

ASS. REC. BY:

REF: CS/IN(20000385/KY f3ⁿ²)

Special Instructions:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Thavis9 Vimala

INC

Date/Time: 7. Jan. 2020 9.57 a.m

Estimated Cost:

Bill to:

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

To inspect Vehicle No: SGZ 374B

Insured: SJR 3008X

at Workshop m/s Eng Hung Automobile

Tel:

of 10 Amk Industrial Park 2A #01-01 Amk

Policy No:

Claim No: MT/1078284-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 01/01/2020

CA / REV / REP. / REV 24 HRS

Date/Time: 10:21am @ 7/1/2020

Person Contacted:

Judy

H.O.D. Endorsement:

Vehicle IN OUT

Date/Time

Action/Instruction

Ischmidt (✓)

SGZ 374B-X

ASS. REC. BY:

REF: INC/Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

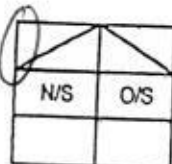
Sum Insured: _____

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: 04 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP / 24 HRS

10/07

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGZ 374BYr Regn: 10.07.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Axic.c. 1496Colour: M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 291657

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE 1416025509Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

185/70R14BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hapen

Front

Rear

R/Bal. 9 mmR/Bal. 8 mmL/Bal. 9 mmL/Bal. 8 mmD.O.A. 1/1/20D.O.I. 7/1/2020

Survey held at _____

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

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

Date / Time

Action / Instruction

8/1/20 12:50 Taxi (Red \$887-50, 41%)

RECEIVED 12 MAR 2020

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

12/3/20 TypistDays Of Repair: 4Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / I.B.I. (\$) \$1250/-

TOTAL

250

Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Tuesday, 7 January 2020 9:57 AM
To: Admin-D (LKKAuto); assignments; SUR
Cc: Thio Tse Kiat; Theresa Vimala D/O Balagangadharan
Subject: RE: TP CASES FARMED OUT TO LKK ON 7/1/2020

Dear LKK,

Please assist to survey the following vehicles :

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Type	Survey Time	OI VEH	DOA	Additional Remarks
1		MT/1073709-003	7/1/2020	PA7900L	LEXBUILD AUTO & TRADING PTE. LTD.	74 SUNGEI KADUT STREET 1 SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729374	Hui Wen / 6362 3393	Physical Survey				
2		PC/0664445	7/1/2020	PC7094C	LEXBUILD AUTO & TRADING PTE. LTD.	74 SUNGEI KADUT STREET 1 SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729374	Hui Wen / 6362 3393	Physical Survey				
3		MT/1078663-001	7/1/2020	SLT9514C	CARZ AUTO SERVICES PTE LTD	61 WOODLANDS INDUSTRIAL PARK E9 (E9 PREMIUM) #04-04 SINGAPORE 757047	jeslyn chua / 83227418	Physical Survey				6493 1924
4		MT/1078525-002	7/1/2020	SLA7692J	ELITE AUTOMOTIVE	280 WOODLANDS	Christy / 86606722	Physical Survey				63397378

Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Tuesday, 7 January 2020 10:11 AM
To: Admin-D (LKKAuto); assignments; SUR
Cc: Thio Tse Kiat; Theresa Vimala D/O Balagangadharan
Subject: RE: TP CASES FARMED OUT TO LKK ON 7/1/2020

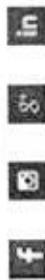
Hi Lkk,

Please include another 2 more vehicles to be surveyed today.

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
9		MT/1078683-002	7/1/2020	SJP7003T	TEAM AUTOPRO PTE LTD	BLK 160 SIN MING DRIVE #01-14 SINGAPORE 575722	Eric Lee / 8269 9999				
10		MT/1078728-001	7/1/2020	SIX4367X	TEAM AUTOPRO PTE LTD	BLK 160 SIN MING DRIVE #01-14 SINGAPORE 575722	Eric Lee / 8269 9999				

Theresa Vimala
Senior Administrator
Operations, Motor & Personal Lines (PL)
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www.income.com.sg

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in with
you

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

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.

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 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 02/01/2020 15:47
 Date Of Accident 01/01/2020 19:15
 Exact Location Of Accident JB CUSTOM
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ374B
Insured/Policyholder
 Name Of Registered Owner NG HAK SIM
 NRIC No SXXXX672A
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96833651
 Alternative Phone No OTHERS-96833651

Vehicle Particulars

Manufacturer TOYOTA
 Model COROLLA AXIO-1.5 X (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 AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number GA275173/1
 Cover Note Number 17/10/2019 - 16/10/2020

Driver

Name of Driver NG HAK SIM
 NRIC No SXXXX672A
 Date Of Birth 05/09/1952
 Occupation INDOOR
 Date Of Driving Pass 30/08/1977
 Driving Experience 42 YEARS AND 4 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-96833651
 Fax Number
 Contact Number OTHERS-96833651
 Email Address NOEMAIL

Address	226 PENDING ROAD #09-183
Postcode	670226
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 - CHANGE/CROSS LANE
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

REFER TO THE SKETCH PLAN BY DRIVER

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	SJR3008X
Vehicle Make/Model/Colour	
Details Of Properties	
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 Pg. 1

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:

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

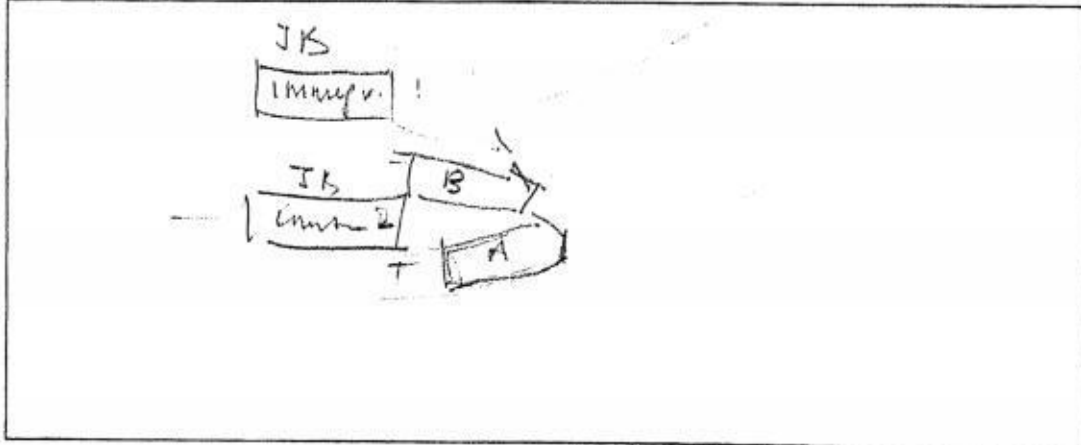


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 01/01/2020 Time: 7:15pm Location: JB custom
 My Vehicle A: SGZ374B Vehicle B: SJR3008X Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After clearing JB Immigration suddenly car on the left ~~hit~~ hit my front left bumper

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : engner 1991 @ yawoo.com
 Email address : NOEMAIL
 & myself : NOEMAIL
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

On 2/1/20
 Policyholder's Signature
 Date & Time: 2:45pm

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


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

ENG HENG AUTOMOBIL TRADING CO

Date: 11th March 2019

SGZ374B

SN	QTY	DESCRIPTION	AMOUNT
1	1 pc	Front Bumper	\$ 338.80
2	1 pc	Front Bumper Side Bracket - Left	\$ 35.90
3	1 pc	Front Left Headlamp	\$ 347.80
4	10 pc	Front Bumper clips	\$ 35.00
5		Panel Beating and realign front left fender, and change front bumper	\$ 680.00
6		Paint replacement parts and repaint damaged sections in and outside	\$ 700.00
<p>258</p> <p>Not within L1 Rep 8+250h Resurvey After Paint 4 days</p>			
			\$ 2,137.50

Dollars: Two Thousand One Hundred Thirty Seven & Cents Fifty Only

AMK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before spray painting
- To display damage and parts requiring repair
- Parts must be replaced on a "like-for-like" basis
- Third party claims must be on a "like-for-like" basis
- No illegal or unsafe repairs to be carried out
- Supplier must be approved by the insurance company

Witnessed by:

Signature:

Date:

**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 Ref: CS/INC20000385/Kyf3n2
73 BRAS BASAH ROAD Date: 16-03-2020
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556



ATTN: RAJESWARY

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 3008X	Veh. Inspected	SGZ 374B
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1078284-002	Excess (\$)	0.00
Assign From	THERESA VIMALA	Assign Date	07/01/2020

2. Vehicle Particulars & Condition

Make & Model	TOYOTA AXIO (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	NZE1416045509	Colour	METALLIC SILVER
Odometer	291657 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/70 R14	KAPSEN	9 mm
L/H Front Tyre	185/70 R14	KAPSEN	9 mm
R/H Rear Tyre	185/70 R14	KAPSEN	8 mm
L/H Rear Tyre	185/70 R14	KAPSEN	8 mm

4. Description of Damages

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

5. General Information

Accident Date	01/01/2020	Inspect Date / Time	07/01/2020 (11:14 AM)
Survey held at	ENG HENG AUTOMOBIL BLK 10 #01-01 ANG MO KIO PARK 2A AUTO POINT SINGAPORE 568047		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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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. SGZ 374B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	BUCKLED / CRACKED	338.80	338.80
1	FRONT BUMPER SIDE BRACKET-LEFT	DISTORTED	35.90	35.90
1	FRONT LEFT HEADLAMP	CUT / MTG CRACKED	347.80	347.80
10	FRONT BUMPER CLIPS @\$3.50	NECESSARY	35.00	35.00
	LESS 25% DISCOUNT		-	-189.38
			757.50	568.12
LABOUR				
	PANEL BEATING AND REALIGN FRONT LEFT FENDER,AND CHANGE FRONT BUMPER.		680.00	450.00
	PAINT REPLACEMENT PARTS AND REPAINT DAMAGED SECTIONS IN AND OUTSIDE.		700.00	550.00
			1,380.00	1,000.00
GRAND TOTAL			2,137.50	1,568.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,250.00

Report Ref No. CS/INC20000385/Kyf3n2

KONG SENG CHEONG

Licensed Appraiser

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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