

ASS. REC. BY:

REF: CS3/NC19021406/Rlgf3-21

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

16-03-2021

From (Person): ~~Annie Koh~~ of INCDate/Time: ~~9 March 2021~~

Estimated Cost: ABDUL RASHID

Bill to:

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

To Inspect Vehicle No: FQ 4656X

Insured: SLL 47382

at Workshop m/s Lim Siang chow

Tel: 6552 7761 - LIM

of 160 Sin Ming Drive # 05-20

Policy No:

Claim No: MT/1067684-007

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20/10/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 3/12/19 @ 10:13am

Person Contacted: Samantha

Vehicle: ☒ IN ☐ OUT

Date/Time	Action/Instruction
	Vehicle checked ✓
	FQ 4656X - X
	SLL 47382 - X
11/12/19 @ 11.10am	checked with Samantha, this case only take photo.
	Organic photo - GR 10/12/19 @ 4.28pm
03/01/20	submit PRs.

Nivitha (LKK Auto)

From: Annie Koh <annie.koh@income.com.sg>
Sent: Tuesday, 3 December 2019 9:56 AM
To: 'assignments@lkkauto.com'; Admin-D (LKKAuto)
Subject: RE: TP CASES FARMED OUT TO LKK ON 03/12/2019

Re-send

Warmest Regards

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



From: Annie Koh
Sent: Tuesday, 3 December 2019 9:48 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>
Cc: Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 03/12/2019

Dear LKK,

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

SN	Surveyor	Claim No.	Appt Type	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Type	Survey Time	SJE	Zone	Additional Remarks
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1	Charlotte Chew	MT/1073833-002	TP	3/12/2019	SK25688R	AUTOWORX HOUSE	176 SIN MING DRIVE #02-01 SIN MING AUTOCARE SINGAPORE 575721	WK Chew / 64528211	Physical Survey	SHD1835K	29/11/19	
2	Serene Lim	MT/1073937-001	TP	3/12/2019	SGT6769M	BCC AUTOMOTIVE PTE LTD	BLK 1 #01-101 SIN MING INDUSTRIAL EST SECTOR C SINGAPORE 575636	Christina Lim / 6552 5588	Physical Survey	SMN5903J	30/11/19	
3	Chester Chong	MT/1073992-001	TP	3/12/2019	SIV9205H	LEONG AUTO PTE LTD	160 SIN MING DRIVE #02-13 SIN MING AUTO CITY	Shawn Chen / 9692 4113	Physical Survey	SJS3946H	30/11/19	
4	Chryllis Quah	MT/1067684-002	TP	3/12/2019	FQ4656X	LIM SIANG CHOW AUTO SERVICE	160 SIN MING DRIVE #05-20 SINGAPORE 575722	Peter / Samantha / 65527761	Physical Survey	SLI4738Z	20/10/19	
5	Muhammad Airwan	MT/1073928-001	TP	3/12/2019	SMH5233R	LIM SIANG CHOW AUTO SERVICE	160 SIN MING DRIVE #05-20 SINGAPORE 575722	Peter / Samantha / 65527761	Physical Survey	SLV3142X	30/11/19	
6	Azhari	MT/1073919-001	TP	3/12/2019	SKC2460X	VIN'S AUTOMOTIVE GROUP	160 SIN MING DRIVE #08-09 SIN MING DRIVE SINGAPORE 575722	Raymond Teo / 64532121	Physical Survey	SIL5500J	29/11/19	
7	Chester Chong	MT/1073520-002	TP	3/12/2019	SIV4174X	RYDER AUTO PTE LTD	2 KAKI BUKIT AVE 2 #02-19 AUTOHUB @ KAKI BUKIT SINGAPOR 417921	Mr Orson / 90908277	Physical Survey	SLL9679C	28/11/19	97924673 Mr Chan

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	28/11/2019 10:42
Date Of Accident	20/10/2019 11:25
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ4656X
Insured/Policyholder	
Name Of Registered Owner	LIM SIEW KIAT
NRIC No	S1159462Z
Email Address	SKLIM0807@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91194865
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	STEED VLS
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00599906
Cover Note Number	16/03/2019 TO 15/03/2020

Driver

Name of Driver	LIM SIEW KIAT
NRIC No	S1159462Z
Date Of Birth	08/07/1955
Occupation	INDOOR
Date Of Driving Pass	15/09/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91194865
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	SKLIM0807@GMAIL.COM

Address	57 PASIR RIS DRIVE 1 #15-11
Postcode	519531
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 - 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT T/20191030/7032

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	SLL4738Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO ZHAN RONG
NRIC/Passport Number	S9708043G
Contact Number	98297934
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM SIEW KIAT
Approximate Age	
Injuries Sustain	STOMACH, LEFT PALM & LEFT LEG
Injured person in which vehicle?	FQ4656X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 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:

[Signature]
6/10/2019

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

[Signature]
22/11/2019

Reporting Centre Personnel's Signature
Name:
NRK/HN No.:

[Signature]



gerah
28/11/2019

Sketch Plan Pg. 2

Date of accident: 20 October 19 Time: 11.25am Location: Bedok North Road.
 My Vehicle A: FQ 4656 X Vehicle B: SLL 47382 Vehicle C:

SKETCH PLAN

Please see attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see attached police report.

☐ 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: LIM Motor PTE LTD
 Email address: admin@lscauto.com
 & myself:
 Email address: sklim0807@gmail.com

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

DECLARATION

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

Policyholder's Signature

Date & Time: 22/11/2019

Driver's Signature

(If driver is not the policyholder)

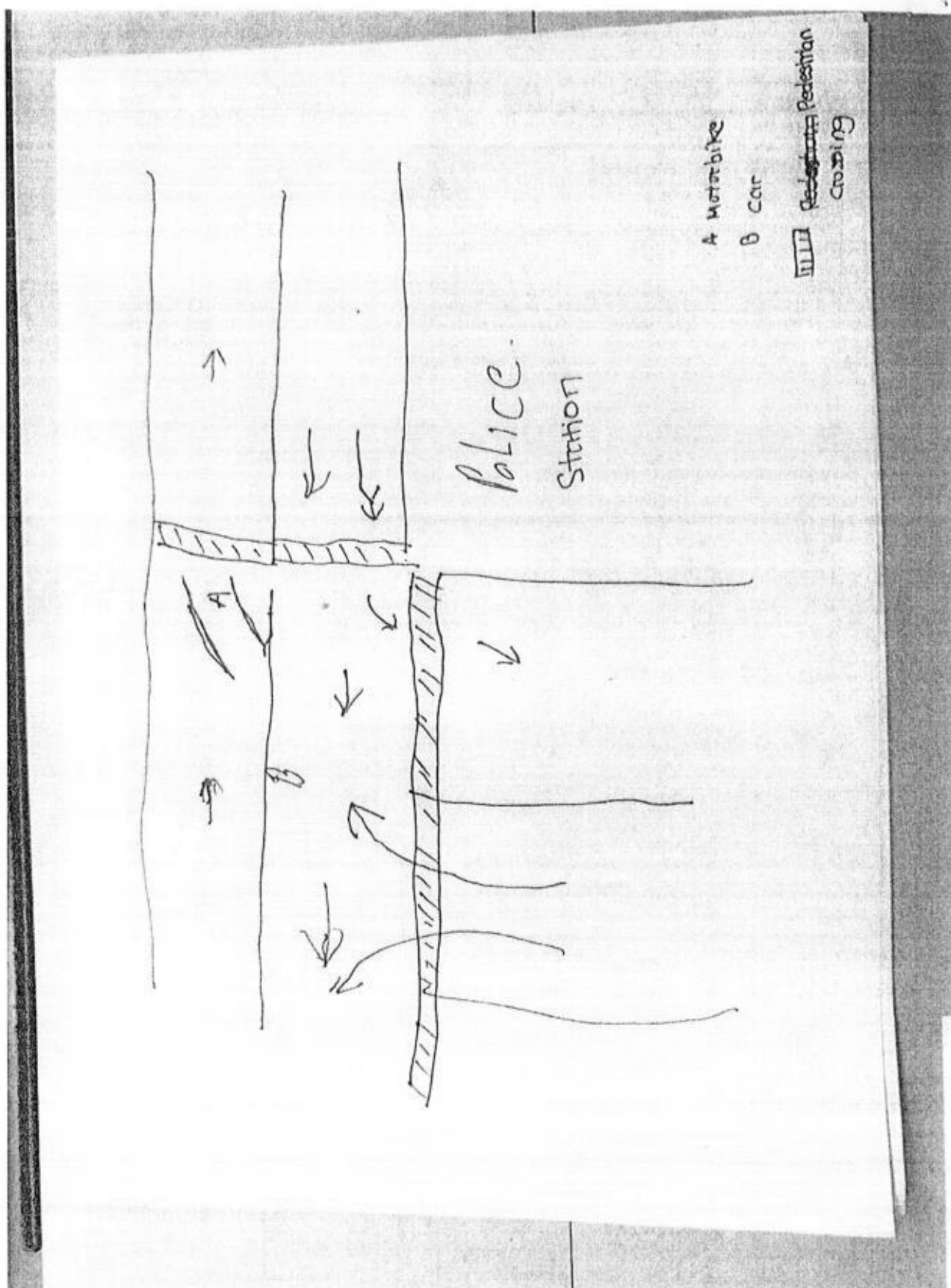
Date & Time: 22/11/2019

Reporting Centre Person's Signature

Name:

RMC/TPN No.:





CI - DRIVER'S PARTICULAR Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191030/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191030/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 22:33		Vide Report No.: T/20191021/7019		Station Diary No.:
Informant's Particulars				
Name of Informant: LIM SIEW KIAT		Address: 57 PASIR RIS DRIVE 1 #15-11 SINGAPORE 519531		
ID Type / ID No.: NRIC NO / S1159462Z		Contact No.: Home/Office: Mobile: 91194865		
Nationality: SINGAPORE CITIZEN		Email: sklim0807@gmail.com		
Sex: Male	Age: 64	Date of Birth: 08/07/1955	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2019 11:25	Type of Location: T-Junction
Location: BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ4656X	Motorcycle	HONDA	STEED+VLS	Black		0
SLL4738Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FQ4656X	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00599906	16/03/2019	15/03/2020



**SINGAPORE
POLICE FORCE**



T/20191030/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191030/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM SIEW KIAT	ID No.	S1159462Z
Related Vehicle	FQ4656X (Motorcycle)	Contact No.	91194865
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/10/2019	Date Discharge	22/10/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I refer to the police report (reference no. T/20191021/7019) submitted on 20 Oct 2019, and would like to also reflect that when I made a right turn, it was also pedestrian green in favour of pedestrians as I slowed down. The accident happened at a T junction and it is near the police station. When I made a right turn and was moving slowly towards the traffic pedestrian crossing which was also pedestrian green in favour of pedestrians, I slowed down to check for any incoming pedestrians crossing before moving off. Before I could move off, the car behind me in the same lane when making his right turn crashed into my motorcycle and me from behind. Thereafter, the police from the nearby police station came and helped and called the ambulance.

Please refer to the sketch and photo of the car accident.



**SINGAPORE
POLICE FORCE**



T/20191030/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191030/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2019 22:33
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp NP168	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	462Z
Vehicle Details	
Vehicle No.:	FQ4656X
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jan 2020
Vehicle Make:	HONDA
Vehicle Model:	STEED VLS
Primary Colour:	Black
Manufacturing Year:	1998
Engine No.:	NC25E3001838
Chassis No.:	NC371001827
Maximum Power Output:	-
Open Market Value:	\$7,812.00
Original Registration Date:	16 Sep 1998
First Registration Date:	16 Sep 1998
Transfer Count:	3
Actual ARF Paid:	\$1,172.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Feb 2023
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,438.00
COE Rebate Amount:	\$2,171.00
Total Rebate Amount:	\$2,171.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 03 Jan 2020

OK

4,000
2171

1829

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Your Ref: FQ4656X

Our Ref: MT/CA/TP/003/1067684-002/CQ/VU

02 Dec 2019

LIM SIANG CHOW AUTO SERVICE
160 SIN MING DRIVE
#05-20 SIN MING AUTOCITY
SINGAPORE 575722

X



LIM MOTOR PTE LTD
Sin Ming Auto City 160 Sin Ming Drive
#05-20 Singapore 575722
Tel: 6562 7761
Fax: 6909 2494
Email: admin@lscauto.com

Dear Sir/Madam

CLAIM NUMBER: MT/1067684-002

ACCIDENT INVOLVING SLL4738Z / FQ4656X on 20 Oct 2019

We have received your claim against our policyholder.

- If you or your client is claiming for property damage, please contact our office at 6430 7900 to arrange for an appointment to survey the damage to your property before any repairs are carried out.
- If you or your client is submitting a claim for bodily injuries, we need you or your client to be examined by our medical experts.

We would respond to you on all other claims in due course.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

**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

PRE-REPAIR INSPECTION REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Ref: CS3/INC19021406/R1qf3s2

Date: 06-01-2020



ATTN: CHRYLLIS QUAH

Code: INC

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SLL 4738Z	Veh. Inspected	FQ 4656X
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1067684-002	Excess (\$)	0.00
Assign From	ANNIE KOH	Assign Date	03/12/2019


2. Vehicle Particulars & Condition

Make & Model	HONDA STEED VLS	c.c	398
Engine No.	HIDDEN	Year of Reg.	1998
Chassis No.	NC371001827	Colour	BLACK
Odometer	75100 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	90/90-21	METZELER	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	170/80 R18	METZELER	4 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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5. General Information

Accident Date	20/10/2019	Inspect Date / Time	03/12/2019 (11:41 AM)
Survey held at	160 SIN MING DRIVE #05-20 SINGAPORE 575722		
Repairer	LIM SIANG CHOW AUTO SERVICE		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
--

Report Ref No. CS3/INC19021406/R1qf3s2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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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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.