

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18018241/KHbn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: GV 9397YPolicy No. 5103265742 300818-300919Claims No. MT/1014905-002

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 Report: \_\_\_\_\_ 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: SHD 4621R Yr Regn: 6 Jun 2013

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

Truck / Trailer or

Make: Hyundai Santa Fe cc 194Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 522811 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ICM HETKIVADA 8J & 64

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Ward

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/10/13 D.O.I. 8/10/13Survey held at CDHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	<u>SHD 4621R - X</u>
	<u>GV 9397Y - X</u>
<u>9/10/13</u>	<u>Charged 45 \$900 / 20% (Red: 45072; 33%)</u>

RECEIVED 10 OCT 2013

Date/Time, File Pass to?

☐ : Prel. Report

11/10/10 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format: TPLump Sum / I.B.I. (\$ 9000)Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

160

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 type="radio"/>	5103265742		QUARTZ WATER TECHNOLOGY PTE LTD	201225812Z	GCV	Third Party, Fire & Theft	GV9397Y	GV9397Y	30/08/2018	30/09/2019

## Denise Tay (LKKAuto)

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To: mtreg  
Subject: RE: REQUEST CLAIM NUMBER

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

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

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From: mtreg <[mtreg@income.com.sg](mailto:mtreg@income.com.sg)>  
Sent: Wednesday, 10 October 2018 10:40 AM  
To: Denise Tay (LKKAuto) <[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)>  
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia

Senior Admin Assistant,

Motor Insurance

[www.income.com.sg](http://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](http://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](mailto:mtcl@income.com.sg) so that we can attend to it accordingly.'*

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From: Denise Tay (LKKAuto) [<mailto:denisetay@lkkauto.com>]  
Sent: Wednesday, October 10, 2018 8:57 AM  
To: mtreg <[mtreg@income.com.sg](mailto:mtreg@income.com.sg)>  
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

1	MT/1014905-002	COMFORT TRANSPORTATION PTE LTD	SHD 4621R	
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## 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	08/10/2018 10:02
Date Of Accident	07/10/2018 04:10
Exact Location Of Accident	KITCHENER RD TURN RIGHT TOWARDS JALAN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4621R
<b>Insured/Policyholder</b>	
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	SONATA
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	LIM KHENG CHEW
NRIC No	S0055432D
Date Of Birth	12/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1973
Driving Experience	45 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98767746
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 201 CLEMENTI AVENUE 6 #10-31
Postcode	120201
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	GV9397Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIANG HONGWEI
NRIC/Passport Number	S8874243E
Contact Number	97158930
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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.
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. 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. 199203321R

Policyholder's Signature  
Date & Time:

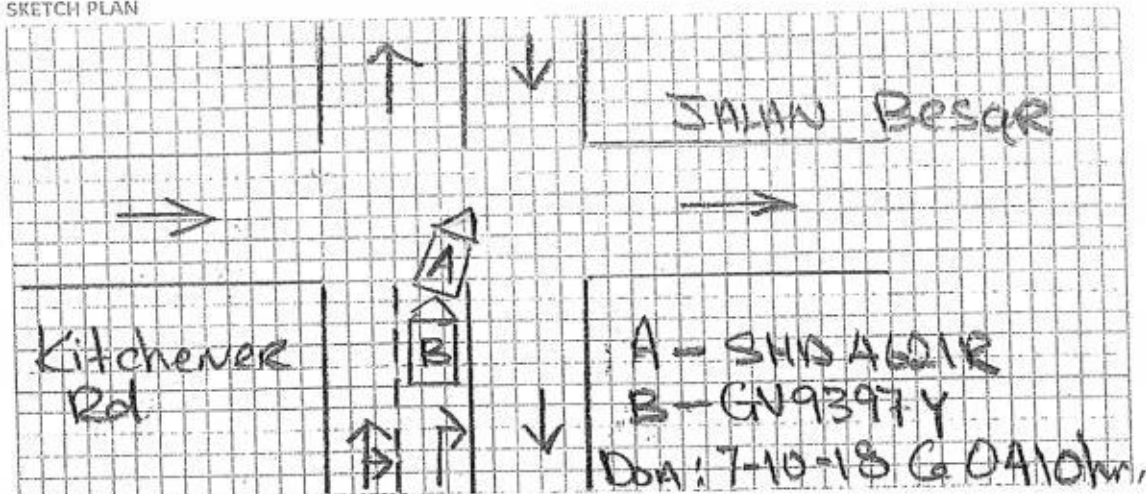
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIA/MC SketchPlanForm\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7-10-18 @ 0410hr, I was driving along Kitchen Rd towards Jalan Besar and stop at Junction traffic light was green and check oncoming traffic. Suddenly Veh (B) GV9397Y hit my taxi on the rear portion. Car damaged.

There is Video Footage On the Scene. Total (1) Male Pass On board at my taxi and No injuries.

DECLARATION

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

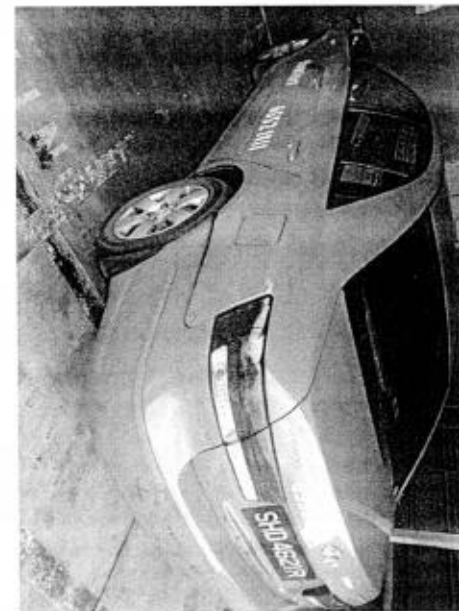
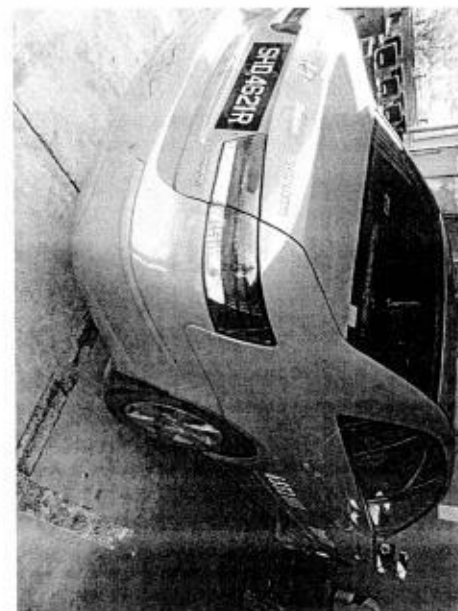
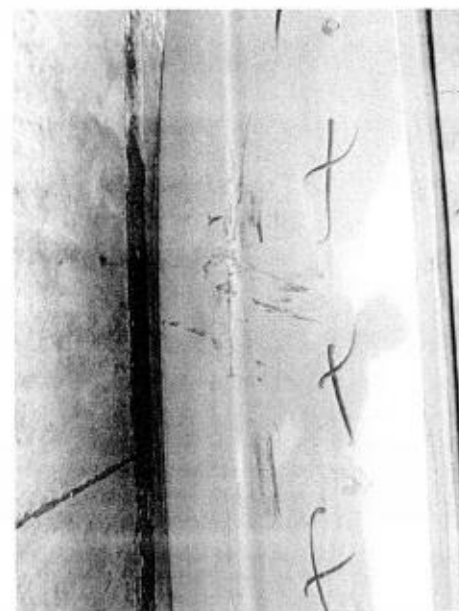
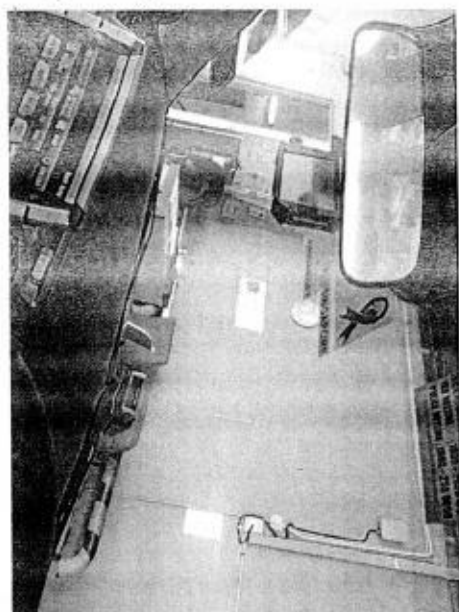
COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199203321R

Policyholder's Signature  
Date & Time:

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

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





9397Y

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

NTue

VEHICLE NO : SHD 4621R

DATE 8/10/2018 12:00

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 578.40
	Rear Bumper Clip			\$ 22.00
	Rear Bumper Protector (LH) <i>x repair</i>			\$ 38.00
	<i>Per Panel 1.1 x repair</i>			
	<b>SUB TOTAL</b>			<b>\$ 638.40</b>
	<b>LESS 20%</b>			<b>\$ 127.68</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 510.72</b>
	<b>Labour Charge</b>			
	Panel Beating-Repair Bumper			\$ <del>220.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>440.00</del> <i>400</i>
	Wiring Charge			\$ <del>50.00</del> <i>x 1</i>
	Tuff Kote			\$ <del>50.00</del> <i>x 1</i>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <i>30</i>
	<b>TOTAL LABOUR</b>			<b>\$ 840.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,350.72</b>

K914 1004

8/10/18 1220L

2 hrs

4s

After Repair photo

LKK A...

the Repair...

- To repair...
- To display...
- Parts must...
- Third party...
- No illegal...
- Supplementary...

is subject to final approval from insurance company

Acknowledged by Repairer

Signatures:

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.

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305222930

CUSTOMER MS: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (P) (O) (P) COUNT CARD NO.	REGN NO.: SHD4621R	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: SONATA	DATE/TIME IN 07.10.2018 11:20
	YR OF MANU 06.06.2013	TARGET DATE
	CHASSIS CODE RMHET41VMDA834621	COMPLETION DATE/TIME

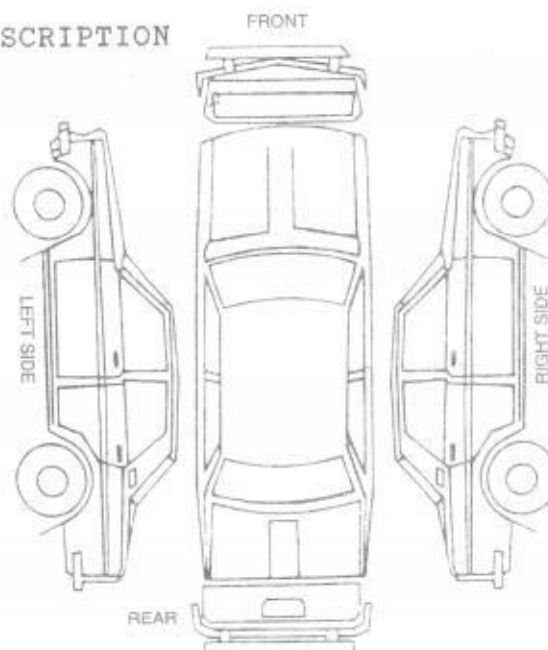
### JOB DESCRIPTION

Accident Date: 07.10.2018  
NATURE: 3P 07.10.18

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4621R JU NTUC

Vehicle No.: SHD4621R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305222930

Date : 09/10/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHD4621R

Date of Accident : 07/10/18

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

1. The repair job shall bill to: NTUC --- GV 9397Y  
###
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: 20% \$900.00  
Final Lumpsum Repair cost
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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 9/10/18

## 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/INC18018241/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 19-10-2018



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GV 9397Y	Veh. Inspected	SHD 4621R
Policy No.	5103265742	Coverage (\$)	0.00
Claim No.	MT/1014905-002	Excess (\$)	0.00
Assign From		Assign Date	08/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMDA834621	Colour	BLUE
Odometer	522811	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	07/10/2018	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:	2 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4621R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DEFORMED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER PROTECTOR (LH)	TO REPAIR SEE LABOUR	38.00	-
1	REAR BOOT LID (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-127.68	-120.08
			510.72	480.32
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER PROTECTOR (LH) AND REAR BOOT LID.		220.00	200.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			840.00	630.00
	<b>GRAND TOTAL</b>		<b>1,350.72</b>	<b>1,110.32</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>900.00</b>

Report Ref No. NS/INC18018241/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

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