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(Client's Record)	Brake: Inorder Jammed / Leake	ed/Burnt or	
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Est Repairs:	D.O.A. 31/3/18	D.O.I. 4/4/2	
Lum Sum: % 3 Val.: Yes or No		COGE (Loya	-
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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





NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18006277/K1qb 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-04-2018 189556 Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHA 2066Y SLX 8813A Veh. Inspected Insured Veh. 0.00 Coverage (\$) Policy No. 0.00 Excess (\$) Claim No. 04/04/2018 Assign Date Assign From Vehicle Particulars & Condition 2. 0 Make & Model HIDDEN Year of Reg. Engine No. Colour Chassis No. Odometer Steering Modification Brakes General Conditions of Tyres 3. Make Balance Size mm R/H Front Tyre mm L/H Front Tyre mm R/H Rear Tyre mm L/H Rear Tyre **Description of Damages** 4. General Information 5. 04/04/2018 Inspection Date 31/03/2018 **Accident Date** COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. 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:

Monday, 9 April 2018 9:36 AM

To:

Denise Tay (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Attachments:

ntuc.pdf

Hi

Claim created.

6 MT/ 0989443 001 COMFORT TRANSPORTATION PTE LTD SHA 206	66Y SLX 8813A	31,
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With Regards

Azlin Rani

Senior Administrator, Motor Insurance www.income.com.sg











From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Friday, 6 April, 2018 12:09 PM

To: mtreg

Subject: RE: REQUEST CLAIM NUMBER

Dear Sir,

Please refer to the attach of SLX 8813A

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: mtreg [mailto:mtreg@income.com.sg]

Sent: Friday, 6 April 2018 10:56 AM

To: Denise Tay (LKKAuto) < denisetay@lkkauto.com>

Subject: FW: REQUEST CLAIM NUMBER

Enquire Vehicle Insurer Incident Date/Time Vehicle No.

5LX8813A

Search Status

Insurance Company Code

Insurance Company Name

31 Mar 2018 / 01:30:00

Successful

N12

NTUC INCOME INS CO-OP LTD

Previous

OK

sna 2066 4

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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	01/04/2018 09:20	
Date Of Accident	31/03/2018 01:30	
Exact Location Of Accident	TANJONG PAGAR RD TWDS MAXWELL RD	
Country/State of Loss	SINGAPORE	

Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SHA2066Y		
Insured/Policyholder			
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD		

Name Of Registered Owner	COMPORT TRANSPORTATION THE ETO
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No OFFICE-65508768 Alternative Phone No

Vehicle Particulars HYUNDAI Manufacturer 140 Model

Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy

NO for repair to your vehicle? THIRD PARTY If No, Please state action to be taken

TAXI Vehicle Category

Insurance Company MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy D-18088936MFSH

Policy Number Cover Note Number

Driver NEO KIM HOE Name of Driver S1715753A

NRIC No 16/08/1965 Date Of Birth OUTDOOR Occupation 07/04/1983 Date Of Driving Pass

34 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

Mobile Number Fax Number Contact Number

NKMHOE@YAHOO.COM **EMail Address**

Address

113 03-567 SERANGOON NORTH AVENUE 1

Postcode

550113

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

SIDE SWIPE

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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 ATTACH.

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 Vehicle Make/Model/Colour

SLX8813A

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

YAP HUAN HUI

NRIC/Passport Number

S9770103B

Contact Number

84845298

Address

Postcode

Nature Of Damage

Insurance Company Name

RHT FRT

No. Of Passenger (Including Driver)

Page 2 of 12

Sketch Plan Pg. 1

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CO REG. NO. 1993038216	
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olicyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	- Asa

Sketch Plan Pg. 2

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

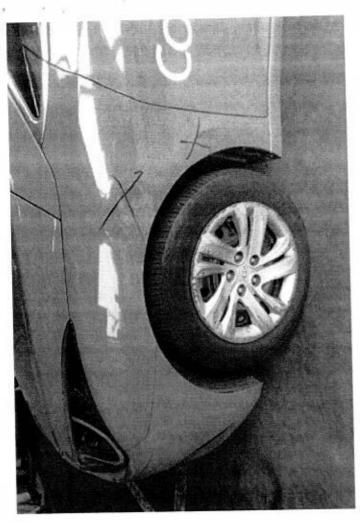
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (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:
 - 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 invoive 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;
 - 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.

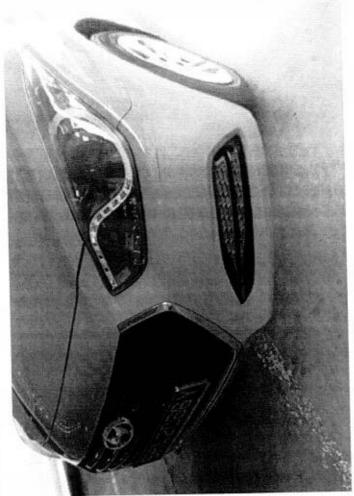
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ELIL MO

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: 31/3/1 & Jackson Here

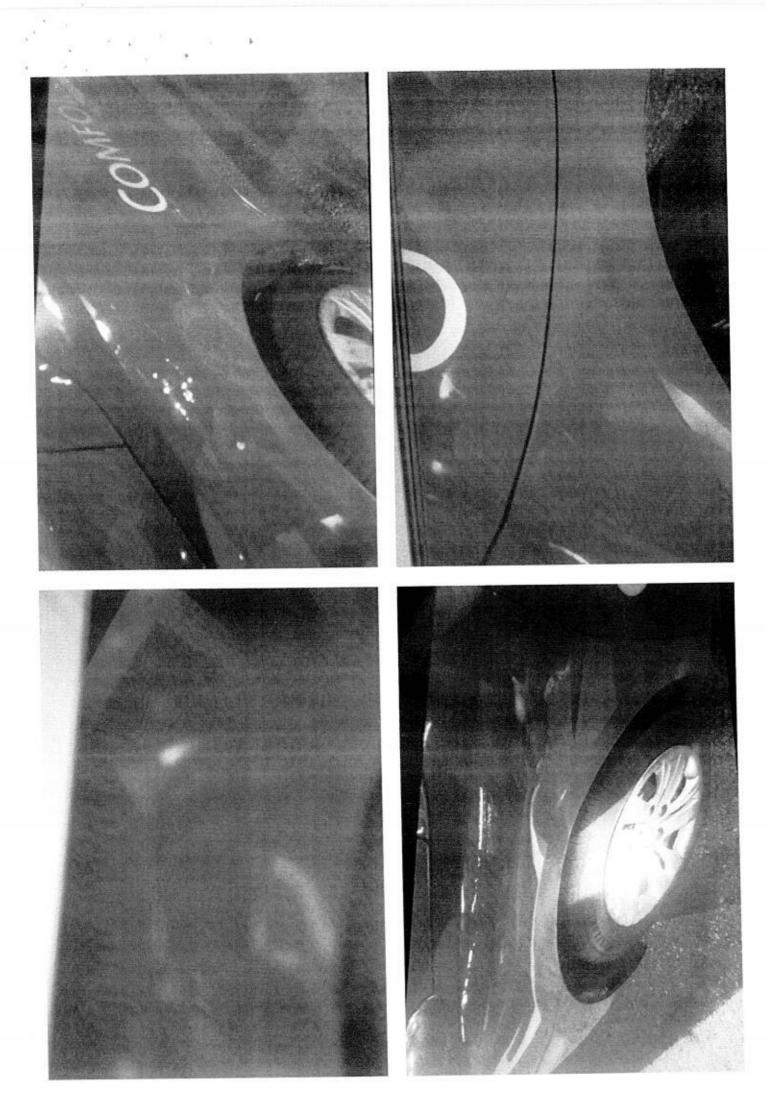
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:











OMFORT ENGINEERING

COMFORT

Date/Time: 04.04.2018 11:18

Page

am: ARC Repair TP(CLSO)1	JOI	B CARD Sales	Order:	JC N0305138406
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of Service Advisor

No.:

Signature/Date

JU NTUC LKK

Name of Service Advisor

Vehicle No.:

Date

SHA2066Y

sturned to Service Reception upon collection

SHA2066Y

To be kept by Security Guard

COMFORTDEEGRO ENGINEERING PTE LTD REPAIR ESTIMATE*

VEHICLE NO: SHA 2066Y

DATE 4/4/2018 11:03

MAKE : HYUNDAI i40 MODEL Amount Parts Description/ Labour Type Unit Price Qty 619.00 S Front Fender (LH) X March Front Fender Shield (LH) S 169.80 Front Fender Retainer 🗶 🏸 9.20 LH wing Mirror x repoir \$ 798.00 SUB TOTAL \$ 159.60 LESS 20% DISCOUNTED TOTAL 638.40 Labour Charge Panel Beating Spray Painting Charge-Fender/Mirror \$ Tuff Kote \$ 800.00 TOTAL LABOUR 1,438.40 ESTIMATE TOTAL \$ Kalui / (1(1k) M 4/4/18 12 10 L 2 Py,

P/P

After Report plots LKK Aulo Censultar the Repairer of the following Parts prides are subject to confirmat. Third pany survey is on a "Without Pre- 1/a illegal tary remist must be resurveyed and T Subject to final approval from insurance Company can medged by Repairer 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.

COMFORTDELCEO

	F-2702-0-0				150500	ENGINEERING	•	
	ir Job R		5138406					
U	ate	:0	4/04/18		59 Loy	ortDelGro Engineering Pte Ltd yang Drive Singapore 508969		
FI	NALIZAT	TION FORM			Fax: 6	546 8156		
To	H.		LKK		Fax:			
Att	n :		KALVIN		0.700.00	555		
Ve	hicle Re	g No. : SHA2	2066Y		ate of Accident :	31.03.18		
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2.		finalized amount s	2		###	SEX0013A	-	
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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



NS/INC18006277/K1qbn2 NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: 73 BRAS BASAH ROAD 12-04-2018 #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 189556 Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHA 2066Y Insured Veh. **SLX 8813A** Veh. Inspected 0.00 Coverage (\$) Policy No. 0.00 MT/0989443-001 Claim No. Excess (\$) 04/04/2018 Assign From Assign Date Vehicle Particulars & Condition 2. 1685 **HYUNDAI 140** Make & Model C.C HIDDEN 2016 Year of Reg. Engine No. BLUE Chassis No. KMHLB41UMHU095308 Colour 252659 Steering IN ORDER Odometer STANDARD ALLOY RIM IN ORDER Modification **Brakes** FAIR General **Conditions of Tyres** 3. Size Make Balance WEST LAKE 7 mm R/H Front Tyre 205/60 R16 7 mm WEST LAKE 205/60 R16 L/H Front Tyre WEST LAKE 7 mm 205/60 R16 R/H Rear Tyre WEST LAKE 7 mm 205/60 R16 L/H Rear Tyre 4. **Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS. 5. General Information 04/04/2018 Inspection Date 31/03/2018 Accident Date COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. 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:

2 Working Days



National Assessment Centre Services

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2066Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FENDER (LH)	TO REPAIR	619.00	
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	
1	LH WING MIRROR (NPA)	TO REPAIR		
	LESS 20% DISCOUNT	Director of Charles Service	-159.60	
			638.40	-
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		500.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		300.00	230.00
			800.00	430.00
	GRAND TOTAL		1,438.40	430.00
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			430.00

Report Ref No. NS/INC18006277/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

The

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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