

(08/11/13)

Surveyor: Kelvin

REF: NS/INC18015476/K1vd3n2

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: SKE 17581Policy No. 5101032129 (15/7/18-14/7/19)Claims No. MT 1008564-002

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: SHB 6719 R Yr Regn: 24 Apr 2014

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

Truck / Trailer or

Make: Mercedes Benz Viano cc 2143Colour: White A/C: Ins 6 / Std / Nil / NASp. Reading: 453688 T/Radio: Ins 6 / Std / Nil / NA

Eng/No: _____

C/No: WDF 639812385956

Gen. Cond: Good / F6 / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 0 Rim orTyre Size: F: 225 / 60 R 16C

R: _____

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

TOYO / YOKO or Maxx

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 23/8/8 D.O.I. 24/8/8Survey held at CDHE (Loyang)

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

Rear N/S

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

Date / Time	Action / Instruction
	SHB 6719 R - X
	SKE 17581 - X
30/8/8	Letter 4/5 \$1000 / 3 B's (Red 2210.05, 6870)
	RECEIVED 31 AUG 2010

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 31/8 - typist

Report Format: TPLump Sum / I.B.I.: (\$ 1000/2)Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

160



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/INC18015476/K1vd3				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-08-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKE 1758J	Veh. Inspected	SHB 6719R	
Policy No.	5101032129	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	27/08/2018	
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	23/08/2018	Inspection Date	24/08/2018	
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.				

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 31 August 2018 10:26 AM
To: Veron Chen (LKKAuto)
Subject: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

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



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

in with you

'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: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Friday, August 31, 2018 9:11 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1008564-002	COMFORT TRANSPOTATION PTE LTD	SHB 6719R	SKE 1758J
2	MT/1009555-001	COMFORT TRANSPOTATION PTE LTD	SHA 2098E	SDH 132M

D.O.A	Time of Accident	Estimate	Tentative repair cost
23/8/2018	17:00	\$3,210.05	\$1,000.00
25/8/2018	16:30	\$1,593.34	\$814.45

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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.

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/08/2018 07:58"/>
Vehicle No.(For Motor)	<input type="text" value="SKE1758J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101032129		WONG TENG-XIANG EDMOND	S8307885E	GPC	drive CLASSIC	SKE1758J	SKE1758J	15/07/2018	14/07/2019

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	24/08/2018 09:49
Date Of Accident	23/08/2018 17:00
Exact Location Of Accident	PARLIMENT PL TWDS ST ANDREW'S RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6719R
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	MERCEDES-BENZ
Model	VIANO

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LAU MENG HUI
NRIC No	S7033160H
Date Of Birth	16/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1991
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97695787
Fax Number	
Contact Number	
Email Address	MICHAEL_LMH1609@YAHOO.COM

Address	BLK 119B RIVERVALE DRIVE #08-324
Postcode	542119
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 TO REAR
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

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	SKE1758J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG TENG -XIANG EDMOND
NRIC/Passport Number	S8307885E
Contact Number	94233785
Address	
Postcode	

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT RIGHT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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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5. Any false reporting may be referred to the Police for investigation.
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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.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303321R

Policyholder's Signature
Date & Time:

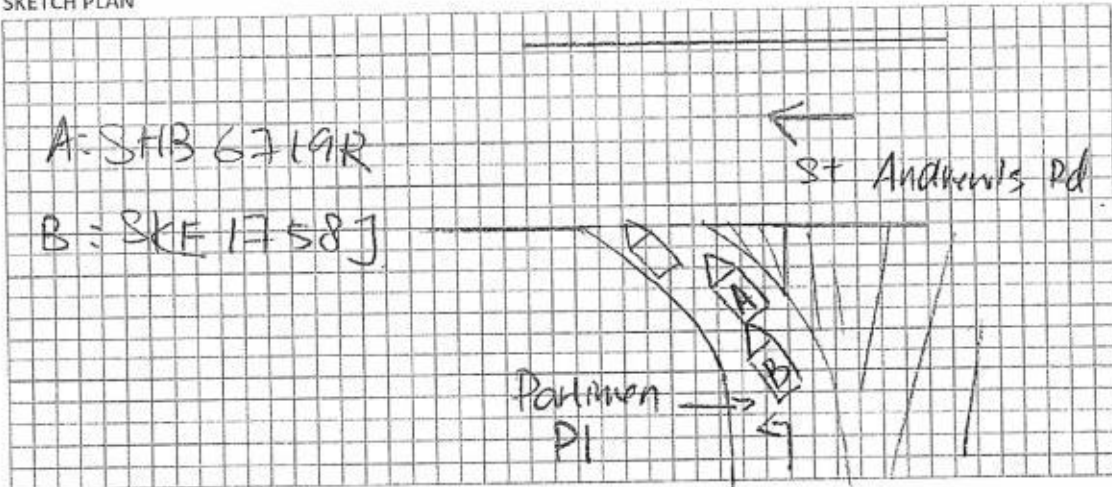
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIARMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/8/18 at about 17:00 hrs, I was driving from Parkinson Place to St Andrew's road. As I approached give way line, I slowed down and stopped follow traffic ahead. At the same time, I felt an impact from my taxi behind. Veh B it front right portion collided onto the rear left portion of my taxi.

02 passengers on board my taxi. No injury reported in this accident.

DECLARATION

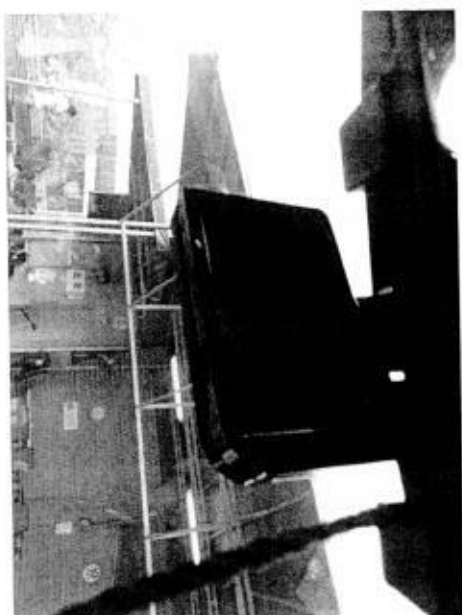
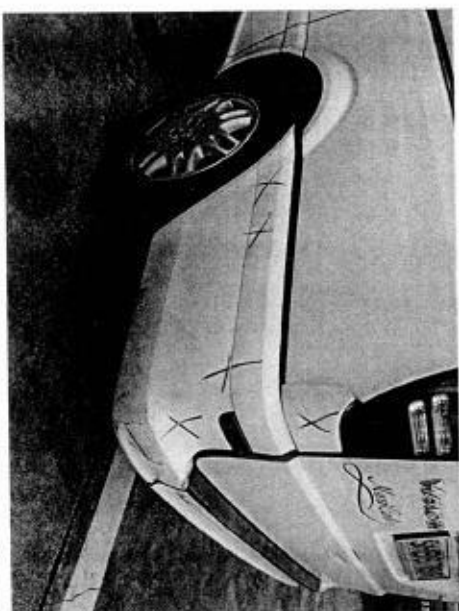
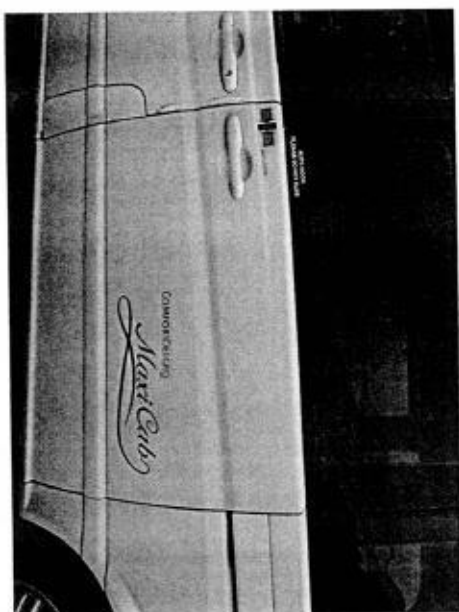
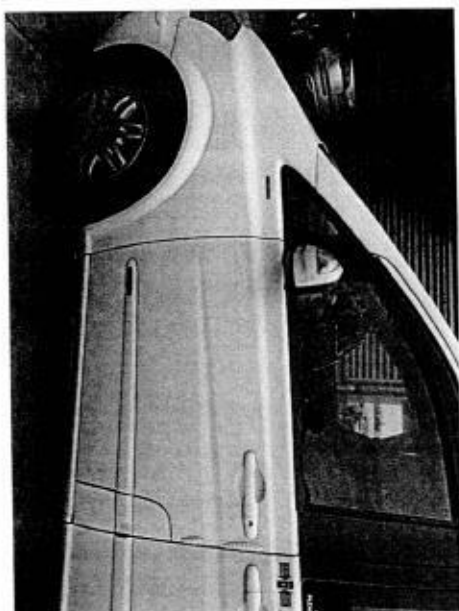
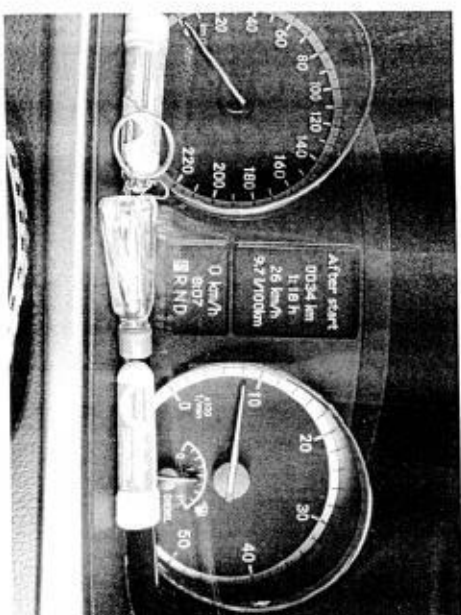
I/We declare the foregoing particulars are true in every respect.

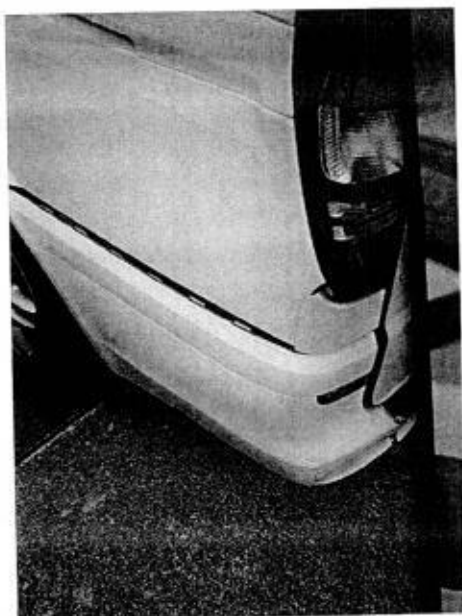
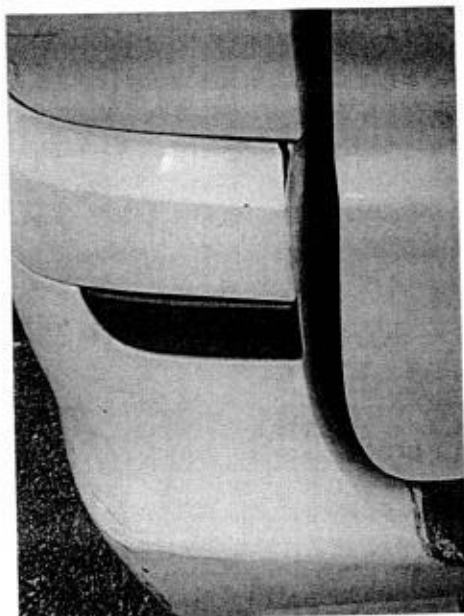
COMFORT TRANSPORTATION PTE LTD
CE REG NO 1900603018

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.:





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305203899

COMER

AS COMFORT TRANSPORTATION PTE LTD
COMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(R)
(P)

OUNT CARD NO.

REGN NO.: SHB6719R	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL: VIANO CDI 2.2L	DATE/TIME IN 24.08.2018 08:10
YR OF MANU: 24.04.2014	TARGET DATE
CHASSIS CODE: WDF63981323859510	COMPLETION DATE/TIME

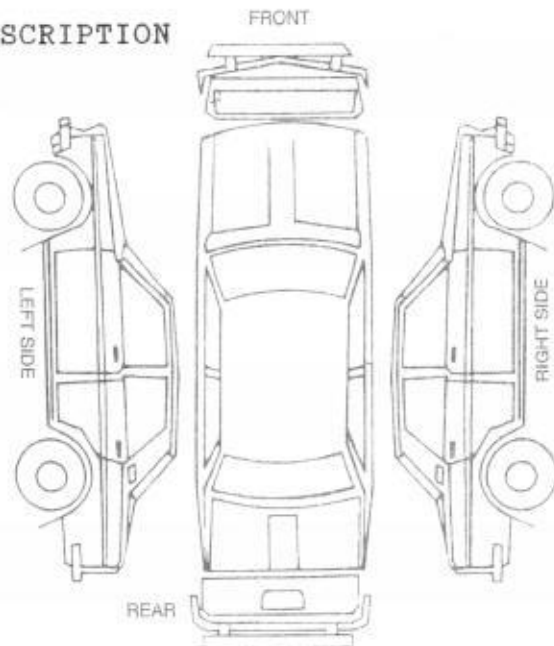
NTUC

JOB DESCRIPTION

Accident Date: 23.08.2018
NATURE: 3P 23.08.2018

S/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

No.: SHB6719R

LKE

Vehicle No.:

SHB6719R

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6719R

DATE 24/8/2018 11:49

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1pc</i>			\$ 1,372.00
	Bumper L/H Side, RR <i>/ 1pc</i>			\$ 473.60
	Bumper Reflector RR/LH <i>X 5pc</i>			\$ 46.00
	Bumper Protector <i>/ 1pc</i>			\$ 205.18
	Crossmember Stay Rear (2 Pcs) <i>X 5pc</i>			\$ 94.38
	Tail Lamp Lower Garnish, LH <i>/ 1pc</i>			\$ 61.90
	SUB TOTAL			\$ 2,253.06
	LESS 20%			\$ 450.61
	DISCOUNTED TOTAL			\$ 1,802.45
	Reverse Sensor <i>- 1pc</i>			\$ 288.00 Nett
	Crossmember Rear <i>X 1pc</i>			\$ 369.60 Nett
	Rear Bumper Rubber Mat <i>X 1pc</i>			\$ 50.00 Nett
				\$ 707.60
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 3,210.05
<p><i>Kalvin LKK</i></p> <p><i>24/8/18 12.30 hr.</i></p> <p><i>3 Days</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>				
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 Consultants hence notify the Repairer of the following:

- To resurvey before start of painting
- To display damaged parts during resurvey
- Parts prices are based on "wholesale" basis
- Third party survey is required on "no dispute" basis
- No filling of minor dents
- Supplier is not responsible for any damage and loss of property

Date : 29/08/18

Fax:

Vehicle Reg No. SHB6719R CTPL

23.08.18

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

2. The finalized amount shall be:

- (b) Labour Charges

Total for Part-By-Part Repair Cost

- (c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

20%

\$1,000.00

Final Lumpsum Repair cost

\$1,000.00

3. Estimated normal period for repairs: 3 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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :

Name :

Date :

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		NO		
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/INC18015476/K1vd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 05-09-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKE 1758J	Veh. Inspected	SHB 6719R	
Policy No.	5101032129	Coverage (\$)	0.00	
Claim No.	MT/1008564-002	Excess (\$)	0.00	
Assign From		Assign Date	24/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ VIANO	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	WDF63981323859510	Colour	WHITE	
Odometer	453688	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/08/2018	Inspection Date	24/08/2018	
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:		3 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. SHB 6719R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,372.00	-
1	BUMPER L/H SIDE,RR	CRACKED	473.60	473.60
1	BUMPER REFLECTOR RR/LH	SERVICEABLE	46.00	-
1	BUMPER PROTECTOR	CRACKED	205.18	205.18
1	CROSSMEMBER STAY (REAR)(2 PCS)	SERVICEABLE	94.38	-
1	TAIL LAMP LOWER GARNISH,LH	CRACKED	61.90	61.90
	LESS 20% DISCOUNT		-450.61	-148.14
			1,802.45	592.54
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN)	SHORTED	288.00	288.00
1	CROSSMEMBER REAR (SN)	SERVICEABLE	369.60	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			707.60	288.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			700.00	400.00
GRAND TOTAL			3,210.05	1,280.54
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,000.00

Report Ref No. NS/INC18015476/K1vd3n2

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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