

Surveyor

Kalvin

REF:

NS/TML/170274514 / KHBnz

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:

SM 8253Z

Policy No:

50 88313745-01

280817

Claims No

WT/0974848-062

Sum Insured

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res:

Yes or No

Lump Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

SHA 2671A - NS/TML/6015623 / KHBnz

SM 8253Z - X

28/12/17 Confirmed 483 1100 / 2 Days (Red: 1335.08; 54%)

Don: 200816 INC 4/5

RECEIVED 10 JAN 2018

Date/Time File Pass to:

☐ Preli. Report
☒ Final Report

Date/Time File Return to:

21

Days Of Repair:

2

Resurvey No. of Trip

1

Survey Fee

Transportation

Other

Other

Other

Other

Other

Add Fee:

☐ Site Insp
☐ Inter. ev
☐ Techn. Ins
☐ Weekend

\$

\$

\$

\$

Report Format:

Lump Sum / I.B.I. / S

1100

160
35

195

Veh No:

SHA 2671A

Regn:

8 Apr 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / T. / Prime Mover /

Truck / Trailer or

Make:

Hyundai I40

1685

Colour:

Blue

A/C

Insured / Std / NI / NA

Sp Reading:

447089

T Radio

Insured / Std / NI / NA

Eng No:

C/No:

1CMHCD414ME4052689

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / Si/Rim / STD Rim or

Tyre Size

F:

205 / 60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Westlake

Front

Rear

R.Bal.

7

mm

R.Bal.

7

mm

L.Bal.

7

mm

L.Bal.

7

mm

D.O.A

2/2/17

D.O.A

22/2/17

Survey held at

CRAE (6700)

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

Front.

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



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024514/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLM 8253Z	Veh. Inspected	SHA 2671A
Policy No.	5088313745-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/12/2017

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	21/12/2017	Inspection Date	22/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 4 January, 2018 10:07 AM
To: Denise Tay (LKKAUTO)
Subject: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia

Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, January 03, 2018 5:18 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir,

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date
1	MT/0974848-002	COMFORT TRANSPORTATION PTE LTD	SHA 2671A	SLM 8253Z	

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088313745-01	BIG-FOOT MEDICARE PTE. LTD.	200600180R	GFT	Comprehensive	SLM8253Z	SLM8253Z	28/08/2017	

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 ability.
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 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	21/12/2017 15:41
Date Of Accident	21/12/2017 11:25
Exact Location Of Accident	HOSPITAL DRIVE X EXIT DRIVEWAY OF BLK 1 SGH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2671A
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	LEE KIM SENG
NRIC No	S0043009I
Date Of Birth	03/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1976
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LEEKIMSENG9889@YAHOO.COM

Address	BLK 682C WOODLANDS DRIVE 73 #05-245
Postcode	733682
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

PLS REFER TO ATTACHED / Name Of Driver : HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM8253Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KONG SING YIONG
NRIC/Passport Number	S7938932C
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	WHOLE RIGHT SIDE
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

SECRET TRANSPORTATION PTE LTD.
CO REG NO: 190203321R

Policyholder's Signature
Date & Time:

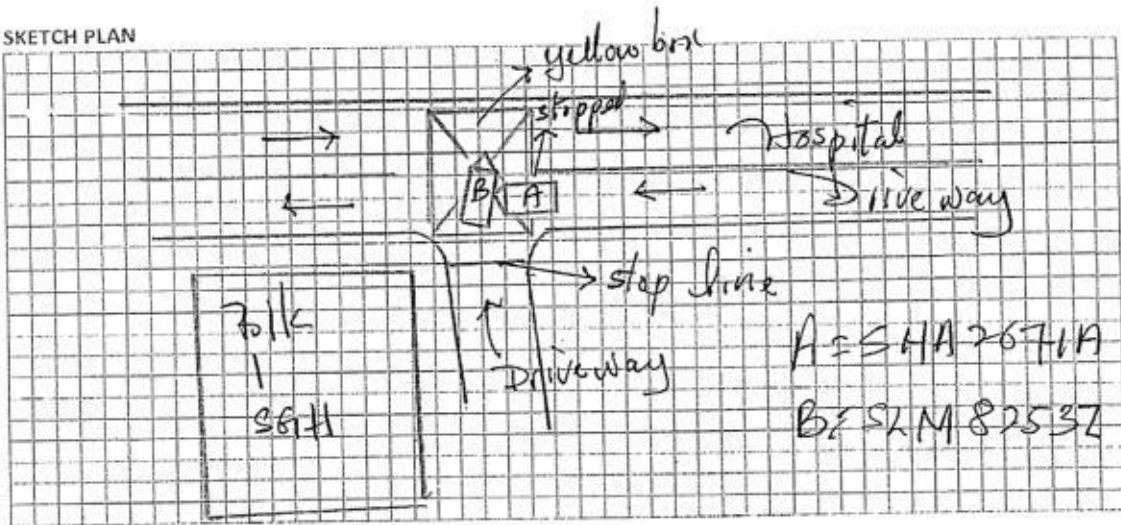
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Lim Ee Soon
CSO

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at Hadram

DECLARATION

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

ALIFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19210731R

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.: _____

GARMC SketchPlanForm_V3

SHA 2671 A

ACCIDENT STATEMENT

After my passengers alighted at Blk 7,SGH today(21/12/2017), I moved off from the hospital heading towards Eu Tong Sen St.

As seen in the video footage, while I was driving on Hospital Drive following closely behind other cars, vehicle B(SLM 8253Z), a private ambulance, moved out from the driveway of Blk 1, SGH without stopping.

Although the ambulance was in motion, it did not turn on the siren when it was exiting the driveway.

When I saw vehicle B moved towards the yellow box seemingly did not have the intention to halt, I quickly stopped my taxi as a precautionary measure.

But despite I had taken this measure even under the circumstances I had the right of way, it was vehicle B that grazed against my stationary car amid turning right in the yellow box.

While the impact inflicted damage on the front of my taxi, vehicle B's whole right side sustained scratching dents

I had taken photos at the scene as supporting evidence.

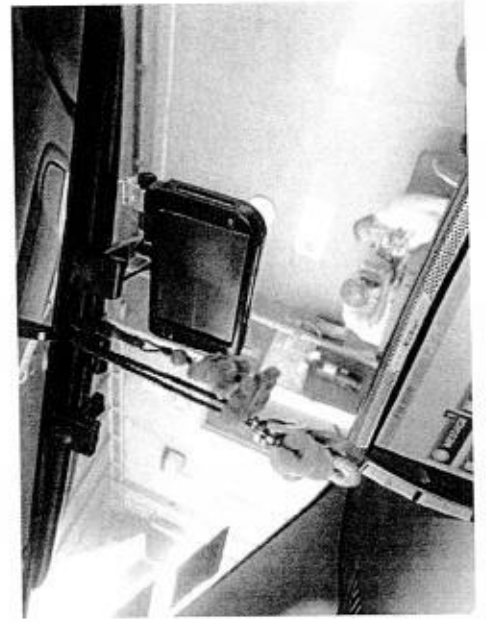
I affirmed the above-statement is true and correct.



Driver name : Lee Kim Seng
NRIC NO : S 0043009I
Date: 21/12/2017

Recorded by Alex Lim







REPAIR ESTIMATE*

VEHICLE NO : SHA 2671A

DATE 21/12/2017 17:05

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille — <i>one</i>			\$ 294.35	
	Radiator Grille H Emblem — <i>one</i>			\$ 113.65	
	Front Bumper Cover — <i>Detail</i>			\$ 562.30	
	Front Bumper Sponge <i>X</i>			\$ 142.20	
	Front Bumper Reinforcement <i>X</i>			\$ 526.10	
	Front Bumper Grille (RH) <i>X</i>			\$ 285.50	
	Front Bumper Grille Airduct (RH) <i>X</i>			\$ 155.00	
	Front Bumper Centre Grille — <i>one</i>			\$ 176.90	
	Front Bumper Bracket Top (RH) <i>X</i>			\$ 22.40	
	Front Bumper Retainer Mounting <i>X</i>			\$ 9.20	
	SUB TOTAL			\$ 2,287.60	
	LESS 20%			\$ 457.52	
	DISCOUNTED TOTAL			\$ 1,830.08	
	Front Number Plate — <i>one</i>			\$ 25.00	Nett
	Front No Plate Trim Cover — <i>one</i>			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge			<i>200</i>	
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 200.00 <i>150</i>	
	TOTAL LABOUR			\$ 550.00	
	ESTIMATE TOTAL			\$ 2,435.08	
<i>Kate LKK</i> <i>22/12/17 1015h</i> <i>2 Pys</i> <i>45</i> <i>After Repair photo</i>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

LKK Auto

the Repair of the vehicle

- To resurvey before/after spray painting
- To display damaged part(s) for survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental work(s) must be resurveyed and is subject to final approval from Insurance Company

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305100090

Date : 23/17/221

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

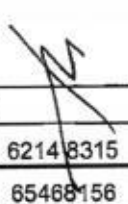
Vehicle Reg No. : SHA2671A


Date of Accident : 21/12/2017

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SLM8253Z
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1100.00
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 28/12/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee		7.49		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024514/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 15-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLM 8253Z	Veh. Inspected	SHA 2671A
Policy No.	5088313745-01	Coverage (\$)	0.00
Claim No.	MT/0974848-002	Excess (\$)	0.00
Assign From		Assign Date	22/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052699	Colour	BLUE
Odometer	447089	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	21/12/2017	Inspection Date	22/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

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:	2 Working Days
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National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2671A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	CRACKED	294.35	294.35
1	RADIATOR GRILLE H EMBLEM	CRACKED	113.65	113.65
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	285.50	-
1	FRONT BUMPER GRILLE AIRDUCT (RH)	SERVICEABLE	155.00	-
1	FRONT BUMPER CENTRE GRILLE	CRACKED	176.90	176.90
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-457.52	-229.44
			1,830.08	917.76
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
			55.00	55.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			550.00	380.00
GRAND TOTAL			2,435.08	1,352.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC17024514/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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