

08/11/03

Surveyor: Kalvin

REF: NS/INC 18014477/K1td3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: SLU 8632

Policy No: 5089067751-01 (10/05/18-

Claims No: MT/1007211-001

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / .REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 2271 X Yr Regn: Feb, 3x

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

Truck / Trailer or _____

Make: Honda 2x c.c. 1685

Colour: Blue A/C: Ins Ad / Std / NI / NA

Sp. Reading: 920848 T/Radio: Ins Ad / Std / NI / NA

Eng/No: _____

C/No: KMHLB414ADU043678

Gen. Cond: Good / ~~F~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / ST B / Rim or _____

Tyre Size: F: 205/60R16

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. 7/2/8 D.O.I. 8/2/8

Survey held at CDHE (Loyang)

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

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

Date / Time Action / Instruction

SHA 2271X - CA/1A/G69012766/pi POA: 8/6/INC 2009

15/8/8 Continued 4s of 23 50/287. (Red-1027-20) 30% 4s.

RECEIVED 15 AUG 2018

Date/Time, File Pass to? : Prel. Report

1) 15/8 Typist : Final Report

Date/Time, File Return to? 2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ 2350)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	160
Transportation: _____ \$ + RS. _____ \$	
Photos _____	
Others _____	
TOTAL	



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/INC18014477/K11d3			
73 BRAS BASAH ROAD		Date: 10-08-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLU 863Z	Veh. Inspected	SHA 2271X
Policy No.	5089067751-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	10/08/2018
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			
5. General Information			
Accident Date	07/08/2018	Inspection Date	08/08/2018
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.			

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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089067751-01		ASIA EXPRESS CAR RENTAL PTE LTD	201116882D	GFT	drive CLASSIC	SLU863Z	SLU863Z	10/05/2018	

Continue

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 15 August 2018 9:39 AM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

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



*'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.
Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'*

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, August 15, 2018 9:05 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

TP Claims against NTUC Income: Follow-Through Survey

15/8/2018

Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
MT/1007211-001	COMFORT DELGRO	SHA 2271X	SLU 863Z	7/8/2018	07/08/2018	\$ 3377.20	\$ 2,350.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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 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	07/08/2018 14:36
Date Of Accident	07/08/2018 01:15
Exact Location Of Accident	QUEEN ST OUTSIDE BUGIS + DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2271X
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LEE KEE WAHT
NRIC No	S0706001G
Date Of Birth	04/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1967
Driving Experience	50 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94565449
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	603 #06-353 YISHUN STREET 61
Postcode	760603
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 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

SEE ATTACH.

Attachment(s)

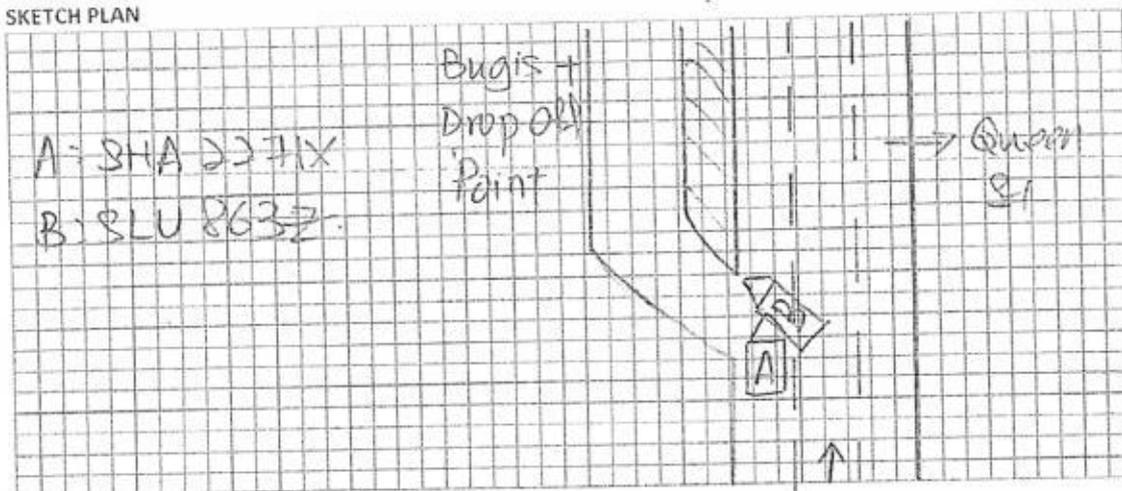
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU863Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WOEI LONG
NRIC/Passport Number	S7916679J
Contact Number	97919023
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT CENTRE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/8/18 at 01:15 hrs, I was driving slow on above said location.

Suddenly Veh B encroached into my lane from my right hand side, it seem going turn into Bugis + drop off point. Due to this course, Veh B it left centre portion hit onto the right front portion of my taxi.

No passenger in my taxi. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORT SERVICES PTE LTD
CO REG. NO. 199303821R

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.:

Loke Wei Yieng

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.
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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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

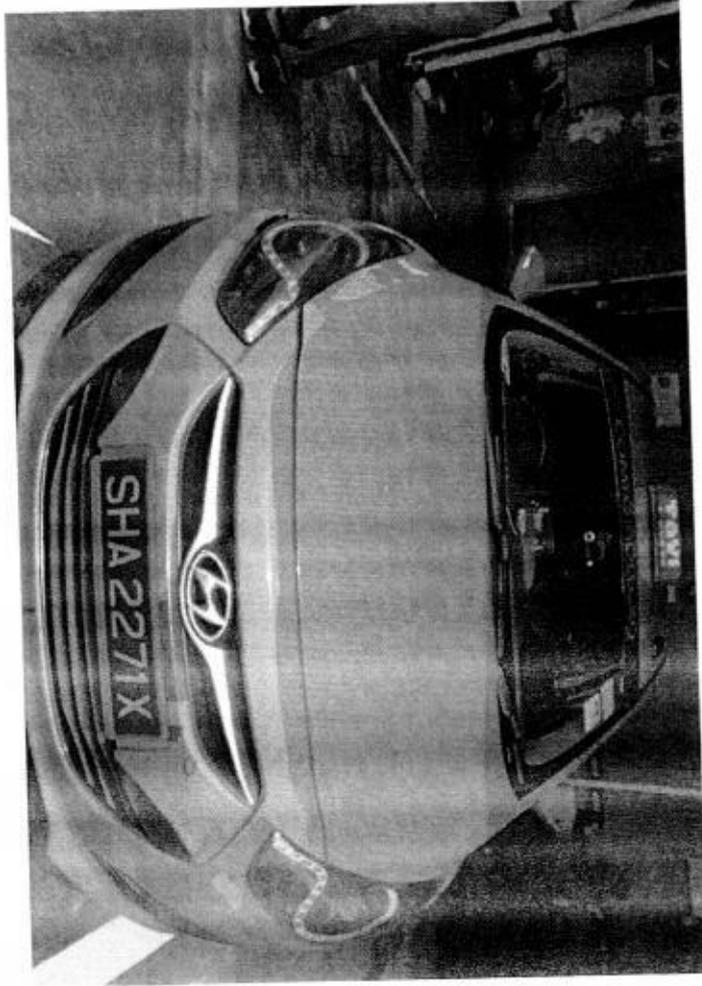
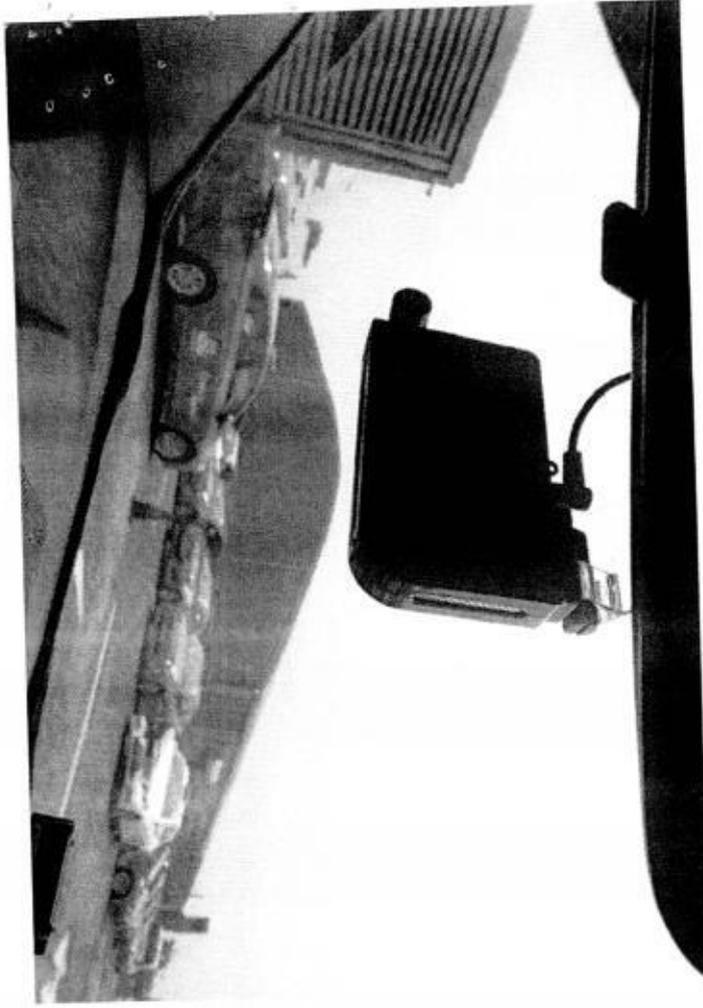
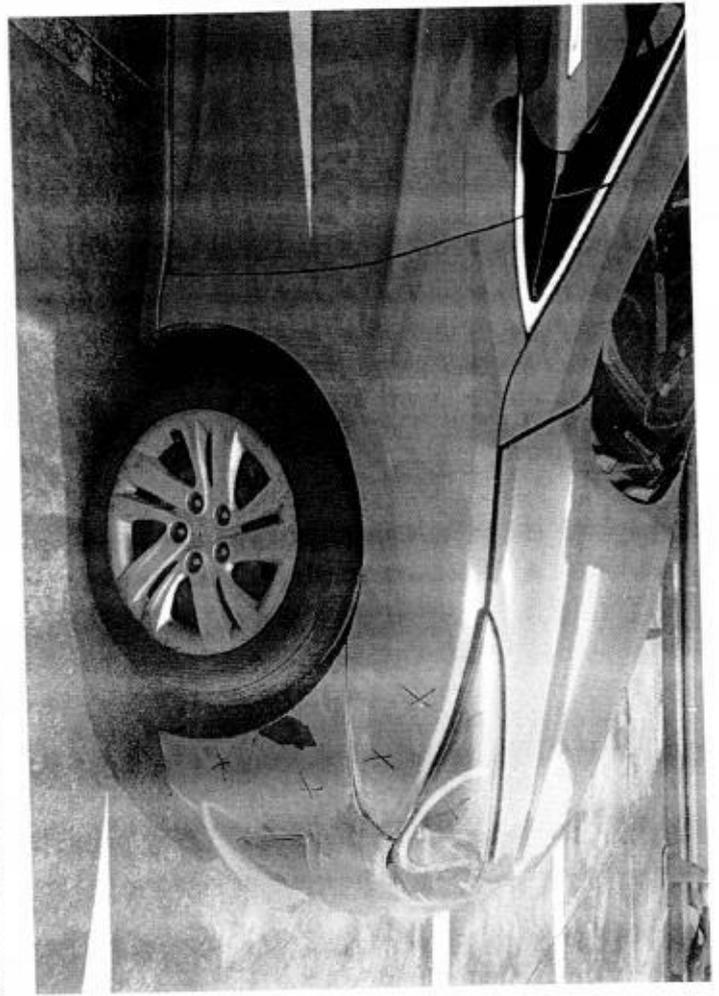
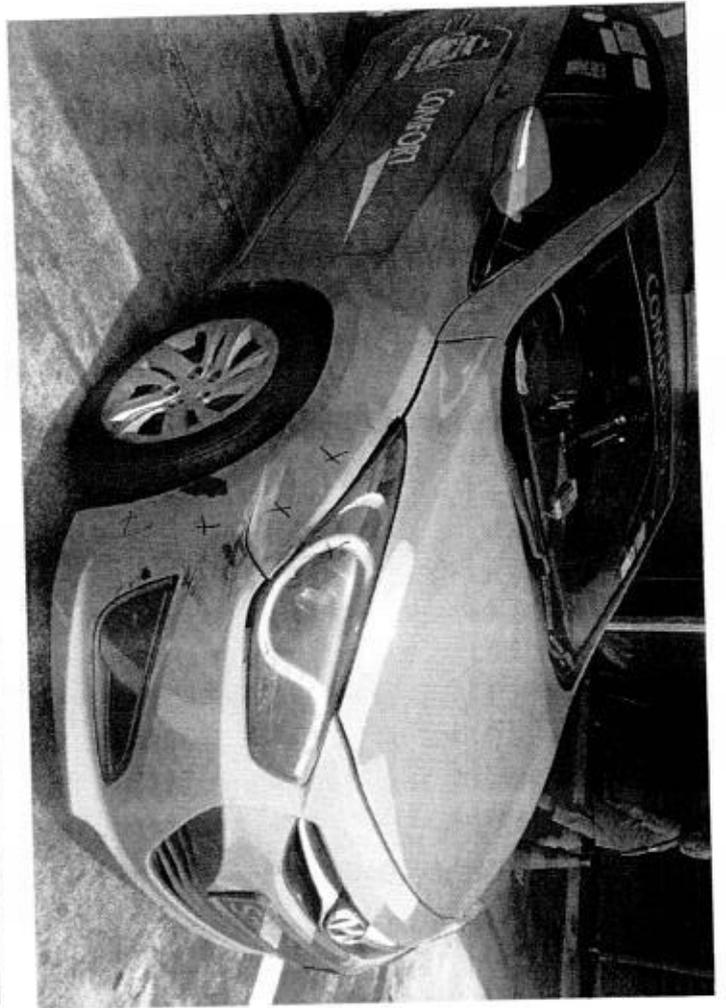
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yieng







COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 2271X

MAKE :

MODEL : HYUNDAI i40

NTUC / LKK
RIGHT FRONT

Fz Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Retained</i>			\$ 562.30
	Front Bumper Grille (RH) <i>cut</i>			\$ 80.00
	Front Bumper Bracket Top (RH) <i>X see</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>X see</i>			\$ 9.20
	Headlamp (RH) <i>era</i>			\$ 1,388.00
	Front Fender (RH) <i>beat</i>			\$ 619.00
	Front Fender Shield (RH) <i>X see</i>			\$ 174.90
	Front Fender Retainer <i>X see</i>			\$ 24.60
	SUB TOTAL			\$ 2,771.50
	LESS 20%			\$ 554.30
	DISCOUNTED TOTAL			\$ 2,217.20
	Labour Charge			
	Panel Beating			\$ 560.00 <i>400</i>
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 3,377.20
				3464.32

Kelvin (K14)
8/8/18 1046h
2 hr.
4s
After Repair p/ls.

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
Signature:
Date:

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.

member of COMFORTDELGRO

Date/Time: 07.08.2018 15:58 Page : 1

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: 3846147 JC NO.: 305197313

OMER S OMER NO. ESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHA2271X	MILEAGE
		MAKE : HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 07.08.2018 12:30
		YR OF MANU 11.02.2014	TARGET DATE
		CHASSIS CODE KMHLB41UMDU043678	COMPLETION DATE/TIME:

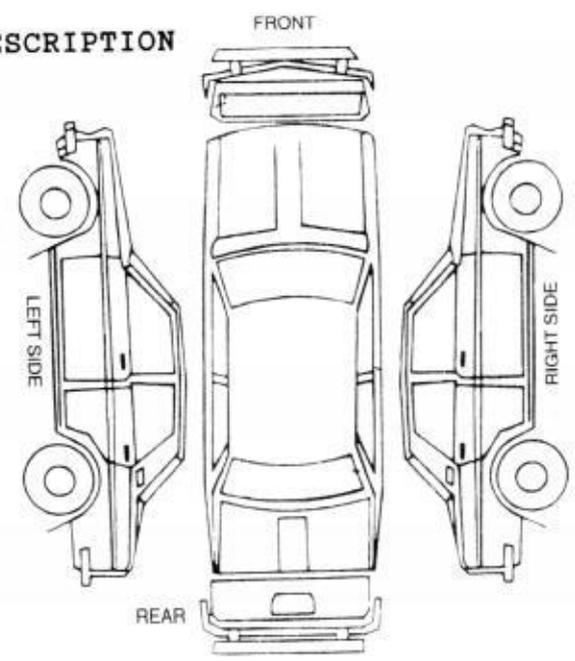
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 07.08.2018
NATURE: 3P 07.08.18/B-

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: **SHA2271X** **FZ NTUC LKK**

Vehicle No.: **SHA2271X**

Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305197313
Date : 14.08.2018

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHA2271X Date of Accident : 07.08.2018

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

1. The repair job shall bill to: NTUC --- SLU 863Z
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$2,350.00</u>
Final Lumpsum Repair cost	<u>\$2,350.00</u>

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 15/8/18

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:



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/INC18014477/K1td3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 24-08-2018

Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 863Z	Veh. Inspected	SHA 2271X
Policy No.	5089067751-01	Coverage (\$)	0.00
Claim No.	MT/1007211-001	Excess (\$)	0.00
Assign From		Assign Date	08/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMDU043678	Colour	BLUE
Odometer	920848	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 O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	07/08/2018	Inspection Date	08/08/2018
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.

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

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 2271X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER GRILLE (RH)	CUT	80.00	80.00
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-576.08	-529.86
			2,304.32	2,119.44
LABOUR				
	PANEL BEATING.		560.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
			1,160.00	840.00
GRAND TOTAL			3,464.32	2,959.44
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,350.00

Report Ref No. NS/INC18014477/K1td3n2

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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