taillamp bracket	1	bent	51.60	51.60
Rear number plate holding plate	1	bent/distorted	157.60	157.60
		Subtotal of the above	2,057.00	2,057.00
		Discount 25%	514.25	514.25
		Subtotal 1:	1,542.75	1,542.75
(Special nett)				
Tailgate "70 km/h" sticker	1	necessary	15.00	15.00
Reverse sensor set	1	cut/shorted	280.00	280.00
Tailgate aluminium backplate rivet	12	necessary	6.00	6.00
Rear number plate	1	cracked	35.00	35.00
		Subtotal 2:	336.00	336.00
		Total cost of parts:	1,878.75	1,878.75

Repair X
 838.40
 25%
 628.80
 200 }
 X 111 } 250

B LABOUR

To check wiring at the affected areas for condition and repair where needed.	40.00	30.00
Panel beating charges to dismantle and remove all damaged parts, renew and install the same; to cut out the damaged body, renew and weld the same; to knock and reshape surrounding panels back to shape and alignment.	900.00	600.00 400
Spray paint all affected parts and repaired areas - tailgate, rear deck end panel, rear deck LH side panel, tailgate stopper bracket, step bracket and necessary areas.	1,000.00	750.00 500
To remove and replace reverse sensors and check sensing distance.	80.00	60.00 40
Total cost of labour:	2,020.00	1,440.00
Total cost of repair:	3,898.75	3,318.75

970

628.80
 250.00
 970.00
 1848.80
 20%
 1479.04
 43,1500
 4 days

Report no: 390M0919.MAS
Vehicle no: GBB3166B

9 **CONCLUSION**

The revised or adjusted cost of repairs to restore the vehicle is \$3,318.75

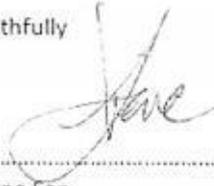
- (a) The final cost of repair based on lump sum repairs would be \$2,700.00
- (b) The estimated number of days for the repairs would be Four (4)
(1st Reinspection conducted on 18th September 2019)
(Post Repair Inspection conducted on 20th September 2019)

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Note: Lump Sum Repair Basis

This means the repairer is allowed to replace the damaged parts with used, reconditioned or new parts, or repair it to a roadworthy condition.

Yours faithfully



.....
Liaw Leong San
Licensed Automotive Appraiser

Dated: 14 October 2019



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 : CS3/INC19016438/R1qd3s2-1

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date : 27-11-2019

189556



ATTN: DAVID PHUA

Code : INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGU 2459D	Veh. Inspected	GBB 3166B
Policy No.		Coverage (\$)	0.00
Claim No.	MT/106351-002	Excess (\$)	0.00
Assign From	MOTOR INCOME	Assign Date	17/11/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA DYNA 150 (M)	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JTFAT35Y20K200112	Colour	WHITE
Odometer	216361	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	JOURNEY	7 mm
L/H Front Tyre	195 R15C	JOURNEY	7 mm
R/H Rear Tyre	155 R12 (D)	JOURNEY	5/5 mm
L/H Rear Tyre	155 R12 (D)	JOURNEY	5/5 mm

4. Description of Damages

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

5. General Information

Accident Date	12/09/2019	Inspection Date	17/09/2019
Survey held at	MILLION AUTO SERVICE 4 PENJURU PLACE #01-12 2.8 PENJURU TECH HUP SINGAPORE 608782		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 3166B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE ASSY	TO REPAIR SEE LABOUR	1,218.60	-
1	TAILGATE "TOYOTA" STICKER	NECESSARY	138.00	138.00
1	TAILGATE STOPPER BRACKET LH	BENT	100.30	100.30
1	TAILGATE LOWER LOCK ASSY	BENT	168.20	168.20
1	LH TAILLAMP ASSY	SCRAPED / CRACKED	222.70	222.70
1	LH TAILLAMP BRACKET	BENT	51.60	51.60
1	REAR NUMBER PLATE HOLDING PLATE	BENT / DISTORTED	157.60	157.60
	LESS 25% DISCOUNT		-514.25	-209.60
			1,542.75	628.80
<u>SPECIAL NETT ITEMS</u>				
1	TAILGATE "70KM/H" STICKER (SN)	NECESSARY	15.00	15.00
1	SET REVERSE SENSOR (SN)	CUT / SHORTED	280.00	200.00
12	TAILGATE ALUMINIUM BACKPLATE RIVET (SN)	NOT NECESSARY	6.00	-
1	REAR NUMBER PLATE (SN)	CRACKED	35.00	35.00
			336.00	250.00
<u>LABOUR</u>				
	TO CHECK WIRING AT THE AFFECTED AREAS FOR CONDITION AND REPAIR WHERE NEEDED.		40.00	30.00
	PANEL BEATING CHARGES TO DISMANTLE AND REMOVE ALL DAMAGED PARTS, RENEW AND INSTALL THE SAME; TO CUT OUT THE DAMAGED BODY, RENEW AND WELD THE SAME; TO KNOCK AND RESHAPE SURROUNDING PANELS BACK TO SHAPE AND ALIGNMENT. INCLUSIVE OF THE REPAIR OF TAILGATE ASSY.		900.00	400.00
	SPRAY PAINT ALL AFFECTED PARTS AND REPAIRED AREAS - TAILGATE, REAR DECK END PANEL, REAR DECK LH SIDE PANEL, TAILGATE STOPPER BRACKET, STEP BRACKET AND NECESSARY AREAS.		1,000.00	500.00
	TO REMOVE AND REPLACE REVERSE SENSORS AND CHECK SENSING DISTANCE.		80.00	40.00
			2,020.00	970.00
GRAND TOTAL			3,898.75	1,848.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,500.00



Report Ref No. CS3/INC19016438/R1qd3s2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.