

(08/11/13)

Surveyor: Kalvin

REF:

N^o INC18018238 / K16012

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJB 7722APolicy No. 5100398301 270518 - 260519Claims No. M7/1014498-02

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: 3 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: SH 8506M Yr Regn: 23 Apr 2015

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

Truck / Trailer or

Make: Hyundai 24 c.c. 1685Colour: Blue A/C: Ins 0 / Std / NI / NASp. Reading: 397593 T/Radio: Ins 0 / Std / NI / NA

Eng/No: _____

C/No: KMHLB414AF906806

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or West He

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 5/10/8 D.O.I. 8/10/8Survey held at CHE (Loyang)

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

Front o/s

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

Date / Time	Action / Instruction
	SH 8506M - N ^o 7 NA / 4P / 8015223 / h4
	SJB 7722A - x
11/10/8	Lettered up \$3000 for 3 days. (Fed \$1103.60, 27%)

RECEIVED 12 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

12/10/2018

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.: (\$

7P

3000

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 12 October 2018 9:57 AM
To: Denise Tay (LKKAUTO)
Subject: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

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

 income
made different



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: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Thursday, October 11, 2018 5:52 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1014498-002	COMFORT TRANSPORTATION	SH 8506M	SJB 7722A	5/10/2018	12:45	\$ 3,834.88	\$ 3,000.00
2	MT/1014993-002	COMFORT TRANSPORTATION	SHB 4282X	GBB 24Y	8/10/2018	18:05	\$ 2,058.24	\$ 1,400.00

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100898301		LEOW MEI LOON (LIAO MEI LUN)	57410874A	GPC	drive CLASSIC	SJB7722A	SJB7722A	27/05/2018	26/05/2019

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 liability.
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	05/10/2018 15:37
Date Of Accident	05/10/2018 12:45
Exact Location Of Accident	JUNCTION OF AMK AVE 12 AND AMK IND PARK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8506M
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	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	KOH LYE SOON
NRIC No	S7031141J
Date Of Birth	08/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98110213
Fax Number	
Contact Number	
Email Address	GEELENG1971@HOTMAIL.COM

Address	BLK 418B FERNVALE LINK #13-158
Postcode	792418
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	2
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

REFER 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	SJB7722A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW MEI LOON
NRIC/Passport Number	S7410874A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH CENTRE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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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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.

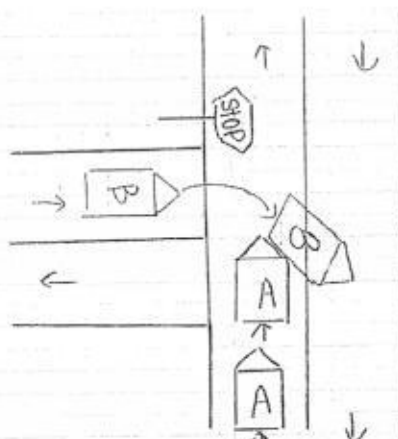
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.10.2018 @ 14:20 Hrs


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

SKETCH PLAN



B - SJB 7722A.

Along Ang Mo Kio Ave 12 x Ang Mo Kio Ind Park 2.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.10.2018 at about 12:45 hrs, I was travelling along Ang Mo Kio Ave 12 with no passenger on board.

I was travelling straight. As I reached the junction with Ang Mo Kio Ind Park 2, suddenly, veh (B) *grazed* (SJB 7722A) dashed out from my left and hit my taxi (A) front right portion. Both of us then alighted and exchanged the particulars.

I have company video fixed in my taxi and photos taken at scene to support my claims.

Veh (B) (SJB 7722A). Ms. Leow Mei Loon (Liao MeiLun). NRIC : S 7410874A.

No injury in this accident.

DECLARATION

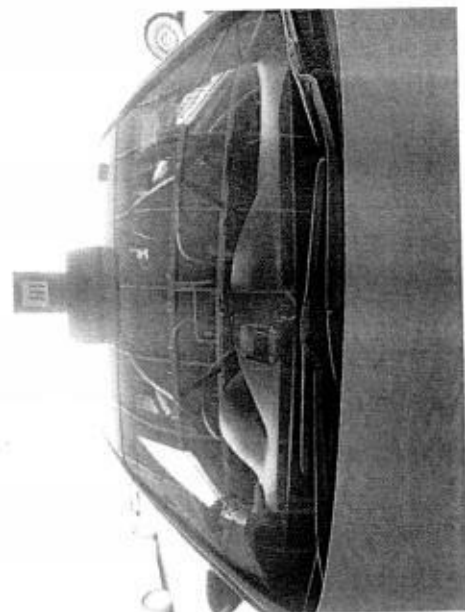
I/We declare the foregoing particulars are true in every respect.

44 FORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 05.10.2018 @ 14:20 Hrs

Reporting Centre Personnel's Signature
Name: R. B. Bani
NRIC/FIN No.: 1234567890



REPAIR ESTIMATE*

DATE 10/6/2018 10:34

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — Defunct			\$ 544.50
	Front Bumper Sponge X 1/2			\$ 99.20
	Front Bumper Reinforcement — New			\$ 402.10
	Front Bumper Grille (RH) — cut			\$ 41.60
	Front Bumper Centre Grille — cut			\$ 178.60
	Front Bumper Bracket Top (RH) — cut			\$ 22.40
	Front Bumper Retainer Mounting (RH) X 1/2			\$ 9.20
	Headlamp (RH) — cut			\$ 1,388.00
	Front Fender (RH) — Red			\$ 566.30
	Front Fender Shield (RH) — cut			\$ 175.90
	Front Fender Mudflap (RH) X 1/2			\$ 16.20
	Front Fender Retainer (RH) X 1/2			\$ 24.60
	Wiper tank — cut			\$ 65.90
	SUB TOTAL			\$ 3,468.60
	LESS 20%			\$ 693.72
	DISCOUNTED TOTAL			\$ 2,774.88
	Front Fender Advertisement Logo (RH) — cut			\$ 100.00
	Tyre Front (RH) — cut			\$ 100.00
	TOTAL			\$ 2,974.88
	Labour Charge			400
	Panel Beating			\$ 440.00
	Spray Painting Charge			\$ 440.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 3,834.88

50% 216

Kalin 16/11/18

8/10/18 1030h

3 days

4/5

After Repair photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey the vehicle in the event of a claim.
- To display damaged parts in the event of a claim.
- Parts prices are not guaranteed.
- Third party surveyors are not to be used.
- No illegal modifications are to be made.
- Supplier's terms and conditions apply and are subject to the insurance company's policy.

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.

403.60

COMFORTDELGRO
ENGINEERING

VEHICLE 1 SH8506M

NTUC

305222366

TYPE OF C: TP

SURVEY B': _____

DATE : 03/10/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

Date/Time: 06.10.2018 10:27

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305222366

OMER

IS

OMER NO.

ISS

(R)

(P)

JUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SH 8506M

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

05.10.2018 13:40

YR OF MANU.

23.04.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU068063

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.10.2018

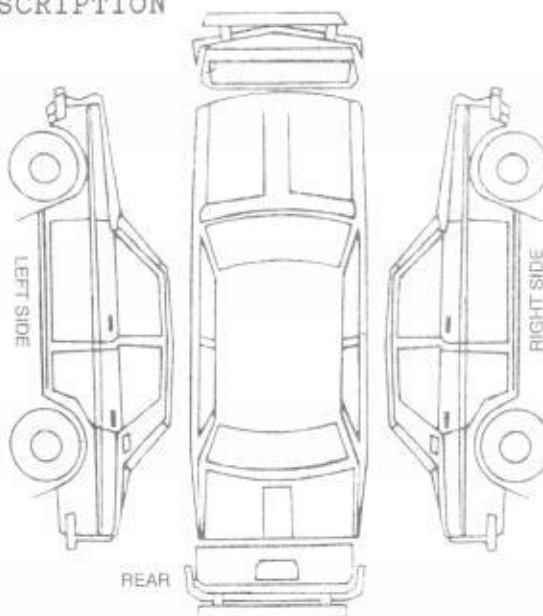
NATURE: 3P 05.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.:

SH 8506M

CHIANG

Vehicle No.:

SH 8506M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305222366
Date : 10/10/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 8506M

Fax :

05/10/18

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

1. The repair job shall bill to: NTUC SJB7722A
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:
Final Lumpsum Repair cost \$3,000.00
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.


Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : KALVIN

Date : 11/10/18

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/INC18018238/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-10-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJB 7722A	Veh. Inspected	SH 8506M
Policy No.	5100898301	Coverage (\$)	0.00
Claim No.	MT/1014498-002	Excess (\$)	0.00
Assign From		Assign Date	08/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068063	Colour	BLUE
Odometer	397593	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 O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/10/2018	Inspection Date	08/10/2018
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
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8506M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	BENT	402.10	402.10
1	FRONT BUMPER GRILLE (RH)	CUT	41.60	41.60
1	FRONT BUMPER CENTRE GRILLE	CRACKED	178.60	178.60
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING (RH)	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	BENT	566.30	566.30
1	FRONT FENDER SHIELD (RH)	CRACKED	175.90	175.90
1	FRONT FENDER MUDFLAP (RH)	SERVICEABLE	16.20	-
1	FRONT FENDER RETAINER (RH)	SERVICEABLE	24.60	-
1	WIPER TANK	CRACKED	65.90	65.90
	LESS 20% DISCOUNT		-706.90	-677.06
			2,827.60	2,708.24
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	TYRE FRONT (RH)(50%) (SN)	CUT	216.00	108.00
			316.00	208.00
<u>LABOUR</u>				
	PANEL BEATING.		440.00	400.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
			960.00	840.00
GRAND TOTAL			4,103.60	3,756.24
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,000.00

Report Ref No. NS/INC18018238/K1qbn2

Report Ref No. NS/INC18018238/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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