ASS. REC. BY: Surveyor : Rasul

REF: CS/INC19020894/R1-fd3 | Special Instruction:

ASSIGNMENT (Office)

From (Person): Hazalysa Bt Ibrahim of INC Date/Time: 26/11/19@9:37am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKS711B Insured: SGM 751 P

at Workshop m/s Tuns Carokars Tel: 8128 1802.

of 27A Tanjong Penjuru

Policy No:

Sum Insured: Claim No: MT/1072243-002

Make of Veh: (Client's Record) Excess:

D.O.A. 19/11/2019

CA / REV / REP. / REV 24 HRS

Date/Time: 10:45am@26/11/19 Person Contacted: Jess H.O.D. Endorsement: Vehicle (IN) / OUT

Date/Time	Action/instruction
	SKS711B - CS/ECS1702/602/Cthn2 DOA: 31/10/2019

RES. REC. BY: [signature] | REF: INC | 3894

ASSIGNMENT

From:
Date: 26/11/2019
Estimated Cost:
OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKS711B
at Workshop m/s: Trans Eurokars
of: 27A Tanjung Penjuru
Insured:
Policy No.
Claims No.
Sum Insured: Excess:
(Client's Record)
Make of Veh: 2pm-4pm
Jess © 81289802
(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: days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS / up?
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SKS 711B Yr Regn: 2015 / MAR
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: MAZDA3 4-DOOR SEDAN 1.5L c.c. 1496
Colour: GREY A/C: Insured / Std / NI / NA
Sp.Reading: 56793 T/Radio: Insured / Std / NI / NA
Eng/No.
C/No: JM6BM42A8G0303570
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: 205/60R16
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.	19/11/19		D.O.I.	26/11/19	

Survey held at: TRANS EUROKARS
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S REAR
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: ☐ : Site Insp. ($
☐ : Interview ($
☐ : Tech. Invs ($
☐ : Weekend ($

Survey Fee:
Transportation:
(__$ × RS: __$)
Photos
Others
TOTAL

Report Format:
Lump Sum / LEJ: ($

Nivitha (LKK Auto)

From: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Sent: Wednesday, 27 November 2019 9:49 AM
To: Admin-D (LKKAuto); assignments
Cc: Hazalysa Binte Ibrahim; SUR
Subject: RE: TP CASES FARMED OUT TO LKK ON 26/11/2019

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: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 26 November 2019 10:40 AM
To: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>; assignments <assignments@lkkauto.com>
Cc: Susan Ting <susan.ting@income.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: TP CASES FARMED OUT TO LKK ON 26/11/2019

mazda

TRANS EUROKARS PTE LTD

EUROKARS GROUP

ESTIMATE COST OF REPAIRS

NTUC INCOME INSURANCE		NAME :	LTPI Mr Yeo Seck Kan	WIP :	56414
1 MARITIME SQUARE		ADDRESS :	525 Serangoon North Avenue 4	EXCESS :	
#10-01 HARBOURFRONT CENTRE			#14-70	DATE:	20-Nov-19
SINGAPORE 099253			Singapore 550525		
ATTN. :	MOTOR CLAIMS	TEL :	96288408MS		
FAX :					

VEH NO :	SKS7117X	DATE IN :		CONTACT PERSON :	Jess 63957874
CHASSIS NO :	JM6GL1072K0312585	MILEAGE :	56793	TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA6	DATE REG.:	21-Mar-19	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO		QTY		REVISED	PRICES
1	RETAINER RHS X	1	MGJR9-50-2H1		$ 41.00
2	FASTENER, REAR BUMPER X	6	MB45A-56-146A		$ 18.00
3	GROMMET, REAR BUMPER X	2	M9991-00-501		$ 6.00
4	RIVET, REAR BUMPER X	2	MTK21-50-355		$ 18.40
5	RIVET, REAR BUMPER X	6	MEA01-50-037		$ 48.00
6	TAPE PROTECTOR, SENSOR X	4	MBCKA-50-EM1		$ 18.80
7	GASKET LHS, TAILLAMP new	1	MGRF5-51-163		$ 46.00
8	GASKET RHS, TAILLAMP new	1	MGRF5-51-153		$ 46.00
9	REAR FENDER RHS bf	1	MGSY7-70-41X		$ 1,312.50
10	REAR WINDSCREEN MOULDING new	1	MGHK1-50-611B		$ 117.10
11	SPACER, REAR WINDSCREEN new	1	MGJ6A-50-897		$ 12.80
12	GUARD STONE RHS new	1	MGHP9-50-4P2A		$ 17.40
13	REAR WHEEL RIM RHS Scar	1	M9965-16-7570		$ 1,196.80
			TOTAL PARTS		$ 2,898.80
			TOTAL PARTS COST		$ 2,898.80

Labour Description

1		TO REPLACE REAR FENDER RH. TO REPAIR REAR BUMPER, REAR DOOR RH AND ALL AREAS AFFECTED BY THE ACCIDENT.	1650	$ 1,980.00
2		TO RESPRAY REAR BUMPER, REAR FENDER RH AND REAR DOOR RH.	1260	$ 1,890.00
3	MZ-BR-GLASS1	TO REMOVE & REFIT THE WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.	NETT	$ 560.00
4	MZ-BR-GLASS2	TO SUPPLY SEALER ON THE WINDSCREEN GLASS.	NETT	$ 120.00
5	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS. X	NETT	$ 330.00

6	MZ-BR-TRIMS2	TO REMOVE & REFIT CARPET & TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION.	330	$ 990.00
7	MZ-BR-SEALER	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING	100	$ 350.00
8	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.	100	$ 250.00
9	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	150	$ 250.00
10	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	180	$ 350.00
11		TO SUPPLY BRILA PREMIUM COATING.	NETT X	$ 350.00
12	MZ-BR-SUNDRI	SUNDRIES.	NETT	$ 20 100.00

TOTAL LABOUR	$ -	$ 7,520.00
TOTAL PARTS	$ -	$ 2,898.80
TOTAL	$ -	$ 10,418.80
LESS EXCESS	$ -	$ -
TOTAL AFTER EXCESS	$ -	
GST 7%	$ -	$ -
GRAND TOTAL	$ -	$ -

TRANS EUROKARS PTE LTD

REMARKS:
*THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A **QUOTATION FEE OF $400** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.*

Authorised Signature

27/11/19 Rasul
Hp 90010068

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display 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:

7 days
26/11/19 @1410
Rosurvey before paint

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: Erik Low Kim Lee	Vehicle No.	: SKS711B
Period of Insurance	: 24 Mar 2019 To 23 Mar 2020	Policy No.	: 2100400735-04
Engine No.	: P520267606	Endorsement No.	:
Chassis No.	: JM6BM42A8G0303570	Issued Date	: 12 Mar 2019

ABOUT THE COVER

Make/Model	: MAZDA 3 1.5 SKYACTIV				
Engine Capacity/Tonnage	: 1,496.00 CC	Sum Insured	: Market Value	First Year of Registration	: 2015
Driver Restriction	: NA	Off Peak Car	: No	Insuring with COE/PARF	: No

Person 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.
This Policy will indemnify the Policyholder or any Authorised driver only if he/she meets the specified age condition

You have to pay an additional sum of $3,000 as "Inexperienced Driver Excess" ("IDE") if You and/or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition : 40 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

Loss of Use 1500cc - 1800cc Optional

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

EXCESS

Section 1
Fire - $0 Own Damage - $600 Theft - $0 Flood Cover - $0

Section 2
Property Damage - $0

Windscreen : $100

Named Driver and Excess (where applicable)

Erik Low Kim Lee - $600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simple search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503569190

ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1586389G

Name
ERIK LOW KIM LEE

劉 金 李

Race
CHINESE

Date of birth
02-07-1963

Sex
M

S1586389G

Country/Place of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S1586389G

ERIK LOW KIM LEE

02 Jul 1963

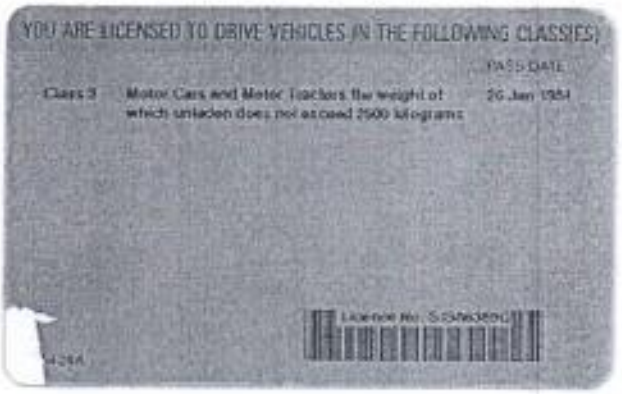
13 Jan 2003


5527915

NRIC No. S1586389G

Date of issue
15-10-2015

Address
APT BLK 212 JURONG EAST STREET 21
#20-289
SINGAPORE 600212


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Jan 1984

Licence No. S1586389G

MTE119159036 / Trans Eurokars Pte Ltd - Sungei Kadut
ENTRY DATE & TIME: 19/11/2019 17:23
SUBMITTED BY: Jess Francis

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	19/11/2019 17:23
Date Of Accident	19/11/2019 07:45
Exact Location Of Accident	JURONG PIER CIRCUS (BELOW JURONG PIER FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS711B
Insured/Policyholder	
Name Of Registered Owner	MR ERIK LOW KIM LEE
NRIC No	S1586389G
Email Address	ERIK.LOW@SEMBMARINE.COM
Mobile Phone No	(LOCAL) +65-96356716
Alternative Phone No	OFFICE-96356716
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.4 SEDAN 1.5L SP.6EAT (A)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	MR ERIK LOW KIM LEE
NRIC No	S1586389G
Date Of Birth	02/07/1963
Occupation	INDOOR
Date Of Driving Pass	26/01/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96356716
Fax Number	
Contact Number	OFFICE-96356716
EMail Address	ERIK.LOW@SEMBMARINE.COM

Address	BKL 212 JURONG EAST STREET 21 #20-289
Postcode	600212
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	COLLISION - ROUNDABOUT
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)	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

SEE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM751P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BLADEN NG KEE YU
NRIC/Passport Number	
Contact Number	97960487
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 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.

19-11-19

Policyholder's Signature
Date & Time: 19/11/2019
1540 HRS

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

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