

ASS. REC. BY:

REF: CS/INC 1904821/ Uq f3

n2

Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

From (Person):

Cynthia Ang

of

INC

Date/Time:

11.12.19 2.06p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLD 9142B

Insured:

SLD 1946B

at Workshop n/s:

Bluel Automotive

Tel:

6745 2888

of

BIK 1 Kaki Bukit Ave 6 #01-28/51

Policy No:

Claim No:

MT/1075125-001

Sum Insured:

Excess:

Make of Veh:

D.O.A.

1.12.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11.12.19 2.13p.m

Person Contacted:

Sally

Vehicle IN/OUT

Date/Time

Action/Instruction

()

Estimate

SLD 9142B - 17/11/19 170156 35/11/14

D.O.A - 12/12/19 2017

SLD 1946B - X

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: *SLD 9142B*
 at Workshop m/s *Bunt*
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: *3* days Res.: Yes or NoLum Sum: *20* % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SLD 9142B* Yr Regn: *6, 16*
 Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or *CA*
 Make: *Toyota wish* C.C. *1798*
 Colour: *white* A/C: Insured / Std / NI / NA
 Sp. Reading: *90756* T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: *ITDGG 20W 60J004476*
 Gen. Cond: *Good* / Fair / Poor / Burnt
 Steering: *Good* / Jammed / Leaked / Burnt or
 Brake: *Good* / Jammed / Leaked / Burnt or
 Modi: *Nil* / S/Rim / STD A/Rim or
 Tyre Size: F: *205/65R16*
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front *6* Rear *6*
 R/Bal. _____ mm R/Bal. _____ mm
 L/Bal. _____ mm L/Bal. *6* mm
 D.O.A. *1/12/19* D.O.I. *30/12/19*
 Survey held at: _____ 4.11pm
 Des. of Damages: Frt / Rear / *Nil* / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

have video

6/1/20 1/5 @ 1900 conf. with Henry (Red @ 1754.37, 51%)

RECEIVED 07 JAN 2020

Data/Time. File Pass to?

1) *07/1/20*

Date/Time. File Return to?

2) _____

☐

Preli. Report

☐

Final Report

Days Of Repair: *3*Resurvey No. of Trip: *2*

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) \$ + RS. \$

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format: *TP*Lump Sum / I.B.A. (\$ *1900*)

TOTAL

250

Summer Lee (LKK Auto)

From: Cynthia Ang <Cynthia.Ang@income.com.sg>
Sent: Wednesday, 11 December, 2019 2:06 PM
To: assignments@lkkauto.com; Nivitha (LKK Auto); 'SUR'
Cc: Thio Tse Kiat
Subject: Pre-Repair Survey by LKK

Dear LKK,

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

S/n	THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT NO.	DOA / CLAIM NO / OFFICER	REMARKS
1	SLD9142B	SLD1946B	BLUWEL AUTOMOTIVE SERVICE PTE LTD @ 67452088	01/12/19 (MT/1075125-001) ALICE LOW	JUSEQUITY LAW CORP (REQUEST LKK – Mr. Cl Seng)

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank You

With Regards

Cynthia Ang
Admin Assistant
Operations, Motor & Personal Lines (PL)
T +65 6430 7900
www.income.com.sg

income
made different



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

in with you

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	675W
Vehicle Details	
Vehicle No.:	SLD9142B
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	2ZR1785897
Chassis No.:	JTDGG20W60J004476
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,953.00
Original Registration Date:	30 Jun 2016
First Registration Date:	30 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,953.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2026
PARF Rebate Amount:	\$14,964.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,010.00
COE Rebate Amount:	\$33,142.00
Total Rebate Amount:	\$48,106.00

The information contained herein is correct as at 31 Dec 2019

OK

MARCEL

MSG#1519041 / SINGAPORE Pte Ltd - Road Block
 ENTRY DATE & TIME: 03/12/2019 08:30
 SUBMITTED BY: Chee Pui Ying

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 03/12/2019 09:47

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 Authorized 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 elsewhere.

ACCIDENT STATEMENT

Date Of Report 03/12/2019 09:36
 Date Of Accident 01/12/2019 11:50
 Exact Location Of Accident HONG LIM COMPLEX CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD8142B
 Insured/Policyholder
 Name Of Registered Owner MEDIA ASSOCIATED DISPLAYS PTE LTD
 Co Reg No 200411675W
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-80294890
 Alternative Phone No OFFICE-80294890
 Vehicle Particulars
 Manufacturer TOYOTA
 Model WISH

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 CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA363408

Cover Note Number

Driver

Name of Driver KENNETH NEO BOON LENG

NRIC No S9043544E

Date Of Birth 24/12/1990

Occupation INDCOR

Date Of Driving Pass 20/11/2009

Driving Experience 10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-80294890

Fax Number

Contact Number

Email Address NOEMAIL

Address 68A LOIR MELAYU
 Postcode 416901
 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) 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

ON 01/12/2019 AT ABOUT 11.48PM, I WAS DRIVING INSIDE HONG LIM COMPLEX CARPARK. CAR B CAME TO A STOP AND I FOLLOWED. CAR B DID NOT GIVE ANY SIGNAL LIGHT, HE MADE A SUDDEN TURN TO THE RIGHT AND REVERSED. ONCE I SAW THE REVERSE LIGHT ON, I QUICKLY REVERSE BUT THE DRIVER REVERSED VERY FAST AND HIT THE FRONT BUMPER OF MY CAR A.

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 SLD1246B
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Fig. 1

SKETCH PLANIMPORTANT 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 or the Authorized Officer.
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 or deny 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 to 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/are 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 situated 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: 2/12/19, 11pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/12/19, 11pm

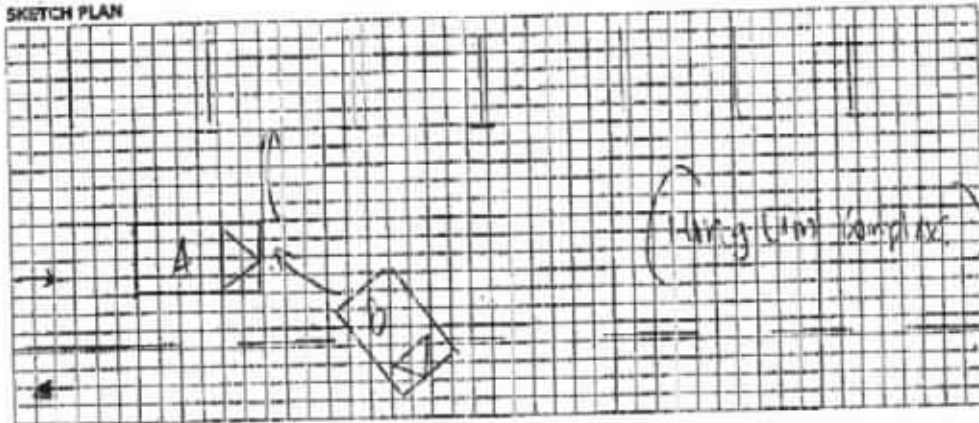
Reporting Centre Personnel's Signature

Name:

NRIC/PEN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/12/19 at about 11:45pm, I was driving inside Hwy Exit Complex carpark. Car B came to a stop and I followed. Car B did not give any signal right. He made a sudden turn to the right and reversed. Once I saw the reverse light on, I quickly reversed but the driver reversed very fast and hit the front bumper of my car (A).

DECLARATION

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

Policyholder's Signature

Date & Time: 2/12/19, 4pm

CIATAC SketchPlanForm_V2

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/12/19, 4pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKINGI/we, Kenneth Leo Boon Ling, the owner of vehicle no. SLD9142B.

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

REXEL AUTOMOTIVE SERVICE PTE LTD
 1 KARD SUKUT AVE S
 SLE 0 10-01 (MAIN OFFICE) 23/07/2019
 SINGAPORE 41083
 0615 2103 FAX: 6541 7008

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

S904974E / [Signature]
 Nric no. & signature of policyholder



Company stamp

2/12/19
 Date

Not Authorized
LHR
30/12/19
2/5 ~~1900~~ /
3 day
the phlebotomist

De/To, A	\$674.90	✓
su	\$299.20	x
ur	\$50.00	✓
cm	\$366.20	✓
n	\$981.10	x
CNO	\$1,221.10	✓
	\$3,592.50	
LESS 25%	\$2,694.37	

	\$50.00	20
11	\$50.00	X
	\$380.00	250
	\$680.00	400
	\$3,854.37	

P-2312-20
252
1734.15



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

Ref: CS/INC19021821/Uqf3n2

Date: 08-01-2020



ATTN: ALICE LOW

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLD 1946B	Veh. Inspected	SLD 9142B
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1075125-001	Excess (\$)	0.00
Assign From	CYNTHIA ANG	Assign Date	11/12/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA WISH (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDGG20W60J004476	Colour	WHITE
Odometer	90756 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	BRIDGESTONE	6 mm
L/H Front Tyre	205/65 R16	BRIDGESTONE	6 mm
R/H Rear Tyre	205/65 R16	BRIDGESTONE	6 mm
L/H Rear Tyre	205/65 R16	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/12/2019	Inspect Date / Time	30/12/2019 (04:11 PM)
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		

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:	3 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 9142B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED / TORN	674.90	674.90
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	299.20	-
1	SET FRONT BUMPER CLIPS	NECESSARY	50.00	50.00
1	FRONT GRILLE	CRACKED	366.20	366.20
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	981.10	-
1	HEADLAMP O/S	CRACKED	1,221.10	1,221.10
	LESS 25% DISCOUNT		-898.13	-578.05
			2,694.37	1,734.15
	LABOUR			
	TO CHECK WIRING.		50.00	20.00
	TO SPRAY RUST PROOFING.	NOT NECESSARY	50.00	-
	LABOUR FOR PANEL BEATING & REPLACING PARTS. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL.		380.00	250.00
	TO PUTTY & SPRAY PAINTING.		680.00	400.00
			1,160.00	670.00
	GRAND TOTAL		3,854.37	2,404.15
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,900.00

Report Ref No. CS/INC19021821/Uqf3n2

CHUA KANG SENG

Licensed Appraiser

K.K. LAU CPT(RET)**BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE****REGD Auto Consultant-SAE, 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.