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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	10	5085550657- 02		COMFORTDELGRO BUS PTE LTD	199607256W	GFT	Comprehensive	PA4997C	PA4997C	01/06/2018	
					Conti	nue					

Denise Tay (LKKAuto)

From:

mtreg <mtreg@income.com.sg>

Sent:

Monday, 15 October 2018 10:32 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











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.

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'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.sa so that we can attend to it accordingly.'

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

Sent: Monday, October 15, 2018 8:57 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

TP Claims against NTUC Income: Follow-Through

Survey

Date: 15/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)						Tentative repair cost
0.75	MT/1014435- 002	COMFORT TRANSPORTATION	SHA 1600L	PA 4997C	3/10/2018	14:30	\$ 2,053.60	\$ 835.60

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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

	ACCIDENT STATEMENT
Date Of Report	04/10/2018 11:06
Date Of Accident	03/10/2018 14:30
Exact Location Of Accident	ANG MO KIO BUS DEPOT OFF AMK ST 63
Country/State of Loss	SINGAPORE

The second second second second	DETAILS OF OWN VEHICLE	(2015年) (1980年) (1980年) (1980年)
Vehicle Registration Number	SHA1600L	
Insured/Policyholder		

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG Email Address

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

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

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

Date Of Driving Pass

Driver

ONG CHAI YANG Name of Driver S0180286J NRIC No 30/09/1954 Date Of Birth OUTDOOR Occupation 22/12/1973

44 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97646720 Mobile Number

Fax Number

Contact Number

JASMINERALPHINE@LIVE.COM.SG **EMail Address**

Address

BLK 540 WOODLANDS DRIVE 16 #08-89

Postcode

730540

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER

If No, Relationship of the Driver with the Insured

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

PLS REFER TO ATTACHED / Type Of Accident : 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

PA4997C

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

LIEW HEE SENG

NRIC/Passport Number

S1449094I

Contact Number

Address

Postcode

Insurance Company Name

SOMPO INSURANCE SINGAPORE PTE. LTD.

Nature Of Damage

RIGHT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 ladgment 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:
 - 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.

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199203321R

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

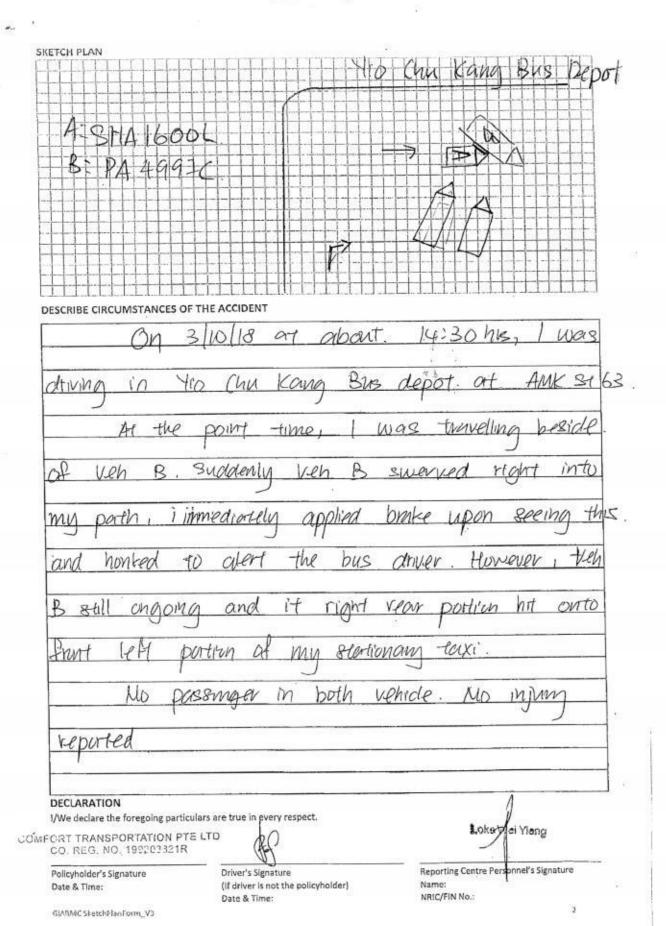
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NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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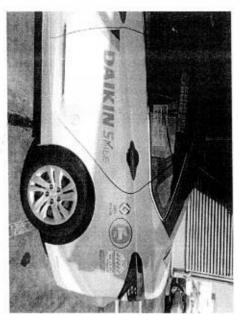




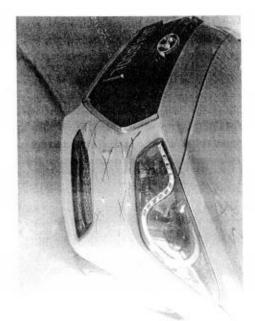


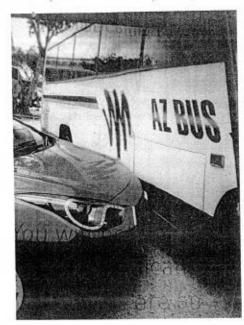












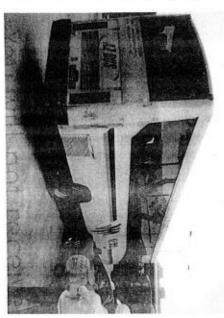


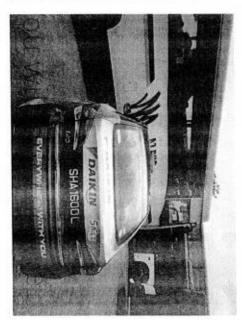


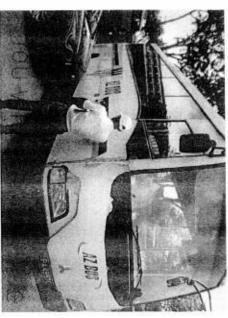












COMFORTDELGRO ENGINEERING PTE LTD $\underline{\text{REPAIR ESTIMATE}}^*$

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COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

265 Braddell Road Singapore 579701 Majnine + 65 6383 6280 Facsimile + 65 6280 9755

Warkshopa 59 Loyang Drive Singapore 508269 24 Senotio Loop Singapore 758156 75 Sunger Kadut Way Singapore 758797 45 Pandah Road Singapore 608286 501 Yishun Industrial Park A Singapore 768732

Date/Time: 04.310 40.2018 13:35 Page: 1

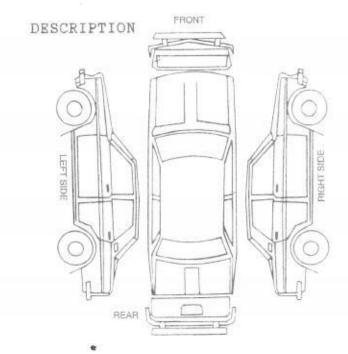
JOB CARD	Sales Order:	JC NO.: 305221508
	REGN NO.: SHA1600L	MILEAGE
TE LTD	MAKE: HYUNDAI	FUEL EF
17	MODEL I-40	DATE/TIME IN 04.10.2018 10:00
	YR OF MANU. 05.01.2017	TARGET DATE
	CHASSIS CODE KMHLB41UMHU09775	3 COMPLETION DATE/TIME
	2 22 2005	REGN NO.: SHA1600L MAKE: HYUNDAI MODEL I-40 YR OF MANU. 05.01.2017

JOB DESCRIPTION

Accident Date: 03.10.2018 NATURE: 3P 03.10.2018

S/NO

LABOR CODE



100			
ECKED & PASSED OUT B	Υ:		
SERVIC	EADVISOR		CUSTOMER'S SIGNATURE
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o.: o.: sHA16	OOL CHIANG	Vehicle No.: SHA1600L	
e of Service Advisor	Signature/Date	Name of Service Advisor	Date
returned to Service Rece	ption upon collection	To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.10.2018 Time: 15:01:12

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO JOB NO REGN NO

: 305221508 : SHA1600L

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN : 05.01.2017

DATE/TIME IN : 04.10.2018 10:00

ACCIDENT DATE : 03.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A I40V3 BUMPER W LIP & FOG 1 544.50 0.00 544.50

SUB-TOTAL : 544.50

JOB NATURE

0000 L PANEL BEATING

200.00

DATE:

0001 23-502 SPRAYPAINT ON AFFECTED AREA

200.00

SUB-TOTAL: 400.00

TOTAL : 944.50

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

COMFORTDELGRO ENGINEERING

305221508 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 05/10/18 Date FINALIZATION FORM LKK Fax: To KALVIN Attn : 03/10/18 Vehicle Reg No. : SHA1600L The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-PA4997C The repair job shall bill to: NTUC 2. The finalized amount shall be: Spare Parts after List discount (a) Labour Charges (b) Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost Estimated normal period for repairs: working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 4. working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature: Signature: Name : CHIANG Name : 62148314 Date Tel : 65468156 Fax For Official Use Only Document Confirm By Remarks Attached Amount Item (Signature) Yes or No YES Rental Rate P/Day N 2. Loss of Income Paid Survey Fees 7.49 LTA Search Fee Medical Fees (on behalf of driver, if applicable) Overrun Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTU	C INCOME INSUI	RANCE CO-OPERATIVE LTD	Ref:	NS/INC180181	46/K1tbn2
		AD UNION HOUSESINGAPORE	Date:	23-10-2018 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	PA 4997C	Veh. Ir	nspected	SHA 1600L
	Policy No.	5085550657-02	Cover	age (\$)	0.00
	Claim No.	MT/1014435-002	Exces	s (\$)	0.00
	Assign From		Assign	n Date	05/10/2018
2.	South	Vehicle Parti	culars 8	Condition	THE RESERVE TO
	Make & Model	HYUNDAI I40	c.c		1685
	Engine No.	HIDDEN	Year o	f Reg.	2017
	Chassis No.	KMHLB41UMHU097753	Colou	г	BLUE
	Odometer	264051	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM
	General	FAIR			
3.		Conditi	ons of 1	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		7 mm
4.	I	Description	A CONTRACTOR OF THE PARTY OF TH	Table 1 Committee of the Committee of th	
	THE VEHICLE SU	STAINED DAMAGES AT THE FRO	ONT N/S	PORTION.	
	DAMAGES SEE D	ETAILS.			
5.			Inform	ation	
	Accident Date	03/10/2018	Inspec	tion Date	05/10/2018
	Survey held at	COMFORTDELGRO ENGINEER	RING PTE	LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.			emarks		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PI	REJUDICE" BASIS.	REPAIRS
5b.		Estimate I			

2 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1600L

Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS			
FRONT BUMPER COVER	DEFORMED	544.50	544.50
FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	
FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	
HEADLAMP (LH)	TO REPAIR SEE LABOUR	1,388.00	
LESS 20% DISCOUNT		-395.90	-108.90
		1,583.60	435.60
LABOUR			
PANEL BEATING. INCLUSIVE OF REPAIR OF HEADLAMP (LH)		220.00	200.00
SPRAY PAINTING CHARGE.		220.00	200.00
WIRING.	NOT NECESSARY	30.00	
		470.00	400.00
GRAND TOTAL		2,053.60	835.60
	REPLACEMENT OF PARTS FRONT BUMPER COVER FRONT BUMPER BRACKET TOP (LH) FRONT BUMPER BRACKET (LH) HEADLAMP (LH) LESS 20% DISCOUNT LABOUR PANEL BEATING. INCLUSIVE OF REPAIR OF HEADLAMP (LH) SPRAY PAINTING CHARGE. WIRING.	REPLACEMENT OF PARTS FRONT BUMPER COVER FRONT BUMPER BRACKET TOP (LH) FRONT BUMPER BRACKET (LH) HEADLAMP (LH) LESS 20% DISCOUNT LABOUR PANEL BEATING. INCLUSIVE OF REPAIR OF HEADLAMP (LH) SPRAY PAINTING CHARGE. WIRING. DEFORMED SERVICEABLE TO REPAIR SEE LABOUR NOT NECESSARY	Description of Parts Condition Workshop (\$)

RECOMMENDED COST OF REPAIRS	835.60
(CONFIRMED)	

Report Ref No. NS/INC18018146/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHA 1600L

DATE 4/10/2018 16:10 MMC

MAKE

nit Price	Amount \$ 544.50 \$ 22.40 \$ 24.60 \$ 1,388.00 \$ 1,979.50 \$ 395.90 \$ 1,583.60
	\$ 22.40 \$ 24.60 \$ 1,388.00 \$ 1,979.50 \$ 395.90
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	\$ 1,979.50 \$ 395.90
	\$ 395.90
	100
	\$ 1,583.60
	\$ 22 0.00
	\$ 220.00
71	\$ 30.00
-	\$ 470.00
	\$ 2,053.60
nce hobily ing: indiving aming resurvey intrination ithout Prejudice' basis slowed to resurveyed and rom Insurance Comis	
	nce notify ing: w conting tering resurvey entirmation nthout Prejudice' basi- allowed at be resurveyed and from Insurance Comps

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.