27/09/2010

ASS. REC. BY: | REF: 08/INC1902083O/R1, d3 | Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Hazuliyu Bt Ibrahim of INC Date/Time: 9:33am @ 25/11/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJU122C Insured: SLP8141Y

at Workshop m/s Premium Tel: 66900293

of 281 Alexandra Road

Policy No: Claim No: MT/10719 68-002

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 16/11/2019

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

Date/Time: 9:47am @ 25/11/19 Person Contacted: George Vehicle IN / OUT

Date/Time	Action/Instruction
	SJU122C - X
	SLP8141Y - NS/INC1901B341/Fld3d1 DoA: 15/10/2019
	14/04/20@9.50am RASUL FINALISED WITH MR CHANG FINAL FIG $2575.60, 6 DAYS.
	(Red $6316.40, 71%)

ASS. REC. BY: Rosna REF: INC 9171

ASSIGNMENT

From: Date: 19.12.2019

Estimated Cost:

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

To Inspect Vehicle No: SJU 1220

at Workshop m/s Premium

of 281 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 2pm Owner Way

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS mp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJU 1220 Yr Regn: 2017 / MAR

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

Make: AUDI A3 SB 1.0 TFSI STRONIC c.c 999

Colour GREY A/C: Insured / Std / NI / NA

Sp.Reading 34140 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8V2HA103411

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: 205/55R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	16/11/19	D.O.I.	19/12/19

Survey held at PREMIUM

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / E.P. : P/P $2575.60

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

Nivitha (LKK Auto)

From: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Sent: Monday, 25 November 2019 10:53 AM
To: Admin-D (LKKAuto); assignments
Cc: Hazalysa Binte Ibrahim
Subject: RE: TP CASES FARMED OUT TO LKK ON 25/11/2019

Dear LKK,

Re-send with details.

Thank you.

Warmest Regards

Hazalysa Bte Ibrahim
Admin Assistant
Operations, Motor & Personal Lines (PL)
www.income.com.sg

From: Hazalysa Binte Ibrahim
Sent: Monday, 25 November 2019 9:33 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: Susan Ting <susan.ting@income.com.sg>; Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Subject: TP CASES FARMED OUT TO LKK ON 25/11/2019

Dear LKK,

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

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	Cyndiie Yong	MT/1072662-002	SHA9715L	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	VADIVELAN MOHAN / 62657130 / 96891857		SFS5072M	22/11/19	
2	Azhari	MT/1071788-002	SLS2782X	PREMIUM AUTOCARE CENTRE	281 ALEXANDRA ROAD SINGAPORE 159938	George Wong / 6690 0293	10:00-12:00	SFZ2800L	17/11/19	
3	Jeff Lin	MT/1071968-002	SJU122C	PREMIUM AUTOCARE CENTRE	281 ALEXANDRA ROAD SINGAPORE 159938	George Wong / 6690 0293	10:00-12:00	SLP8141Y	16/11/19	
4	Jeff Lin	MT/1072687-001	GBB7630B	SIN SHENG ENGINEERING SERVICES	NO 8 TUAS AVENUE 18, (LEVEL 5) SINGAPORE 638892	Pei Jin / 6863 9595		GZ1445Z	19/06/17	
5	Charlotte Chew	MT/1072051-002	PA6434Y	WOODLANDS TRANSPORT SERVICE PTE LTD	8 GUL CIRCLE SINGAPORE 629564	Kenji Lee / Mr Chan / 9299 4122 / 6559 8984	16:15-17:00	FBL7412L	18/11/19	6559 8988/ 6559 8954 (workshop insisted to survey after 4pm due to client only available after 4pm)

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

Hazalysa Bte Ibrahim
Admin Assistant
Motor Department
T +65 6430 7902
www.income.com.sg

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.
Find out more at income.com.sg/careers

Summer Lee (LKK Auto)

From: MTSurvey <MTSurvey@income.com.sg>
Sent: Monday, 16 December, 2019 12:49 PM
To: Claims Autocare; Admin-D (LKKAuto); 'assignments@lkkauto.com'
Subject: RE: ACCIDENT INVOLVING SJU 122 C AND YOUR INSURED SLP 8141 Y DATED ON 16/11/2019 (Our ref: MT/1071968)

Hi LKK,

For your info and follow-up.

Thank You

Warmest Regards

Annie Koh
Senior Admin,
Operations, Motor & Personal Lines (PL)
T +65 64307899
www.income.com.sg

From: Claims Autocare [mailto:claims@premiumautocare.com.sg]
Sent: Monday, 16 December 2019 12:07 PM
To: Jeff Lin <Jeff.Lin@income.com.sg>; MTSurvey <MTSurvey@income.com.sg>
Cc: claims@premiumautocare.com.sg
Subject: ACCIDENT INVOLVING SJU 122 C AND YOUR INSURED SLP 8141 Y DATED ON 16/11/2019 (Our ref: MT/1071968)

Aside to MT survey,

Kindly arrange for survey on this coming Thursday @ 2pm, owner waiting.

Address : 281 Alexandra Road, Singapore 159938

Thank you.

Best Regards,
George Wong
Claims Advisor

Premium Autocare Centre
281 Alexandra Road, Singapore 159938
p. +65 6690 0293 **f.** +65 6471 3733
e. claims@premiumautocare.com.sg **w.** www.premiumautocare.com.sg

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.**
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	16/11/2019 17:59
Date Of Accident	16/11/2019 16:15
Exact Location Of Accident	OSCP AT 62B LORONG 4 TOA PAYOH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU122C
Insured/Policyholder	
Name Of Registered Owner	PHUA YONGSHENG
NRIC No	S8436917I
Email Address	JACKY_CHEF2004@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-88151489
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	AUDI
Model	A3-999CC TFSI (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	5109099466
Cover Note Number	
Driver	
Name of Driver	PHUA YONGSHENG
NRIC No	S8436917I
Date Of Birth	06/12/1984
Occupation	INDOOR
Date Of Driving Pass	27/12/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88151489
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	JACKY_CHEF2004@YAHOO.COM.SG

Address	BLK 34 #01-301 TOA PAYOH LORONG 5
Postcode	310034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 TO SKETCH PLAN

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	SLP8141Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIAU
NRIC/Passport Number	
Contact Number	87115787
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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.

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 be 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.

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' law yers/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' law yers/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 law yers/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.

PHUA YONGSHENG 16/11/2019 16:51	PHUA YONGSHENG 16/11/2019 16:51	
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.
Please refer to "Circumstances of the Accident".

Describe Circumstances of the Accident

BLACK CAR : SLP8141Y

WHITE CAR : SJU122C

DESCRIPTION :

On the 16 Nov 2019 at about 1615hrs. I came to my vehicle which was park at open space carpark at 628 Toa Payoh Lorong 4 lot 17. I saw there were damages on the left side of my vehicle and a note on my windscreen. I called the handphone on the note and Mr Yaau admitted to me that he had reverse into my vehicle

Declaration

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

PHUA YONGSHENG 16/11/2019 16:51	PHUA YONGSHENG 16/11/2019 16:51	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Accident Photo

Premium Autocare Centre

24 Benoi Sector, Singapore 629857.
Tel : 6474 3323 Fax : 6264 6786
Email: Nora.khai@premiumautocare.com.sg / claims@premiumautocare.com.sg

Telefax

Estimate	:	Accident Repairs
Workshop	:	Ubi Road 1
Contact No	:	6366 2323
Fax No	:	6841 1183
Reference	:	PAC/TP/0075/2019/GW
Date	:	23-Nov-19

Vehicle NOT IN workshop . Kindly arrange for survey.

NTUC Income Insurance Co - Claims Department
73 Bras Basah Road
#05-01 NTUC Trade Union House
Singapore 189556

Attn: Motor Claims Dept
Tel: Fax 6338 1504

Owner's Name	:	Mr. Phua YongSheng
Address	:	Blk 34 #01-301 Singapore 310034
Telephone	:	88151489
Type of Claim	:	Third Party Claims
Policy No.	:	519099466
Vehicle No	:	**SJU 122 C**
Model Code	:	Audi A3 SB 1.0 TFSI
Model / Year	:	29-Mar-17
Engine No	:	CHZ314961
Chassis No	:	WAUZZZ8V2HA103411
Mileage	:	
Date In	:	
Liability	:	
Excess Cost	:	
Estimated By	:	Allan Wu
Accident Date	:	16-Nov-19
Place of Accident	:	OSCP at 62 B lorong 4 Toa Payoh

Premium Autocare Centre

24 Benoi Sector, Singapore 629857.
Tel : 6474 3323 Fax : 6264 6786

Telefax

Repair quotation for Accident Vehicle SJU 122 C

S/n	Nature of Jobs			Estimated Charges	Remarks
1	To remove, check and reinstall front wire harness for headlights, horns, outside temperature sensor and headlight washer assy.	S/N	$	100.00	
2	To dismantle front bumper, lhs front fender and lhs headlight. To renew lhs front fender and lhs headlight. To repair front bumper. Re-organise crash management components. Reinstall all parts removed.		$	~~800.00~~ 400	
3	To respray front bumper and lhs front fender, lhs front door.		$	~~1,000.00~~ 600	
4	To renew lhs front rim and carry out wheel alignment.	S/N	$	120.00	
5	To carry out diagnostic check.	S/N	$	150.00	
	SUB- TOTAL LABOUR CHARGES	:		**$ 2,170.00**	

Premium Autocare Centre

24 Benoi Sector, Singapore 629857.
Tel : 6474 3323 Fax : 6264 6786

Telefax

Material List for Accident Vehicle Regn No. SJU 122 C

S/N	Parts Description		Damaged Parts & Prices S/Nett	Remarks
1	FRONT BUMPER GUDIE SECTION-LH	$	35.00	X
2	FRONT FENDER-LH	$	778.00	622.40
3	FRONT FENDER ATTACHMENT PARTS-LH	$	65.00	52 ✓
4	FRONT FENDER UPPER BRACKET-LH	$	25.00	X
5	FRONT FENDER BRACKET-LH	$	43.00	X
6	FRONT FENDER SEAL-LH	$	31.00	X
7	FRONT FENDER BRACE-LH	$	88.00	X
8	FRONT FENDER CLOSING ELEMENT-LH	$	54.00	X
9	FRONT WHEEL HOUSING LINER-LH	$	158.00	X
10	FRONT WHEEL HOUSING LINER ATTACHEMENT PART-LH	$	52.00	X
11	FRONT ALUMINIUM RIM-LH	$	651.00	520.80
12	RUBBER VALVE	$	13.00	10.40
13	LED HEADLIGHT-LH	$	5,029.00	X
14	SUNDRIES	$	200.00	X
	TOTAL SPARE PARTS CHARGES	: **$**	**7,222.00**	
	TOTAL LABOUR CHARGES	: **$**	**1,670.00**	
	GRAND TOTAL	: **$**	**8,892.00**	

All charges are not inclusive of GST.

Legend : Remarks (OK) = Approved, Remarks (X) = Not approved
Spare parts are Special Nett.

Premium Autocare Centre

24 Benoi Sector, Singapore 629857.
Tel : 6474 3323 Fax : 6264 6786

Telefax

20/12/19

Name	:	RASUL - Hp 90010068
Surveyed Date	:	19/12/19 @ 1455
Authorised Date	:	
Excess Cost	:	6 ~~day~~ days
Liability	:	
Remarks	:	Resurvey before paint

Please Note : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges and spare parts in the progress of repair, we shall inform you accordingly.
For inspection of vehicle, please refer to Ms Norah Khai at Tel:6474 3323 for appointment.

Yours faithfully,
Premium Autocare Centre

LKK Auto Consultants hereby notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during re-survey
- 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 approved and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Allan Wu
Body Shop Manager